BEVERAGE CONTAINER REDEMPTION CENTER APPLICATION

INSTRUCTIONS: To request approval as a Beverage Container Redemption Center, you must:

- Complete and sign the 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.

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

Please provide information on the individual				
establishment and operation of the redempt	ion center. L	Jse additional sheets	as necessary.	
1. Applicant Name(s):				
1.				
2.				
2. Applicant Mailing Address:				
Street:				
City:		State:	Zip:	
3. Phone Number:	4: Email:	S tate:	p.	
5: Redemption Center Name:	.1			
·				
6: Redemption Center Physical Address:				
Street:				
City:		State:	Zip:	
7. City or County where the Redemption Cer	nter will be lo	ocated:		
8. 🗆 I have notified State Senator				
AND State Representative				
for the area which the Redemption Center is proposed to be located.				
By signing below, I am stating that the inforn	•	•		
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:	

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

Zoı	ne(s), 3) Dealers Served, and 4) Dealers Not Served. Attach additional documents as needed.
1.	Redemption Center Name:
2.	Projected opening date of Redemption Center:
3.	Kinds of beverage containers you will accept:
4.	Proposed days and hours of operation for (a) Redemption Center 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 Redemption Center will have:
7.	If there is space for additional RVMs, how many?
8.	Hours staff will be present to assist customers:
	Payment method(s) for redeemed containers:
10.	How will consumers be notified of the Redemption Center's location, services, and service hours:
11.	Number of participating dealers to be served by the Redemption Center: Zone 1: Zone 2:
12.	Number of non-participating dealers (5,000 or more square feet): Zone 1: Zone 2:
	Projected volume of container returns compared to the current volume of returns from the store(s) at will be served by the Redemption Center:
	Describe the process for taking back containers from the consumer's perspective (from entering facility to receiving payment):

15. Projections f	or number	of customers and peak hours of oper	ration:			
16. Describe the building that will house the Redemption Center (include square footage):						
17. Describe the	17. Describe the parking facilities associated with the Redemption Center (include # of spaces):					
		ence Zone from the Redemption C			_	
		ence Zone from the Redemption (Center (not t	o exceed 3.5 m	niles):	
ZONE ONI		5,000 sq ft or larger):				
			Radius	Driving		
			from	Distance	Still Accept	
Dealer Name		Address	Center	from Center	Containers?	
Current hours and days of operation:						
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Dealer Name		Address	Center	from Center	Containers?	
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21. Participating Dealers ZONE TWO	(5,000 sq ft or larger):			
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ZONE TWO, Partic	cipating (continued):			
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and days of operation:				
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and days of				
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and days of operation:				
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Dealer Name	Address	Center	from Center	Containers?
Current hours				
and days of				
operation:				

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

RE: Beverage Container Redemption Center Application located	at:		
The City or County of:			
 Certifies that the proposed Redemption Center meets all appl ordinances and zoning requirements. 	icable □city/□county (check one) local		
Signature of Authorized City/County Representative			
Printed Name	Title		
Email Address	Phone Number		
Date			