



BUSINESS INFORMATION:

Business Name: _____
Business Address: _____
Business Mailing Address (if different): _____
Name and Title of Contact Person: _____
Phone Number: _____ Email Address: _____
Business Type: _____ Number of Employees: _____

FOOD WASTE PROGRAM INFORMATION:

1. Does your business generate food waste? Yes No
2. Do you currently separate your food waste from your recycling and solid waste? Yes No
3. Do you recycle or donate your food waste?
 - Backhaul (return unused product to distribution center)
 - Recycle using Burrtec (franchised waste hauler) or 3rd party recycler
 - Donate
 - Other: _____
4. If you use backhaul or a 3rd party recycler, please provide the following information: (if not, skip to question 8)

Company Name: _____
Phone Number: _____ Contact Person: _____

5. Types of food recycled. (Check all that apply)
 - Fruit Poultry Seafood Dairy
 - Vegetables Animal Bones Meat Breads, baked goods
 - Other: _____
6. Approximately how much food is recycled per week? (tons/lbs/gallons/bags, etc.)

7. Where does the backhaul company or 3rd party recycler take the food waste to be recycled?

8. Do you donate your food to charity? Yes Charity Name: _____ No
Type of food donated? (Check all that apply)
 - Fruit Meats Seafood
 - Vegetables Dairy Products Canned goods
 - Soups Breads, baked goods Other: _____
9. If you do not recycle or donate your food, what do you do with the food waste generated?

10. Is there any additional information you would like to provide? _____

Print name and title of person filling out this form: _____
Signature: _____ Date: _____