



**PUBLIC
WORKS**

ԲՐԲԱՆԻ ՎԵՐԱՄՇԱԿՄԱՆ ԿԵՆՏՐՈՆ

500 S. FLOWER STREET, BURBANK, CA 91502

Հեռ.՝ 818-238-3800 Էլ-փոստ՝ zerowaste@burbankca.gov

Թափոնների նվազեցում – Վերագործածելիների զեղչման ծրագիր Զեղչման դիմումի ձևաթուղթ

Բրբանք քաղաքը, գործընկերությամբ՝ Կայուն Բրբանք հանձնաժողովի հետ, առաջարկում է Վերագործածելիների զեղչման ծրագիրը, որը կօգնի տեղական բիզնեսներին, որ կատարեն քաղաքի թափոնների նվազեցման հրամանագիրը, թիվ 24-4. 008, հոդված 4:

Տերմիններ եւ պայմաններ

Այն գրանցված բիզնեսները, որոնք լիազորված են գործելու Բրբանքում եւ որոնք ունեն լավ կարգավիճակ քաղաքի հետ, իրավունակ են դիմելու: Որակավորվելու համար, բիզնեսները պետք է նաեւ կատարեն SB 1383-ի պահանջները (<https://www.burbankca.gov/web/public-works/sb1383-business-requirements>).

Ծրագիրն առաջարկում է փոխհատուցման գումարներ աջակցելու համար վերագործածելի ուտելիքների ծառայության տարաների գնման՝ ճաշարանում ուտող հաճախորդների համար, ըստ քաղաքի ուտելիքների տարաների հրամանագրի:

Թափոնների նվազեցում – Վերագործածելիների զեղչման ծրագիրը սահմանափակ գումարներ ունի եւ գործում է «առաջին եկողը՝ առաջին սպասարկվողը» հիմամբ: Զեղչումները հասանելի կլինեն մինչեւ ծրագրի գումարները լիովին սպառած լինեն:

Բոլոր զեղչումները միայն չեկերով կթողարկվեն: Խնդրում եմ սպասել մինչեւ 60 օրացուցային օր արժեւորման եւ մշակման համար Բրբանք քաղաքի անձնակազմի կողմից:

Զեղչման դիմումները եւ փաստաթղթերը

կարող են ներկայացվել էլեկտրոնային ձևով, Էլ-փոստով, ZeroWaste@BurbankCA.gov հասցեին կամ առաքվել Burbank Recycle Center, 500 South Flower Street, Burbank, CA 91502.

Այս ծրագիրը ենթակա է փոփոխության կամ դադարեցման ցանկացած պահի առանց նախնական ծանուցման:

- Իրավունակ իրերի մաս են կազմում վերագործածելի ափսեներ, ամաններ, բաժակներ, խմիչքի տարաներ, սկուտեղներ եւ սպասք, որն արտադրվել է մնայուն նյութերից եւ հատուկ նախագծված է մաքրվելու յուրաքանչյուր օգտագործումից հետո եւ վերագործածվելու:
- Կիրարկված վաճառման հարկը եւ առաքման բոլոր ծախսերը իրավունք չեն փոխհատուցման:
- Փոխհատուցման որակավորվելու համար, գնումները պետք է կատարված լինեն 2024 թ. մարտի 1-ի եւ դիմումի տարեթվի միջև:
- Կտրվի միանգամյա գումար մինչեւ \$500 յուրաքանչյուր բիզնեսի համար, որը կախված կլինի քաղաքի որոշումից եւ հաստատումից:

General Business Information:	
Business Name: _____ Business Street Address: _____ Business Contact: _____ Phone: _____ Email: _____ Mailing Address (if different): _____ City: _____ State: _____ Zip: _____	
Applicant Guidelines:	
All applications MUST be submitted with the following documentation. Failure to provide all necessary documentation will result in denial of the rebate, or potential processing delays. Rebate applications and documentation can be submitted electronically by email to ZeroWaste@BurbankCA.gov or mailed to: Burbank Recycle Center, 500 South Flower Street, Burbank, CA 91502.	
<input type="checkbox"/>	Invoice on business letterhead with itemized reusable products, quantities, and costs, plus attach copies of receipts from the product manufacturer, online merchant, or company.
<input type="checkbox"/>	Copy of current Burbank business license
<input type="checkbox"/>	Completed Payee Registration Form

Certification

By signing this form, I certify that the information and documentation I have provided are true, complete, and correct. I agree not to resell any products purchased. I understand some portion of the rebate may be considered taxable income.

Applicant Signature _____ Date _____

Burbank Recycle Center Staff Only:	
Rebate #: _____	
Date Received: _____	
Date Reviewed: _____	Reviewed by: _____
Applicant Invoice #: _____	
Determination of Application: _____	
Total Eligible Rebate Amount: _____	
Notes regarding Determination or Rebate Amount: _____	
Approval Date: _____	
Applicant Notification Date: _____	



City of Burbank

Payee Registration Form (Substitute W-9)

- All sections are mandatory and require completion.
- This form combines all required Federal and State of California vendor information.
- IRS Form W-9 will not be accepted in lieu of this form.
- Please see instructions for definitions. By signing, you agree to the instructions on the back of this form.

Return this form to the requesting City
Department.

Forms submitted directly to Purchasing may
cause delay in processing.

1. NAME Provide name as shown on your income tax return in the first box, and business name/disregarded entity (if applicable) in the second box.

Legal Business Name, Proprietor's Name or Individual Name	Business name/disregarded entity name, if different

2. ADDRESS AND CONTACT INFORMATION

ADDRESS A - Must be a physical address (check one):				ADDRESS B (if different than "ADDRESS A")			
<input type="checkbox"/> Company Headquarters		<input type="checkbox"/> Individual's Residence		<input type="checkbox"/> Mailing Address		<input type="checkbox"/> Remit to Address	
Address (Number and street)			Apt/Unit #	Address (Number and street)			Apt/Unit #
City		State	Zip Code	City		State	Zip Code

Phone No.	Email Address (for Purchasing correspondence)	Name and Title (for Purchasing correspondence)
Fax No.		

3. TAX IDENTIFICATION NUMBER (TIN), ORGANIZATION TYPE, AND STATE INFORMATION

- Enter your TIN in the appropriate box. The TIN must match the name given in LINE 1 to avoid backup withholding. - Provide either the applicable Employer Identification Number (EIN) or Social Security Number (SSN).		EMPLOYER IDENTIFICATION NUMBER (EIN) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		SOCIAL SECURITY NUMBER (SSN) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
FEDERAL ORGANIZATION TYPE: <input type="checkbox"/> Individual/ Sole Proprietor/ Single-Member LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Government <input type="checkbox"/> Tax Exempt/ Non-Profit 501 (c) _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership		STATE OF CALIFORNIA INFORMATION: <input type="checkbox"/> In-State (California) <input type="checkbox"/> Qualified with the California Secretary of State (SOS) _____ California SOS File # <input type="checkbox"/> Non California Resident (not Qualified with SOS) <input type="checkbox"/> Performs services totally outside California <input type="checkbox"/> Performs services within and outside California <input type="checkbox"/> Provides goods and performs services inside California <input type="checkbox"/> Provides only goods and/or materials	
OTHER INFORMATION (If applicable): <input type="checkbox"/> Attorney or Legal Facility <input type="checkbox"/> Doctor, Medical Facility, or Medical Provider		CALIFORNIA SELLER PERMIT NUMBER (If applicable): <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Do not include any letters)	

4. IRS FORM W-9 CERTIFICATION AND SIGNATURE

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. citizen or other U.S. person (as defined in the instructions in Item 3 of the Certification of Form W-9).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

5. CALIFORNIA CERTIFICATION OF RESIDENT/NONRESIDENT PAYEE

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for privacy notice. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I certify that the information provided on this document is true and correct. If the reported facts change, I will promptly inform the withholding agent.

PRINT NAME (PERSON SIGNING THIS FORM):	PRINT TITLE:	SIGNATURE: (no electronic signature)	DATE:

6. CITY OF BURBANK DEPARTMENT REQUESTING THIS VENDOR REGISTRATION FORM:

City of Burbank Contact Name: Michelle Hoffman	City of Burbank Contact Department: Public Works Recycle Center	City of Burbank Department Phone/Fax: 818-238-3911
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PAYEE REGISTRATION INSTRUCTIONS

General Instructions:

1. This substitute IRS Form W-9 is for the use of United States entities only. Non-US entities must submit an IRS Form W-8 and CA form 590 or 587 (whichever is applicable).
2. The City of Burbank has the right to verify the business name matches the TIN provided with the IRS records.
3. Type or legibly print all information except signatures.
4. All sections are mandatory and require completion. Incomplete or incorrect forms submitted to the City of Burbank may cause a delay in processing your document.

Specific Information:

1. Name:

- a. Partnership, Corporation, Government or Nonprofit - Enter legal business name as registered with the Internal Revenue Service (IRS) in the first box. If the company operates under a legal DBA, business name or disregarded entity provide it in the second box.
- b. Sole Proprietorship - enter the proprietor's name in the first box and the DBA, business name or disregarded entity in the second box.
- c. Individual - Name must be registered with the Social Security Administration (SSA) for the Social Security Number (SSN) listed in Section 3.

2. Address/Contact Information:

Address A - if the address is non-deliverable by the United State Postal Service, complete both Address A and B sections.

Address B - Provide additional address if you would like your Purchase Order or payments to be mailed to a location different from "Address A" or to document a valid California physical address.

Company - Provide the physical location of company headquarters.

Individual - Provide physical location of business or residence.

Telephone Number - Include area code.

Fax Number - Include area code.

Email address - Required for Purchasing correspondence.

3. Tax Identification Number (TIN), Organization Type, and State Information

a. Taxpayer Identification Number:

The Taxpayer Identification Number (TIN) is always a 9-digit number. It will be a Social Security Number (SSN) assigned to an individual by the SSA or an Employer Identification Number (EIN) assigned to a business or other entity by the IRS.

b. Federal Organization Type:

Check the appropriate box for the U.S. Federal classification of the person whose name is entered on line 1. Check only one box.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and check the box marked "Partnership." If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and check the box marked "C Corporation" or "S Corporation." If it is a single -member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box "Individual/Sole Proprietor or Single-Member LLC."

c. State of California Information: Please see California Franchise Tax Board Publication 1017 "Resident and Nonresident Withholding Guidelines" (available in its entirety at <https://www.ftb.ca.gov/forms/misc/1017.pdf>). See California Forms 590 and 587 for more details.

1. **In-State (California)** - an individual or business that has a physical presence (permanent place of business) in California at the address shown in Section 2. The individual or company will file a California tax return. See California Form 590, Instructions for Form 590 for definitions of "Permanent Place of Business".

2. **Qualified with the California Secretary of State (SOS)** - an individual or business that is qualified through the SOS to do business in California. The individual or business will file a California tax return. If checking this box you must include your California SOS File Number in order to be considered exempt from California Non-Resident Withholding.

3. **Non California Resident (not Qualified with SOS)** - complete this section based upon the services your organization provides to the City of Burbank.

Performs services totally outside California - an individual or business that does not have a physical presence in California and all work is performed in a state other than California. No withholding is required.

Performs services within and outside California - an individual or business that does not have a physical presence in California and some or all of the work is done in the state of California. For all work performed in the state of California 7% Non Resident withholding will be applied to all payments over \$1,500.00 in a calendar year. Services provided in and out of California must be specifically noted on the invoice as "Services provided in CA" or "Services provided outside of CA". This will clarify if your services are subject to withholding. If it is not broken out separately, the entire invoice will be subject to withholding.

Provides goods and performs services inside California - an individual or business that does not have physical presence in California and goods/materials and services are being provided in the state of California. For all services performed in the state of California, a 7% Non Resident withholding will be applied to all payments over \$1,500.00 in a calendar year. Goods/materials must be broken out separately from services on the invoice to not be subject to withholding tax on goods/materials.

Provides only goods and/or materials - an individual or business that does not have a physical presence in California and only provides good and materials. No services are performed. No withholding is required.

d. Other Information (If applicable):

Attorney or Legal Facility - Person or facility related to the practice of law.

Doctor, Medical Facility of Medical Provider - Person or facility related to practice of medicine.

e. California Seller Permit Number (If applicable):

Provide your valid California seller's permit number if you provide goods/materials and can collect California sales tax.

4. IRS Form W-9 Certification and Signature

The certification is required to replace IRS Form W-9 (Rev. December 2014). See IRS Form W-9 for further information.

The signature should be provided by the individual, owner, officer, legal representative or other authorized person of the entity listed on the form. Print the name and title of the person signing the form.

Enter the date the form was signed. Forms over three years old will not be processed.

5. California Certification of Resident/Non Resident Payee

The certification is required to replace California Forms 590 and 587. See California Forms 590 and 587 for more information.

The signature should be provided by the individual, owner, officer, legal representative or other authorized person of the entity listed on the form.

Print the name and title of the person signing the form.

Keep this form for your records. The certification remains valid until the payee's status changes. The City will evaluate the need for securing a new Payee Registration Form when any indication of a change in residency status occurs, such as a name change, change of address, etc.