



# sanitation

Kathryn Garcia Commissioner

## Commercial Organics On-Site Processing Registration

Businesses covered by the New York City Commercial Organics Rule that choose to process any amount of organic material on-site must register with the NYC Department of Sanitation. Businesses are not required to complete this registration form if all source separated organic material is processed for beneficial use off-site in accordance with the Commercial Organics Rule. Any on-site processing method must be in accordance with local, state, and federal law. This form should be submitted to DSNY no later than 30 days following the installation of processing equipment. Visit [nyc.gov/zerowastebusinesses](http://nyc.gov/zerowastebusinesses) or contact 311 for more information

### Instructions:

- Please type or print responses legibly.
- To expedite the processing of this registration, please answer each question. If a question is not applicable to your business, please respond with "N/A".
- Retain copies of this form for your own records.
- Please attach any additional information if necessary.
- Please send completed form and any applicable attachments to:

### Email

Registration forms that do not have "Commercial Organics On-site Processing Registration" in the subject line will not be accepted.

[commercialprograms@dsny.nyc.gov](mailto:commercialprograms@dsny.nyc.gov)

### Mail

NYC Department of Sanitation  
C/O Commercial Programs  
PO Box 156  
Bowling Green Station  
New York, NY 10274-0156



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**PART 1. REGISTRANT INFORMATION**

Name of Individual Registering on Behalf of Business		Role/Title		
Name of Business				
Telephone		Email		
<b>Business Location Address</b>				
Address #, Street, Unit		City	State	ZIP
<b>Mailing Address (if different than location address)</b>				
Address #, Street, Unit		City	State	ZIP
Please describe the nature of business activity at premises:				
<input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Food Wholesaler <input type="checkbox"/> Food Manufacturer <input type="checkbox"/> Arena / Stadium <input type="checkbox"/> Hotel <input type="checkbox"/> Other: _____				

**PART 2. ON-SITE PROCESSING METHOD INFORMATION**

A. On-site processing method (please select all that apply)	<input type="checkbox"/> Composting <input type="checkbox"/> Aerobic digestion <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Other, please describe:
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<p>B. Please enter the manufacturer, model number and size of the equipment. If you do not have this information, please describe your system (examples: wire bin, wood bin, tumbler, vermicomposting).</p>	<p>Manufacturer:</p>  <p>Model #:</p>  <p>Minimum capacity (lbs./day):</p>  <p>Maximum capacity (lbs./day):</p>
<p>C. Installation date</p>	<p>____/____/____ MM DD YYYY</p>

### **PART 3. GREASE INTERCEPTOR INFORMATION**

<p>A. Please enter the manufacturer, model number, and capacity of the grease interceptor located downstream of your on-site food waste treatment system.</p>	<p>Manufacturer:</p>  <p>Model #</p>  <p>Capacity (lbs.) :</p>  <p>Flow (units per manufacturer specs):</p>
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### **PART 4. SIGNATURE**

<p>Signature of Registrant and date signed. By signing this section, the registrant verifies that all information reported is accurate and true.</p>	<p>_____</p> <p>____/____/____ MM DD YYYY</p>
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