

**ALTERNATIVE ACCESS REDEMPTION CENTER APPLICATION**

INSTRUCTIONS: To request approval as an Alternative Access Redemption Center, you must:

- Complete and sign the Alternative Access Redemption Center Application and Convenient Services Form.
- Have the appropriate local government complete the Local Government Notification Form.
- Mail all completed forms and attachments to OLCC, 9079 SE McLoughlin Blvd., Portland, OR 97222 or email to [OLCC.BottleBill@olcc.oregon.gov](mailto:OLCC.BottleBill@olcc.oregon.gov).

Note: OLCC cannot act on the application until all completed forms and attachments are submitted.

Please provide information on the nonprofit organization who will be legally responsible for the establishment and operation of the Alternative Access Redemption Center and the sponsoring distributor cooperative.

**1. Applicant Name:**

**2. Applicant Mailing Address:**

Street:

City:

State:

Zip:

**3. Phone Number:**

**4. Email:**

**5. Sponsoring Distributor Cooperative:**

**6. Sponsoring Distributor Cooperative Mailing Address:**

Street:

City:

State:

Zip:

**7. Phone Number:**

**8. Email:**

**9. City or County where the Alternative Access Redemption Center will be located:**

**10.** ☐ Applicant has notified State Senator \_\_\_\_\_  
AND State Representative \_\_\_\_\_  
in whose districts the Alternative Access Redemption Center is proposed to be located and has shared the applicant's plan for community engagement.

*By signing below, I am stating that the information provided on these forms and on the attachments is true and complete. I understand that if my answers are not true and complete, the OLCC may deny or revoke the approval of this redemption center.*

**Applicant Signature(s)/Title and Date:**

1.		Date:
2.		Date:



## CONVENIENT SERVICES FORM

Please attach a map of the 5-mile radius of area (to scale) showing 1) The Alternative Access Redemption Center, 2) Convenience Zone, 3) Dealers Served, and 4) Dealers Not Served. Attach additional documents as needed.

**1. Alternative Access Redemption Center Name:**

**2. Projected opening date of the Alternative Access Redemption Center:**

**3. Kinds of beverage containers the Alternative Access Redemption Center will accept:**

**4. Proposed days and hours of operation for (a) Redemption Services and (b) Drop Off Service:**

**a:**

**b:**

**5. Methods of accepting and counting containers (include cap on number of containers for each method):**

**6. Number of Reverse Vending Machines (RVMs) the Alternative Access Redemption Center will have:**

**7. If there is space for additional RVMs, how many?**

**8. Hours staff will be present to assist customers:**

**9. Payment method(s) for redeemed containers:**

**10. How will consumers be notified of the Alternative Access Redemption Center's location, services, and service hours:**

<b>11. Number of participating dealers to be served by the Alternative Access Redemption Center (5,000 or more square feet) located within the convenience zone:</b>				
<b>12. Number of non-participating dealers (5,000 or more square feet) located within the convenience zone:</b>				
<b>13. Projected volume of container returns compared to the current volume of returns from the store(s) that will be served by the Alternative Access Redemption Center:</b>				
<b>14. Describe the process of taking back containers from the consumer's perspective (from entering the facility to receiving payment):</b>				
<b>15. Projections for number of customers and peak hours of operation:</b>				
<b>16. Describe the building that will house the Alternative Access Redemption Center (include square footage):</b>				
<b>17. Describe the parking facilities associated with the Alternative Access Redemption Center (include # of spaces):</b>				
<b>18. Describe the Contiguous Area of the Convenience Zone from the Alternative Access Redemption Center (not to exceed 3.5 miles):</b>				
<b>19. Participating Dealers (5,000 sq ft or larger):</b> <div style="text-align: center; font-weight: bold; margin-top: 5px;">CONVENIENCE ZONE</div>				
Dealer Name	Address	Radius from Center	Driving Distance from Center	Still Accept Containers?
Current hours and days of operation:				
Dealer Name	Address	Radius from Center	Driving Distance from Center	Still Accept Containers?

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Current hours and days of operation:					
Dealer Name		Address	Radius from Center	Driving Distance from Center	Still Accept Containers?
Current hours and days of operation:					

**20. Non-Participating Dealers (5,000 sq ft or larger):**

Dealer Name	Address	Radius from Center	Driving Distance from Center	Still Accept Containers?
Current hours and days of operation:				
Dealer Name	Address	Radius from Center	Driving Distance from Center	Still Accept Containers?
Current hours and days of operation:				
Dealer Name	Address	Radius from Center	Driving Distance from Center	Still Accept Containers?
Current hours and days of operation:				
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Dealer Name	Address	Radius from Center	Driving Distance from Center	Still Accept Containers?
Current hours and days of operation:				



## ALTERNATIVE ACCESS REDEMPTION CENTER Local Government Notification Form

To be completed by an authorized representative of the local government identified in #7 of the Alternative Access Redemption Center Application.

The local government is as follows: (a) If the address of the premises proposed to be licensed is within a city's limits, the local government is the city. (b) If the address of the premises proposed to be licensed is not within a city's limits, the local government is the county.

RE: Alternative Access Redemption Center Application located at:

The City or County of:

☐ **Certifies that the proposed Alternative Access Redemption Center will be located in an area zoned for commercial or industrial use under state statute or local ordinance\***

\*This certification is separate and apart from any necessary approvals, licenses, permits, or authority that the Alternative Access Redemption Center may be required to obtain from the city or county.

**Signature of Authorized City/County Representative**

**Printed Name**

**Title**

**Email Address**

**Phone Number**

**Date**