



**City of Coral Gables
Financial Hardship Waiver**

(Under the provisions of Sec. 39-3 of the City of Coral Gables Code)

I, _____, on behalf of _____ swear that this waiver request is submitted in good faith. I further certify that the supporting data is accurate and complete to the best of my knowledge and that I have 30 days, from the date of discovery, to correct any inaccuracies or omissions.

I, _____, am authorized by the _____ to certify this request.

Company Name: _____ Address: _____

Phone Number: _____ Email Address: _____

I certify that:

- My business is not a chain food service provider or chain store and that my business's annual reported gross income (revenue) is under \$500,000 according to the income tax filled for the most recent tax year.*
- There is no comparable alternative product not composed of expanded polystyrene that would cost the same as or less than the expanded polystyrene food service article, and
- The purchase or use of an alternative product not composed of expanded polystyrene would create and undue financial hardship.

*Please attach with this waiver request a copy of the most recent year's business tax return as a form of proof of annual gross income (revenue) along with proof of hardship (products currently being used compared with the alternatives with costs, specifications, etc.)

If approved, this financial hardship waiver shall be valid for twelve (12) months and may be renewed upon application to the City Commission.

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this ____ day of _____, in the year ____ , by _____, who is/are personally known to me or has/have produced _____ as identification.

My Commission Expires:

Notary Public, State of Florida