

**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.*

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**INSTRUCTIONS FOR COMPLETING FORM**

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**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 1/2" x 11" paper and attach.

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

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**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.

<u>Name</u>	<u>Permit No. (If known)</u>	<u>Date Permit Issued/Closed</u>
_____	_____	_____
_____	_____	_____

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.

<u>Name</u>	<u>Type</u>	<u>Permit No. &amp; State Held In</u>	<u>Date Issued/Closed</u>
_____	_____	_____	_____
_____	_____	_____	_____

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.

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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.

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**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 \_\_\_\_\_

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

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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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_