

**KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
DIVISION OF ENVIRONMENT
BUREAU OF WASTE MANAGEMENT
TOPEKA, KS 66612-1366**

For Permit to Construct, Alter, or Operate a Solid Waste Disposal Area or Solid Waste Processing Facility

BUSINESS CONCERN DISCLOSURE STATEMENT FORM II

PART I. IDENTIFICATION DATA

All permit applicants must complete this section.

1. **Firm Name** _____
2. **Address of Principal Office.** State the current address where business of the firm is actually conducted. Do not give, for example, a post office number.
Number and Street _____
City _____ County _____ State _____ Zip Code _____
Mailing Address (if different from street address) _____
City _____ State _____ Zip Code _____
3. **Firm Telephone Number.** (____) _____ **Firm Fax Number** (____) _____
4. **Federal Employer Identification Number (FEIN).** _____
5. **Form of Business Concern.** Check one:
 sole proprietorship trust joint venture corporation partnership limited partnership
 other(describe) _____
6. **Date of Organization.** State when the business concern was established (date of incorporation, partnership agreement, etc.). _____

PART IA. CORPORATE BUSINESS CONCERN DATA

This section is to be completed only by corporations

- 1a. **Registered Agent.** Name _____
Address _____ City _____ State _____ Zip Code _____
- 2a. **Date and Place of Incorporation.**
Date Place (state, etc.) Certificate of Incorporation File No.
- 3a. **Authority to do Business in Kansas.** If not a Kansas corporation, state the following facts from the Certificate of Authority to Transact Business in Kansas.
Date _____ Name of Kansas Registered Agent _____
Folder No. _____ Address of Kansas Registered Office _____
- 4a. **Officers.** Provide the following information about each officer of the corporation.
Name _____
Bus. Address _____

Office _____

Election Date _____

Date of Birth _____

Soc. Sec. No. _____

PART IB. PARTNERSHIP/JOINT VENTURE DATA

This section to be completed only by partnerships or joint ventures

1b. **Name.** State the complete name of the partnership or joint venture.

2b. **Form of Entity.** Check one. joint venture general partnership limited partnership

3b. **Participants.** Provide the following information about each partner or joint venturer.

General Partners

Name _____

Bus. Address _____

Positions Held _____

Date of Birth _____

SSN or FEIN _____

PART IC. MISCELLANEOUS BUSINESS CONCERN DATA

Complete this form if the business concern is organized in a form other than a sole proprietorship, corporation, partnership, or joint venture, such as a trust or association.

1c. **Name.** State the complete name of the business concern. _____

2c. **Business Form.** Describe how the business concern is organized and under what legal authority it was established.

3c. **Owners/Officers/Etc.** Provide the following information about each person that owns, controls, or is an officer or trustee of the business concern.

Name

Bus. Address

Position Date of Birth

SSN or FEIN

PART II. OWNERSHIP AND DEBT LIABILITY OF THE BUSINESS CONCERN

All permit applicants must complete this section.

Debt Liability

7. **Debt Liability to Chartered Lending Institutions.** Provide the following information about your debt liability held by state or federally chartered institutions. If you are in doubt whether your lender is chartered, check with your lender or with the banking authority in your state.

*Name _____ Bus. Address _____

Type of Debt _____ Date Created _____ Original Amount _____ Present Balance _____

*Name _____ Bus. Address _____

Type of Debt _____ Date Created _____ Original Amount _____ Present Balance _____

*Name _____ Bus. Address _____

Type of Debt _____ Date Created _____ Original Amount _____ Present Balance _____

8. **Privately Held Concerns.** If the business concern is privately held:

a) List all persons currently holding any debt liability of the business concern.

*Name _____ Bus. Address _____

Type of Debt _____ Date Created _____ Original Amount _____ Present Balance _____

*Name _____ Bus. Address _____

Type of Debt _____ Date Created _____ Original Amount _____ Present Balance _____

*Name _____ Bus. Address _____

Type of Debt _____ Date Created _____ Original Amount _____ Present Balance _____

b) List all business concerns, excluding institutions listed under Item #7, currently holding any debt liability of the business concern.

*Name _____ FEIN _____ Bus. Address _____

Type of Debt _____ Date Created _____ Original Amount _____ Present Balance _____

*Name _____ FEIN _____ Bus. Address _____

Type of Debt _____ Date Created _____ Original Amount _____ Present Balance _____

*Name _____ FEIN _____ Bus. Address _____

Type of Debt _____ Date Created _____ Original Amount _____ Present Balance _____

PART III. FINANCIAL HISTORY

All permit applicants must complete this section.

9. **Bankruptcy or Insolvency.** Provide information below about any petition filed by or against the business concern in the past five (5) years under any provision of the Federal Bankruptcy Act or any state insolvency law.

*Title of Action _____ Court _____ Location _____

Nature of Action _____ Date Filed _____ Status/Disposition _____

*Title of Action _____ Court _____ Location _____

Nature of Action _____ Date Filed _____ Status/Disposition _____

10. **Receivership.** Provide the following information if any receiver, fiscal agent, trustee, reorganization trustee, or similar officer has been appointed for the business concern by a court within the past five (5) years.

*Name _____ Bus. Address _____

Date Appointed _____ Acted until (date) _____ Appointing Court _____

*Name _____ Bus. Address _____

Date Appointed _____ Acted until (date) _____ Appointing Court _____

PART IV. EXPERIENCE AND CREDENTIALS

All permit applicants must complete this section.

11. **Business Concern.** Describe the experience and credentials of the business concern in the collection, transportation, treatment, storage, or disposal of solid waste.

PART V. LICENSES AND PERMITS* HELD

All permit applicants must complete this section.

12. **Kansas License or Permit.** Provide the following information about any Kansas Department of Health and Environment or United States Environmental Protection Agency solid waste license or permit ever held by the business concern under any name.

*Name Held Under _____ Type of License/Permit _____

Facility Location _____ Held From (year) To (year) _____

Facility Type _____ Issuing Agency _____ Reg. No./ EPA ID _____

*Name Held Under _____ Type of License/Permit _____

Facility Location _____ Held From (year) To (year) _____

Facility Type _____ Issuing Agency _____ Reg. No./ EPA ID _____

*Name Held Under _____ Type of License/Permit _____

Facility Location _____ Held From (year) To (year) _____

Facility Type _____ Issuing Agency _____ Reg. No./ EPA ID _____

PART VI. HISTORY OF CIVIL VIOLATIONS

All permit applicants must complete this section.

13. **Violation Notices: Kansas, Federal, Municipalities, Other States, Foreign Countries.** List and explain any administrative actions including Penalties, Notices of Prosecution, Administrative Orders or Notices of Intent to Deny or Revoke issued to you within the past ten (10) years by any state, federal, local or foreign government for the alleged violation of any laws or regulations pertaining to protection of the environment other than a motor vehicle or littering offense. List in the following order: Kansas cases, municipal cases, federal cases, case in other states, cases in foreign countries.

*Name of Entity Cited _____ Type of Violation _____ Date Issued _____

Nature of Alleged Violation _____ Location of Alleged Violation _____

EPA/DOT Doc. No. (if any) _____ Disposition/Explanation _____

*Name of Entity Cited _____ Type of Violation _____ Date Issued _____

Nature of Alleged Violation _____ Location of Alleged Violation _____

EPA/DOT Doc. No. (if any) _____ Disposition/Explanation _____

*Name of Entity Cited _____ Type of Violation _____ Date Issued _____

Nature of Alleged Violation _____ Location of Alleged Violation _____

EPA/DOT Doc. No. (if any) _____ Disposition/Explanation _____

*Name of Entity Cited _____ Type of Violation _____ Date Issued _____

* "License or permit" includes solid waste licenses, registrations, temporary operating authorizations, permits, etc.

Nature of Alleged Violation _____ Location of Alleged Violation _____

EPA/DOT Doc. No. (if any) _____ Disposition/Explanation _____

14. **Civil Court Litigation.** List and explain any alleged violations of environmental protection laws or regulations in any jurisdiction which have been the subject of proceedings before a civil court. List in the following order: Kansas cases, municipal cases, federal cases, cases in other states, cases in foreign countries. Examples would include final civil penalty adjudications, final action on bond forfeiture, settlement agreement, contempt adjudications, injunctive orders, and judgments. Consider a determination "final" if it has been entered with consent, or has been entered by a court, even if it is on appeal.

*Title of Case _____ Docket No. _____ Court _____

Court Location _____ Disposition/Explanation _____

*Title of Case _____ Docket No. _____ Court _____

Court Location _____ Disposition/Explanation _____

*Title of Case _____ Docket No. _____ Court _____

Court Location _____ Disposition/Explanation _____

VII. CRIMINAL PROCEEDINGS

All permit applicants must complete this section.

15. **Convictions.** List and explain any conviction against the business concern or against any key employee, officer, director, partner, or holder of more than five percent (5%) of the equity in the business concern, for any crime or offense involving environmental laws or regulations committed in Kansas or any other state, federal, or foreign jurisdiction.

*Name of Person/Entity _____ Describe Offense _____

Indictment/Information No. _____ Jurisdiction _____ Date Charged _____

*Name of Person/Entity _____ Describe Offense _____

Indictment/Information No. _____ Jurisdiction _____ Date Charged _____

*Name of Person/Entity _____ Describe Offense _____

Indictment/Information No. _____ Jurisdiction _____ Date Charged _____

16. **Affidavit of Author.**

I hereby certify that I am the person who filled out or directed the filling out of the attached Business Concern Disclosure Statement in the name of the business concern.

I further certify that, as proprietor, partner, or corporate officer of the business concern named in Item #1 of this application, I have authority to sign and submit this application; and that the statements contained therein are true and correct to the best of my knowledge.

Firm Name

Signature of Owner or Authorized Representative

Subscribed and sworn to before me this _____ day of _____ 20____

My Commission expires _____

Notary Public

SEAL

17. **Certifications.** This Business Disclosure Statement must be signed and certified below by the following officials of the business concern.

*Corporations: President, Chairman of the Board or CEO, secretary, and treasurer.

*Partnerships: All partners (general partners only in limited partnerships).

*Sole Proprietors: The owner.

*Any Other Business Form: Chief executive officer, secretary, and treasurer.

I hereby certify that I have examined the attached Business Disclosure Statement and that no statement or information contained herein is false, to the best of my knowledge. I am aware that I am subject to punishment if the foregoing statement made by me is willfully false.

Date _____ Signature _____

Type or Print Name and Title

Date _____ Signature _____

Type or Print Name and Title

Date _____ Signature _____

Type or Print Name and Title

Date _____ Signature _____

Type or Print Name and Title

Date _____ Signature _____

Type or Print Name and Title

APPLICATION INSTRUCTIONS

1. **WHO MUST COMPLETE THIS FORM.** Every applicant for or holder of a Kansas Department of Health and Environment (KDHE) solid waste disposal area permit who is required to file a disclosure statement must complete this form. Sole proprietors must complete this form and a Personal History Disclosure Form, PDF-1.
2. **WHO SHOULD FILL OUT THIS FORM.** This form may be completed by an authorized representative of the business concern named in Item #1, or by a representative of the business concern applying for or holding a KDHE solid waste disposal area permit. The author must sign and swear or affirm the truth of the Business Disclosure Statement to the best of his/her knowledge.
3. **ALL QUESTIONS MUST BE ANSWERED.** Read every question carefully before answering. Answer every question completely. Do not leave any blank spaces. If a question does not apply to you, enter "N/A" (not applicable) in the space provided. If there is nothing to disclose in answer to a particular question, enter "None" in the space provided.
4. **ANSWER COMPLETELY AND TRUTHFULLY.** Failure to answer any question completely may result in this Business Disclosure Statement being returned to you for supplementation of your answer.
5. **ADDITIONAL SPACE.** If you need additional space to answer a question, use plain 8½" x 11" paper.

WARNING:
FRAUDULENT, DECEPTIVE, OR MISLEADING ANSWERS
MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR PERMIT
