



HOTEL WORKER PROTECTION ORDINANCE WAIVER EXEMPTION THAT REQUIRES CITY OF GLENDALE APPROVAL

This application for the Hotel Worker Protection Ordinance (HWPO) Waiver must be submitted along with supporting documents to:

ChooseGlendale@glendaleca.gov;

or

City of Glendale Economic Development Division,
633 East Broadway, Suite 201, Glendale, CA 91206.

INACUCURATE OR INCOMPLETE SUBMISSIONS WILL BE RETURNED.

Glendale Municipal Code (GMC) Section 5.120.050 of the HWPO allows Hotel Employers, as defined by GMC Section 5.120.010, to be granted a waiver from requirements of the HWPO for one (1) year. Hotel Employers must be able to demonstrate that compliance with the HWPO would require the Hotel Employer, in order to avoid bankruptcy or a shutdown of the Hotel Employer's Hotel, to reduce its workforce by more than 20% or reduce its Hotel Workers' total hours by more than 30%. The City of Glendale shall grant the one-year waiver after reviewing the Hotel Employer's financial condition at the Hotel Employer's expense. A determination by the City of Glendale to grant or deny a request for waiver may be appealed to a hearing examiner in accordance with established City practices for hearing examiner review.

The HWPO waiver for a Hotel Employer in financial hardship DOES NOT exempt a Hotel Employer from complying with other applicable federal, state, or local laws and regulations. It is the Hotel Employer's responsibility to ensure that the Hotel Employer is in compliance with any such laws and regulations. Prior to submitting a waiver application, a Hotel Employer must provide written notice of the waiver application to all Hotel Workers employed by the Hotel Employer. Within three (3) days of receiving a waiver determination from the City of Glendale, a Hotel Employer must provide written notice of the determination to all Hotel Workers employed by the Hotel Employer.

SECTION I. HOTEL EMPLOYER INFORMATION

1. Company Name:

2. Operating Name or Doing Business As:

(if different from Company Name)

3. Company Address:

4. Phone Number:

5. Email Address:

SECTION II. EXEMPTION ELIGIBILITY CRITERIA

6. Please identify one of the following qualifying hardships (choose at least one to be eligible for this waiver):

Must reduce workforce by more than 20% to avoid bankruptcy or shut down of the Hotel

Must curtail Hotel Workers' total hours by more than 30% to avoid bankruptcy or shutdown of the Hotel

7. Employer Identification Number:

8. Provide a cover letter describing your reasons for eligibility, in addition to relevant financial statements and documents that have been prepared in accordance with Generally Accepted Accounting Principles (GAAP), including but not limited to Profit and Loss Statement, Balance Sheet, Cash-Flow Statement, as well as all other applicable documents to support your claim of financial hardship. Documentation should demonstrate the projected cost of compliance with the HWPO and the Hotel Employers' inability to absorb the cost without resulting in the situation indicated in Question 6.

SECTION III. SIGNATURE

I declare under penalty of perjury under the laws of the State of California that: (1) I am authorized to bind the entity listed above; and (2) the information provided on this form is true and correct to the best of my knowledge. By signing below, I agree to reimburse the City for resources used to review the waiver application. I further agree that should the entity listed above cease to qualify as a Hotel Employer in financial hardship because of a change or any other reason that may affect the waiver eligibility, the entity will notify the City within thirty (30) days of such change and comply with the HWPO specified in GMC Section 5.120.

Print Name of Person Completing This Form:

Title:

Contact Phone Number:

Signature:

Date:

<p>CITY OF GLENDALE USE ONLY Approved/ Not Approved – Reason: By: Date: Form CDED/HWPO-1, 2/23 City of Glendale Economic Development Division 633 East Broadway, Suite 201, Glendale, CA 91206 (818) 548-2005</p>
--