



# Public Works Department

1 Plaza Circle | Patterson, California | Office 209.895.8040 | Fax 209.895.8069

## SB 1383 COMPLIANCE FORM

Please submit questionnaire within **15 days** to the Public Works Department

Business/Entity Name \_\_\_\_\_ Owner/Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- 1a. Does your business produce four (2) cubic yards of waste per week?  YES  NO
- 1b. Does your business generate more than 20 gallons of Organic waste per week?  YES  NO
2. Is your facility a multi-family dwelling of five or more (5+) units?  YES  NO

If you answered "YES" to question 1a and 1b **AND/OR** question 2, please fill out the remainder of this form and return to the City of Patterson or e-mail to [xguluarte@ci.patterson.ca.us](mailto:xguluarte@ci.patterson.ca.us)  
If you answered "NO" to **BOTH** questions stop here and proceed to **number 12**

### AB-341 Recycling

3. Which materials do you recycle?

- Clothing/Textiles  CRV Containers  Plastic  Glass  None
- Cardboard & Paper  Metal (non CRV)  Styrofoam  Lumber  Other \_\_\_\_\_

4. Recycled materials are:

- Co-Mingled  Source Separated

5. Recycled materials are transported by:

- Self-Haul  Non-Profit  Service Provider

### AB-1826 Organic Recycling & Composting

6. Which **organic** materials do you currently **recycle**?

- Food-Soiled Paper  Pruning Waste  Food Waste  Edible Food Waste
- Landscape Waste  Green Waste  None  Other \_\_\_\_\_

7. The **recycled organic** materials are:

- Co-Mingled  Source Separated

8. How often do you **recycle organics**?

- Daily  Weekly
- Monthly  Yearly

9. The **organics** are **transported/recycled** through:

- Self-Haul  Service Provider
- Non-Profit  Other \_\_\_\_\_

10. Which **organics** do you currently separate for **composting**?

- Food-Soiled Paper  Green Waste
- Landscape Waste  None
- Food Waste  Other \_\_\_\_\_
- Pruning Waste

11. The **organics** are **composted** through:

- Self-Haul  Service Provider
- Non-Profit  Other \_\_\_\_\_

**Please note:** Donating edible food waste to food banks and shelters is a preferred method of recycling/diverting edible food waste.

12. I, \_\_\_\_\_, certify that I am a duly authorized representative of the above named entity

*Please print first and last name*

for purposes of regulatory compliance reporting and that the foregoing is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# BUSINESS LICENSE APPLICATION

## WORKERS' COMPENSATION & SUPPLEMENTAL INFORMATION

### WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, **one** of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.
- I have and will maintain workers' compensation insurance, as required by Sections 3700, for the duration of any business activities conducted for which this license is issued,.

My workers' compensation insurance carrier and policy number are:

Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

- I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California. I further agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date \_\_\_\_\_

**WARNING:** Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to \$100,000, in addition to the cost of compensation, damages as provided for in section 3706 of the labor code, interest, and attorney's fees.

### SUPPLEMENTAL INFORMATION

Please complete the following

Will the occupancy or "use" of the building be changing? (will your business be significantly different than the previous business in this location, if any?) Examples: A restaurant opening in a former clothing store location; a pet store in a former insurance office.

- YES If yes, please explain

NO

Will you be upgrading/remodeling the building (building walls, putting in restrooms, etc.)?

- YES If yes, please explain

NO

Will your establishment be serving or preparing food?

- YES If yes, please describe what types of food (prepared from scratch, prepackaged, . . . et cetera)

NO