



APPLICATION FOR EXEMPTION PURSUANT TO RULE §22-27-7(d)
PACKAGING EMERGENCY REQUIRING SUPPLIES OR SERVICES PROCUREMENT

Business Name:

Business Address:

Contact Name and Title:

Contact Phone Number:

Contact Email Address:

1. Cite applicable County, State, or Federal emergency.
2. Explain why the polystyrene products are required.
3. Provide an estimate of the monthly quantity of the product used.
4. Provide the factual basis to support the requested determination that use of compliant food service containers is not feasible due to the stated emergency.

Note: In considering the application, the Director may consider factors such as the nature of the declared emergency; the expediency required under the emergency; availability of non-polystyrene food service containers; and the effect of compliance on the health and safety of the community related to the declared emergency.

5. Attach copies of any previously granted exemptions allowing your use of polystyrene.
6. Attach a copy of your business license.

Applicant Signature _____

DATE

Email completed forms to solidwaste@kauai.gov

Or mail to Solid Waste Office Attention: Polystyrene Ban 4444 Rice Street, Suite 295, Līhu'e HI 96766

For questions, call (808) 241-4837

FOR COUNTY USE ONLY

SW Division Comments:

Approved

Denied

Acting County Engineer _____

DATE