



Town of Barnstable SINGLE-USE PLASTIC CARRY-OUT BAGS EXEMPTION APPLICATION

Date Received: _____

Must submit one application per location and prior to October 3, 2016.

Name of Applicant/Corporation: _____ D/B/A: _____

Address of Business: _____ Map/Parcel #: _____

Name of Manager: _____ Business Tel. #: _____

Email Address: _____ Cell #: _____

of Employees: _____

All Licenses issued by the Town of Barnstable at the location: _____

Please explain why the single-use plastic carry-out bag Ban, Chapter 195 of the Town of Barnstable Code, creates an undue hardship or practical difficulty not generally applicable to other persons in similar circumstances:

Applicant's anticipated exemption final date being requested: _____

NOTICE: I, the undersigned, certify that the above information which I provided is correct. I have read and fully understand Chapter 195 of the Town of Barnstable Code. I fully understand the decision to grant or deny an exemption shall be in writing, the Town Manager's decision shall be final and further understand that if approved, the exemption expires as stated in conditions upon approval and no later than October 3, 2017.

Signature of applicant: _____ Date: _____

Please submit completed form to Consumer Affairs Division, 200 Main Street, Hyannis MA 02601

For Town use only

<p>Consumer Affairs Supervisor Recommendation</p> <p>Recommend _____ Not Recommended _____</p> <p>Exp. Date: _____</p> <p>Signature _____ Date _____</p>	<p>Regulatory Services Director Recommendation</p> <p>Recommend _____ Not Recommended _____</p> <p>Exp. Date: _____</p> <p>Signature _____ Date _____</p>
<p>Town Manager</p> <p>Approved Exemption with Recommended Exp. Date: _____ Exemption Denied _____</p> <p>Signature _____ Date _____</p>	