



TOWN OF WELLESLEY HEALTH DEPARTMENT

**SINGLE-USE PLASTIC CHECKOUT BAG
SIX MONTH EXTENSION APPLICATION**

Submit one application per location prior to April 12, 2017

Name of Applicant: _____ D/B/A: _____

Address of Business: _____ Business Tel. #: _____

Name of Manager: _____

Email Address: _____

The Director of Public Health may grant an extension for compliance to the bylaw for up to six months, in the case that the bylaw would cause undue hardship to a retail establishment. Please explain why the single-use plastic checkout bag reduction, Article 34.5C of the Town of Wellesley Bylaws, creates an undue hardship or practical difficulty not generally applicable to other persons in similar circumstances:

Notice: I, the undersigned, certify that the above information I have provided is correct. I have read and fully understand Article 34.5C of the Town of Wellesley Bylaws. I understand the decision to grant or deny an extension by the Director of Public Health shall be final. I further understand that if approved, the extension expires on or no later than October 12, 2017.

Signature of applicant: _____ Date: _____

**Please submit completed form to Wellesley Health Department
90 Washington Street, Wellesley, MA 02481**

For Town Use Only

Director of Public Health	
Approved Extension with Expiration Date: _____	Extension Denied: _____
Signature: _____	Date: _____
_____	_____