



RETAILER EXEMPTION REQUEST FORM

ALL FIELDS OF THIS FORM MUST BE COMPLETED IN ORDER TO BE ACCEPTED FOR REVIEW

Retailer Name: _____

Retailer Physical Location: _____

(If requesting exemptions for multiple locations, please complete a request form for each location.)

Mailing Address: _____

Contact Name: _____ Telephone Number: _____

Email: _____

Alternate Redemption Location: _____

(Alternate redemption location must be a Certified Redemption Center. See website for most current list.)

Distance from Retailer to Alternate Redemption Location (road miles): _____

Number of containers per month currently being redeemed by retailer: _____

Please describe how the Alternate Redemption Location meets the law's definition of meeting the public need (including convenience for customers):

The information contained in this request is complete and true to the best of my knowledge. I acknowledge that this exemption will remain in effect only so long as the alternative location continues to operate as a certified redemption center.

Printed Name of Applicant

Signature of Applicant

Date of Signature

Send This Completed Form & Direct Questions To:

Rebecca Webber, Vermont's Beverage Container Law Administrator, rebecca.webber@vermont.gov, (802) 522-3658

Or, by mail, to: Waste Management & Prevention Division, 1 National Life Drive - Davis 1, Montpelier, VT 05620-3704