



PACE Retail Business Application & Baseline Information

Please complete as much of this baseline information as possible. It will help PACE staff get to know your business and help you to gather information to assess the costs and benefits of implementing specific environmental practices. Please contact PACE staff with any questions.

Business Name: _____

Contact Name: _____ **Title:** _____

Street Address: _____

Mailing Address (if different): _____

Email: _____ **Phone:** _____ **Fax:** _____

Date Application Completed: _____ **By:** _____

General Information

Days & Hours of Operation: _____

Number of employees: _____ full time _____ part time

Square feet of space in facility (break down of different spaces, if possible) _____ sq ft. total

Do you own or rent the property or properties? Own Rent

If rented, please provide contact information for the management company or landlord?

Approximately how many other tenants are in your building?

Purchasing Information

Is there a primary purchasing authority? ___ Yes ___ No

Please provide contact information for person/people responsible for purchasing:

Please provide contact information for your primary supply vendors and what they supply:

Energy/Water Baseline Information

Do you pay for your own utilities or are they built into your lease?

What is your average monthly electricity consumption (\$ or kw)? _____

What are the primary contributors to the electricity bill?

What is your average monthly natural gas consumption (\$ or kw)? _____

What are the primary contributors to the gas bill?

What is your monthly water use? _____

What are the primary contributors to the water bill?

Is lighting changed out on a regular schedule or as lamps fail? If on a schedule, what is the schedule?

Who is responsible for lighting changes? ____ In-house crew ____ Contracting company

If contracting company, please provide contact information for the company.

Cleaning/Maintenance/Toxics

Who is responsible for cleaning? ____ In-house crew ____ Contracting company

If contracting company, please provide contact information for the company.

Do you have a contracted pest management company? ____ Yes ____ No

If so, please provide contact information for the company.

Waste Generation and Management

One of the Core Criteria for Retail Business PACE Certification is to achieve 35% waste diversion. A waste assessment will help you to quantify the types and amounts of waste your company generates to calculate your waste diversion rate. Some approaches for gathering this information include a facility walk-through or a waste sort. Refer to the Business Guide for Reducing Solid Waste included in your PACE Resource Packet for guidelines on conducting a waste assessment. Summarize your waste assessment findings below to provide a basis for calculating your waste diversion rate and identify waste diversion opportunities.

Trash Quantities

List the number and capacity of each dumpster, roll-off, compactor, or other trash containers you use:

Container Type and Size	Number of containers	Frequency hauled	% full when pulled	If shared, % from your business

Recycling Quantities

List the materials collected for recycling or reuse and related information below.

Material	Estimated monthly quantities collected	How and where collected and recycled, donated, or reused?	Monthly Costs or Rebates

Who is your trash hauler? _____

Do you pay for waste hauling separately or is the cost built into your lease? _____

If you pay for waste hauling separately, indicate what type of waste hauling service you have:

___ Flat rate What is the weekly/monthly/or annual rate? _____

___ Per pull charge What is the cost per pull? _____

___ Per pull charge plus charge per pound or ton of waste
 What is the cost per pull? _____

 What is the cost per pound or ton of waste? _____

What are your average monthly waste management costs? _____

What are the largest waste-generating areas or processes in your facility and what wastes do they generate?

Use the grid below to estimate the percentage of your trash that is recyclable material. Are these percentages based on ___ weight or ___ volume estimates?

Name of Recyclable	% of total trash
Office Paper (white and pastel colored paper)	
Mixed paper (opened mail, catalogs, magazines, phone books).	
Newspaper (including inserts)	
Paperboard (tissue boxes, shoe boxes, etc.)	
Corrugated Cardboard/ Brown Paper Bags	
Computer Equipment/Electronics	
Plastic Bags	
Food scraps (employee lunch wastes, spoiled or expired food products)	
Food-related packaging (paper plates, food bags, paper cups, etc.)	
Commingled Containers (aluminum cans, glass bottles and jars, plastic #1 & #2 bottles and jugs, paper milk & soy milk containers)	
Scrap Metal	
Hazardous Materials (cleaners, solvents, batteries, fluorescent lamps, used oil, etc.)	
Yardwaste	
Other recyclable (please specify):	
Other recyclable (please specify):	

PACE Contact Information

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