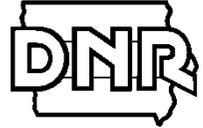




REDEMPTION CENTER APPLICATION FORM



SECTION 1: To be completed by all REDEMPTION CENTER APPLICANTS

Name of Redemption Center: _____

Phone: _____ Fax: _____

Owner's Name: _____

Phone: _____ Fax: _____ Email: _____

Redemption Center Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Redemption Center Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Applying to become the following (check all that apply):

- Unapproved Redemption Center (Only complete Section 1 of this form)
- Approved Redemption Center (Complete Sections 1 & 2)
- Redemption Center for a Dealer (Complete Sections 1 & 3)

Operating Hours of Redemption Center:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

Total hours open: _____ Total hours open either between 6:00pm and 10:00pm on weeknights or any time on weekends: _____

Signature of Applicant to be an UNAPPROVED Redemption Center

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

SECTION 2: To be completed if applying to be an APPROVED REDEMPTION CENTER

- **Note:** If your redemption center has gotten a Department of Natural Resources (DNR) certificate to be APPROVED for one or more DEALERS already, what is the date the previous certificate was issued? Date: _____
- Complete the next part regarding the DEALERS for which you are now applying to be APPROVED. (Attach separate sheets if necessary)
- **Note:** Attach a signed/written 'consent' from each DEALER listed below. (By law, you must have a DEALER's 'consent' for you to be their APPROVED redemption center. Check the DNR webpage: www.iowadnr.gov/bottlebill for a suggested 'consent' form.)

	Name of Dealer	Address	Distance from Redemption Center
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Distributors of the Beverage Containers to be Redeemed (Attach separate sheet if necessary)

	Name of Distributor	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Will metal, glass or plastics be crushed or broken? Yes No

If yes, please attach written consent of the distributor or manufacturer.

Please provide a written statement describing how the redemption center will provide a convenient service to consumers.

Redemption Center's Convenience

Average travel time from dealer's location to the redemption center by personal vehicle:

Dealer #1: _____ minutes Dealer #2: _____ minutes Dealer #3: _____ minutes
Dealer #4: _____ minutes Dealer #5: _____ minutes Dealer #6: _____ minutes

Each Additional Dealer:

Dealer: _____ minutes Dealer: _____ minutes
Dealer: _____ minutes Dealer: _____ minutes

If the redemption center is using reverse vending machines, will the center be staffed during all operating hours?

Yes No Not Applicable

Is your redemption center handicap accessible? Yes No

If the redemption center is not handicap accessible will arrangements be made to assist handicapped customers?

Yes No

Signature of Applicant to be an APPROVED Redemption Center

I understand that if the DNR certifies my Redemption Center to be APPROVED for the DEALER(s) listed above, I will be bound by the law to accept all of the same kinds, sizes and brand names of beverage containers that are sold by the above-listed DEALER(s), and that I must pay back the full refund value of those beverage containers as are sold in Iowa.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

SECTION 3: To be completed if applying to be a REDEMPTION CENTER FOR A DEALER

➤ **Note:** Apply to be a **Redemption Center for a DEALER** only if you will be picking up empties from one or more DEALERS, or if one or more DEALERS will be bringing their empties to you. This arrangement Will Not Exempt any DEALER from redeeming their customers' empties.

Dealers to be Served by the Redemption Center (Attach separate sheet if necessary)

➤ **Note:** Attach a signed/written 'consent' from each dealer listed below. (By law, you must have a DEALER's 'consent' for you to be their APPROVED redemption center. Check the DNR webpage: www.iowadnr.gov/bottlebill for a suggested 'consent' form.)

	Name of Dealer	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Distributors of the Beverage Containers to be Redeemed (Attach separate sheet if necessary)

	Name of Distributor	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Will metal, glass or plastics be crushed or broken? Yes No

If yes, please attach written consent of the distributor or manufacturer.

Signature of Applicant to be a Redemption Center for a DEALER

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

Send completed applications with attached information to:

Iowa Department of Natural Resources
Land Quality Bureau
502 E 9th St
Des Moines IA 50319

Or fax to 515-725-8202

For questions regarding this application, contact 515-725-8200.