

FEE WAIVER REQUEST FORM

(FOR OFFICE USE ONLY)

☐ Recommend _____

☐ Deny _____

Date: _____

I hereby request a waiver of Environmental fees in view of the fact that our organization is (please check one):

Charitable Non-Profit Organization

- ☐ 50% Waiver: Charitable non-profit organization with annual expenses of \$50,000 or more
- ☐ 100% Waiver: Charitable non-profit organization with annual expenses of less than \$50,000

Governmental Agency

- ☐ 50% Waiver: Governmental receiving more than 50% of operating funds from general tax revenues

Organization Name: _____

Mailing Address: _____

Phone #: _____

Name (Print): _____ Title: _____

Signature: _____

REQUIRED DOCUMENTS:

ALL Charitable Non-Profit Organization (50% and 100% waivers):

- ☐ A copy of your **Internal Revenue Exemption Document 501(C)2 or 501(C)3**

For those entities requesting a 100% waiver, you must also provide documentation that your organization's annual expenses are \$50,000 or less. In these cases, please also include:

- ☐ A copy of a **completed Internal Revenue Service Form 990, 990-EZ, 990-PF, 990-N**
OR
- ☐ A copy of your organization's **annual financial statement**

SUBMIT COMPLETED FEE WAIVER REQUEST FORM AND SUPPORTING DOCUMENTS TO:

food@monroecounty.gov

Monroe County Department of Public Health, Food Protection Program, Room 832
111 Westfall Road, Rochester, New York 14620

Date: _____

This Department has found your request for a Fee Waiver to be in order and hereby issues a Waiver for ☐ 50% ☐ 100% of the payment of this and future Environmental fees under the condition that your organization is and remains:

- ☐ Charitable non-profit
- ☐ Operating with annual expenses of \$50,000 or less
- ☐ Governmental receiving more than 50% of operating funds from general tax revenues

Sincerely,

Marielena Vélez de Brown, MD, MPH
Commissioner of Public Health