



Application for Food Waste Composting Pilot Program

Solid Waste Management Program

Fairfax County, Virginia



Section 1 - Applicant Information

Name of Business: _____

Type of Business (circle one): sole property, partnership, corporation, other.

Owner Name: _____

Business Contact Name: _____

Business Address (city, state, zip): _____

E-Mail Address: _____

Business Telephone Number (include area code): _____

Section 2 - Description of Service

Type of Services Provided (CIRCLE all that apply):

Residential Non-Residential Special Events

VEHICLES USED FOR COLLECTION

Please describe the type of vehicle(s) used for collection and any special features added for the collection of organic material. Also, please attach a *SEPARATE* list of vehicles your company uses for collection, including model and body capacity/style OR attach photos and/or separate document describing vehicles.

COMPOSTING FACILITY(S)

Is the material collected from customers composted onsite, or taken elsewhere? (Circle all that apply):

ONSITE

COMPOSTING FACILITY

BOTH

For food waste that is NOT processed onsite, please list facility(ies) used and address of each:

For each service listed below, please provide the following information:

Residential Service

Type(s) of container(s) provided (size in gallons):

Frequency of Collection :

Are Containers swapped out at each pickup? YES NO

Are bags/liners provided to customers? YES NO

Non-Residential Service

We realize commercial service requirements depend on the needs of the customer. Please give us an estimate of the frequency of collection of various containers and dumpsters used in non-residential service.

Type(s) of carts(s) provided (size in gallons):

Frequency of Collection :

Type(s) of dumpster(s) provided (size in yards):

Frequency of Collection :

Are carts swapped out at each pickup? YES NO

Are Containers Rinsed? YES NO

Special Events

If your company provides services for special events, please tell us more about (1) type of truck(s) used, (2) type of containers provided, and any other important information , below OR on a separate page.


Section 3 - Authorized Signature

The information provided herein is accurate to the best of my knowledge. I am authorized to make this request. In making this request, I also commit to preventing any public health, odor, or nuisance issues and report any complaints to the County.

Signature

Date

Please return this completed form to: Food Waste Pilot Program / Solid Waste Management Program
12000 Government Center Parkway, Suite 458, Fairfax, VA 22035 or Fax to 703-324-3950. If you need assistance completing this form, or if you need more information, please call 703-324-5230, TTY 711.

Mar-17  To obtain this document in alternative formats, please contact the Fairfax County Solid Waste Management Program at 703-324-5230, TTY 711, to submit a request. Please allow 7 to 10 business days for preparation of the material.