BUREAU OF WASTE MANAGEMENT
1000 SW JACKSON, SUITE 320
TOPEKA, KS 66612-1366

BUSINESS CONCERN DISCLOSURE STATEMENT

K.S.A. 65-3407(c) requires the secretary to conduct a background investigation of the applicant before an application for permit is reviewed.

INSTRUCTIONS FOR COMPLETING FORM

WHO SHOULD FILL OUT THIS FORM. This form may be completed by an authorized representative of the business applying for or holding a KDHE solid waste permit. The author must sign and swear or affirm that the information provided on this Business Concern Disclosure Statement is true and correct to the best of his/her knowledge. If the applicant is a subsidiary with a parent company, both the applicant and parent company must complete a Business Concern Disclosure Statement.

ADDITIONAL SPACE. If you need additional space to answer a question, use plain 8 ½” x 11” paper and attach.

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

PART I.

APPLICANT INFORMATION

1. Applicant Name (Name of Business)

2. Street Address & Mailing Address of Principal Office. (Current street address where business is conducted)
   Street Address __________________________________________________________
   City __________________________ County _______________ State _____________ ___ Zip Code ___________
   Mailing Address (if different from street address) __________________________
   City __________________________ County _______________ State _____________ ___ Zip Code ___________

3. Form of Business Concern (check one)
   □ Sole Proprietorship   □ Trust   □ Joint Venture   □ Corporation   □ Partnership   □ Limited Partnership
   □ Other (describe) __________________________

4. Does the applicant currently hold, or in the past has held under any name, any permit to construct, alter or operate a solid waste processing facility or a solid waste disposal area of a solid waste management system in the state of Kansas? K.S.A. 65-3407(c)(1)
   □ YES   □ NO

     If yes, then please list all permits held, the name under which they were held, and any associated permit numbers.

     Name __________________________
     Permit No. (If known) __________________________
     Date Permit Issued/Closed __________________________
5. Does the applicant currently hold, or in the past has held under any name, any type of environmental permits in any other states or jurisdictions other than Kansas?

☐ YES  ☐ NO

If yes, then please list all names the permits are or where held in and any associated permit numbers.

Name                  Type                  Permit No. & State Held In                  Date Issued/Closed
_________________________________________  ___________________________  ___________________________  ___________________
_________________________________________  ___________________________  ___________________________  ___________________

6. Has the applicant ever been issued an Administrative Order from KDHE, the Environmental Protection Agency, or any other state? K.S.A. 65-3407(c)(1)

☐ YES  ☐ NO

If yes, please state the agency that issued the order, the circumstances of the order, the date the order was issued and whether the applicant satisfied the order.


7. Has the applicant ever had any environmental permit revoked? K.S.A. 65-3407(c)(2)

☐ YES  ☐ NO

If yes, please the reason it was revoked and the date it was revoked.


PART II.

INFORMATION FOR INDIVIDUALS WITH A LEGAL INTEREST IN THE BUSINESS

8. Name & Address of Who has a Legal Interest in the Business (Do NOT complete this section if business is a corporation)

a. Name __________________________________________ Position Held __________________________________________
   Street Address ______________________________________________________________________________________
   City __________________________ State ___________ Zip Code ______________________

b. Name __________________________________________ Position Held __________________________________________
   Street Address ______________________________________________________________________________________
   City __________________________ State ___________ Zip Code ______________________
PART III.
CORPORATION INFORMATION
(Only fill this section out if the applicant is a corporation)

K.S.A. 65-3407(c)(4)

9. Is the applicant a subsidiary of a parent corporation?
☐ YES ☐ NO

If yes, what is the name of the parent corporation ____________________________________________________________

10. Name & Address of Directors for the Applicant

a. Name ________________________________________ Position Held __________________________
Street Address _________________________________________________________________________________
City __________________________ State ________________ Zip Code ________________

b. Name ________________________________________ Position Held __________________________
Street Address _________________________________________________________________________________
City __________________________ State ________________ Zip Code ________________

c. Name ________________________________________ Position Held __________________________
Street Address _________________________________________________________________________________
City __________________________ State ________________ Zip Code ________________

d. Name ________________________________________ Position Held __________________________
Street Address _________________________________________________________________________________
City __________________________ State ________________ Zip Code ________________

11. Name & Address of Officers, Principal Shareholders or Other Persons Capable of Exercising Partial or Total Control Over the Applicant

a. Name ________________________________________ Position Held __________________________
Street Address _________________________________________________________________________________
City __________________________ State ________________ Zip Code ________________

b. Name ________________________________________ Position Held __________________________
Street Address _________________________________________________________________________________
City __________________________ State ________________ Zip Code ________________

c. Name ________________________________________ Position Held __________________________
Street Address _________________________________________________________________________________
City __________________________ State ________________ Zip Code ________________

d. Name ________________________________________ Position Held __________________________
Street Address _________________________________________________________________________________
City __________________________ State ________________ Zip Code ________________
PART IV.
MISCELLANEOUS INFORMATION

12. Has the applicant filed bankruptcy in the last five (5) years under any provision of the Federal Bankruptcy Act?  
   K.S.A. 65-3407(c)  
   ☐ YES ☐ NO  
   If yes, please fill in the following information:  
   Title of Action ________________________ Court _____________________ Location _____________________  
   Reason of Action ______________________ Date Filed _______________ Status/Disposition ______________  

13. Has the applicant, directors, officers, or any principal stakeholder currently or in the past been named as the defendant of a criminal violation, civil violation, or any other legal proceeding related to environmental issues?  
   K.S.A. 65-3407(d)  
   ☐ YES ☐ NO  
   If yes, please fill in the following information:  
   Type of Violation ____________________ Name of Defendant _______________________ Date _____________  
   Court or Docket No. _____________________ Location (Jurisdiction) of Violation _________________________  
   Disposition ___________________ Explanation _______________________________________________________  

IMPORTANT: THIS DOCUMENT WILL NOT BE CONSIDERED UNLESS COMPLETED IN FULL AND SIGNED

14. Affidavit of Author  
   I hereby certify that I am the person who completed or directed the completion of the Business Concern Disclosure Statement on behalf of the business concern (applicant).  
   I further certify that, as proprietor, partner, or corporate officer of the business concern named in Item #1 of this form, I have authority to sign and submit this form; and that the statements contained therein are true and correct to the best of my knowledge.  

___________________________________________  ______________________________________________  
Name of Business (Applicant)  Signature of Owner or Authorized Representative  

State of  County of  
Subscribed and sworn to before me on _______________ (date) by _________________________________  
(name of owner or authorized representative making certification).  

Signature ________________________________  My Commission expires ___________________________  

SEAL
15. **Certifications.** This Business Disclosure Statement must be signed and certified by the following officials of the business concern:

- Corporations – President, Chairman of the Board or CEO, Secretary, and Treasurer
- Partnerships – All partners
- Sole Proprietors – Owner

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.

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