

MAY 01 2014



**OREGON LIQUOR CONTROL COMMISSION
BEVERAGE CONTAINER REDEMPTION CENTER APPLICATION**

ADMINISTRATIVE
PROCESS DIVISION

INSTRUCTIONS: To request approval as a Beverage Container Redemption Center, you must:

- Complete and sign the Redemption Center Application and Convenient Consumer Service form (on reverse).
- Mail the completed forms and attachments to OLCC, 9079 SE McLoughlin Blvd., Portland, OR 97222.
- Please ensure that all required forms and attachments are included with your application. OLCC cannot consider approval requests until all forms and attachments are completed.
- After OLCC has completed the initial review, your application will be returned to you for submission to the local government.

APPLICANT:

Please list the individual(s) or legal entity(s) who will be legally responsible for the establishment and operation of the redemption center. Use additional sheets if necessary.

1. Applicant Name(s) Please Print:

1. Oregon Beverage Recycling Cooperative
2. DBA: BottleDrop Redemption Center

2. Redemption Center location (physical address): 1710 W. Burnside St. Portland, OR 97209

3. Mailing address: c/o OBRC 3900 NW Yeon Ave

4. City, State, Zip Code: Portland, OR 97210

5. Phone Number: 503-222-2266

6. Email: ashifflett@obrc.com

7. Names and addresses of the dealers to be served by the center (attach additional pages as necessary):

See Attachment 'A'

Dealer Name _____ Address _____ < 5000 sq. ft. > 5000 sq. ft.

Dealer Name _____ Address _____ < 5000 sq. ft. > 5000 sq. ft.

Dealer Name _____ Address _____ < 5000 sq. ft. > 5000 sq. ft.

8. Local government where the redemption center will be located: Portland, OR

9. I have notified the State Senator Ginny Burdick and Representative Jennifer Williamson for the area in which the Redemption Center is proposed to be located.

By signing below, I am stating that the information provided on these forms and on the attachments is true and complete. I understand that if my answers are not true and complete, the OLCC may deny or revoke the approval of this redemption center.

Applicant Signature(s)/Title and Date:

1. [Signature] President Date: 5/1/14

2. [Signature] Redemption Center Project Mgr. Date: 5-1-14

REDEMPTION CENTER CONVENIENT CONSUMER SERVICE FORM

Please attach a map of 5-mile radius of area (to scale) showing Redemption Center, including Dealers served and Dealers not served. Attach additional documents as needed.

Please print

1. **Applicant Name:** Oregon Beverage Recycling Cooperative DBA: BottleDrop Redemption Center
2. **Kinds of containers you will accept:**
 Water/Flavored Water Malt Beverages/Beer Carbonated soft drinks (incl. carbonated water)
3. **Proposed days and hours of operation :** 7 days per wk. Winter Hours: 9am-6pm Summer Hours: 9am-7pm
4. **Current days and hours of operation for Dealers served by the Redemption Center:** See Attachment 'B'
5. **Will Dealer continue to accept containers?** No Yes If yes, what kinds: _____
6. **What is the distance from the proposed Redemption Center to stores served by the center:** _____
See Attachment 'B'
7. **Cap on number of containers per person per day:** 350 pp/pd - self-serve mode (RVM)
8. **Method of accepting and counting containers:** Handcount (<50), self-serve (RVM)
9. **What hours will staff be present to assist customers:** During business hours
10. **Payment method for redeemed containers:** Cash: Up to \$17.50 pp/pd BottleDrop Account: Value Credited
11. **How consumers will be notified of the Redemption Center's location, services, and service hours:**
Targeting customer at participating retail locations via signage at or near existing bottle return locations.
12. **Your projected volume of container returns compared the current volume of returns from the store(s) that will be served by the Redemption Center:** Anticipate similar return volume
13. **Describe the process for taking back containers from the consumer's perspective (from entering the facility to receiving payment):** Trained personnel to assist customers with 1 of 3 options: hand count, self-serve (RVM's) and EZ Drop Premium service. Refund value will be paid either in cash or credit to account.
14. **Projections for number of customers and peak hours of operation:** 15-20 1:00-3:00pm
15. **Brief description of parking facilities to serve the redemption center (include # of spaces):** _____
Parking lot, 10 spaces

**OREGON LIQUOR CONTROL COMMISSION
BEVERAGE CONTAINER REDEMPTION CENTER
Local Government Notification Form**

To be completed by an authorized representative of the City Council or Board of County Commissioners (identified in #9 of the Beverage Redemption Center Application).

PLEASE PRINT

RE: Beverage Container Redemption Center Application for:
1710 W Burnside St. Portland, OR 97209

The City or County of Portland _____:
(Name of City or County)

Certifies that the proposed Redemption Center meets city/county zoning requirements

Certifies that the proposed Redemption Center is compliant with all local ordinances

San Villari

Signature of Authorized City/County Representative

Planner

Title

5/1/14
Date

Attachment 'A'

7. Names and addresses of the dealers to be served by the center:

Dealer	Address	Size
Fred Meyer	100 NW 20 th Pl. Portland, OR 97209	>5,000 SF
Safeway	1010 SW Jefferson St. Portland, OR 97201	>5,000 SF
Safeway	1303 NW Lovejoy St. Portland, OR 97209	>5,000 SF

Attachment 'B'

4. Current days and hours of operation for Dealer served by the Redemption Center:

Dealer	Current Hours of Operation
Fred Meyer	7am-11pm
Safeway	5am-1am
Safeway	5am-1am

6. What is the distance from the proposed Redemption Center to stores served by the Redemption Center:

Dealer	Driving Distance to Center
Fred Meyer	0.2 miles
Safeway	0.5 miles
Safeway	0.6 miles