## TEHAMA COUNTY SMART BUSINESS ALLIANCE FOUR FUNDAMENTAL RESOURCE CONSERVATION MEASURES

DATE /ERIFIED

			GENERAL SMAR					,	VERI
ALI	_ PARTN	IERS TO COMPLET	TE REQUIRED MEASI	URES BELOW	:				
			ENT AND EMPLOYEE			MART BUSINES	S ALLIANCE (S	SBA)	
	•		ES, STRATEGIC GOA			RAINING PROG	RAMS, EMPLO	YEE	
	•	STAFF MEETING	DISCUSSIONS						
	•	EMPLOYEE HANI	DBOOK(S)						
	•	EMPLOYEE REFE	ERENCE MATERIALS						
	•	COMPANY NEWS	SLETTER OR BULLET	INS					
	•	COMPANY SUGG	ESTION AND REWAR	RD PROGRAM	s				
	IMPLEN BUSINE		YCLING AND PROPE	R WASTE DIS	POSAL PRAC	TICES THROUG	SHOUT YOUR		
	•	BOXES), MIXED F	YCLE PAPER INCLUI PAPER (JUNK MAIL, S PAPER, COMPUTER,	SCRAP AND C	OLORED PAP	ER), NEWSPAF			
	•	RECYCLE ALL GI	LASS, PLASTIC CON	TAINERS (#1-7	7) AND CLEAN	ALUMINUM (C	ANS, FOIL)		
	•		R PROPERLY DISPO UIDS, USED ELECTR					D	
	•	DISPOSE OF ALL	. HAZARDOUS WAST	ES RESPONS	IBLY FOLLOW	ING STATE LA	WS.		
	•		CYCLED CONTENT, I YSTYRENE (STYROF		AND/OR REU	SABLE KITCHE	ENWARE FOR S	STAFF	
		M CUSTOMERS/CL THE SBA STANDAF	IENTS ABOUT YOUR RDS:	SMART BUSI	NESS EFFORT	S AND WHAT	YOU ARE DOIN	IG TO	
	•	POST THE SMAR	T BUSINESS ALLIAN	CE DECAL IN	A VISIBLE LO	CATION			
	•	OFFER CUSTOME	ERS/CLIENTS 'CONS	ERVATION SE	RVICES' OR A	MENITIES OPT	TIONS		
	•		R PROGRAM SUCCES AND SIGNS FEATURI (amples)					- 1	
	ENCOURAGE ANOTHER BUSINESS TO PARTICIPATE IN THE SBA PROGRAM. PROVIDE THEIR CONTACT INFORMATION:					СТ			
	NAME OF BUSINESS:								
	CONTACT NAME:								
	PHONE NUMBER:								



## TEHAMA COUNTY SMART BUSINESS ALLIANCE **APPLICATION** \_ is ready to commit to waste reduction and recycling practices at Yes, agrees to the baseline commitments of all SBA partners. my local business! \_ Please contact me to discuss how to get started diverting waste through reduction, reuse and recycling. **APPLICANT INFORMATION** Business Name: Primary Contact: Title: Phone: E-mail: Fax: Address: City: State: ZIP Code: Mailing Address (if different than physical above): ZIP Code: City: State: Secondary Contact: Title: Phone: E-mail: Fax: Please circle one: Own facility Lease facility How long at this location? Nature of the Business: # Full Time Employees: REFERENCE TO PROGRAM PROVIDED BY Primary Contact and Phone: **Business Name:** Title: **SIGNATURES** I authorize the verification of the information provided on this form and recognize this is a voluntary program.

Date:

Signature of applicant: