

Submit to:

33 Capitol Street, Concord, NH 03301
(603) 271-3679 or attorneygeneral@doj.nh.gov
<https://www.doj.nh.gov>



1. Full Legal Name: _____
Last First Middle

2. a. Age: _____ Years b. Date of Birth: _____ Month _____ Day _____ Year

3. Place of Birth: _____

Town/City	County	State/Province	Country

4. a. Home Address:				
Number and Street	Apt./Unit #	Town/City	State	Zip/Postal Code

5. Home Telephone, including area code: _____

a. **Height** (feet - inches): _____

b. Weight (pounds): _____

c. Hair Color: _____

d. Eye Color: _____

e. Race: _____ (for confirmation of identification only)

f. Distinctive Markings or Characteristics (e.g., birthmarks, scars, tattoos): _____

g. Gender: ☐ Female ☐ Male

7. Citizen of: _____

a. Do you have the legal right to engage in employment in the United States? ☐ Yes ☐ No

8. Other Names - Provide the following information for each name, other than your current full legal name, that you have ever used. Include any maiden name, previous married name, pseudonym, and alias, and any name you ever worked under or served in the military under. If you have ever changed your name in a legal proceeding, give the date, place, and court, and your names before and after the change.

Name	Dates When Used From (Year) – To (Year)	Type (e.g. maiden name, alias, etc.)

9. Driver's License(s) - Provide the following information for each driver's license you have held in the 10-year period ending on the date of the application:

Number	State	Expiration Date

SECTION II. MARRIAGE AND FAMILY

10. Marital Status: ☐ Single ☐ Married, not separated ☐ Divorced ☐ Separated ☐ Widowed

a. If Married - Provide the following information for your current spouse:

1. Full Legal Name: _____
Last First Middle

2. a. Age: _____ **b. Date of Birth:** _____
Years Month Day Year

3. Place of Birth: _____
Town/City County State/Province Country

4. Spouse's Last Name at Birth: _____

11. Other Relatives in the Solid Waste Industry - Provide the following information for each relative, including spouses, children, parents, and siblings, who is employed by or otherwise associated with any company involved in the management of solid or hazardous waste in New Hampshire or any other state.

Name	Relationship	Date of Birth	Name & Address of Solid/Haz. Waste Company	Position Held by Relative

SECTION III. RESIDENCE HISTORY

12. Beginning with your present residence and going backward, provide the following information for each place in which you have resided in the past 10 years. Include temporary, vacation, and seasonal residences that you owned or occupied for 90 days or longer.

Address (Street, Number, Apt/Unit #, City, State/Province, Country)	From (Mo/Yr)	To (Mo/Yr)	Owned (O) or Rented (R)	If Rented, Name and Address of Landlord

SECTION IV. EMPLOYMENT HISTORY; MILITARY SERVICE

13. Military Service - Have you served in the United States military or military of any foreign country?

☐ No ☐ Yes **If yes, provide the following information:**

a. Country, if other than U.S.: _____

b. Branch of Service: _____

c. If National Guard, indicate state: _____

d. Dates of Service: From: _____ **To:** _____

e. Date of Discharge: _____

f. Type of Discharge: _____

14. Current Employment - Are you currently employed?

☐ No ☐ Yes **If yes, provide the following information for your current employer:**

a. Name: _____

b. Address: _____

c. Telephone Number, including area code: _____

d. URL of Website (if any): _____

e. Type of Business or Organization: _____

f. Date Hired: _____

g. Your Title/Position: _____

h. Your Responsibilities: _____

- 15. Previous Employment** - Provide the following information for each full and part-time job you have held in the last 10 years. Begin with most recent employment and work backward. Provide month and year for employment dates.

Name &Address	Still in Business?	Employed From - To	Position Held	Name of Supervisor

- 16. Additional Experience/Credentials** - If not covered by 14 or 15, describe here your experience and credentials in the management of solid and/or hazardous waste. You may **supplement** your response by attaching a résumé and/or a list of professional publications and achievements.

SECTION V. BUSINESS INTERESTS

- 17. Equity Interests** - Provide the following information for each business concern, of whatever form, in which you own or control, or within the past 10 years have owned or controlled, 10% or more of the outstanding equity:

Business Name	Address, Telephone	Federal Employer ID Number (FEID)	Equity		
			Amount	Type	% of Total

- 18. Management Positions** - Provide the following information for each business concern, of whatever form, in which you currently participate or within the past 10 years have participated in management as an owner, trustee, partner, officer, director, manager, supervisor, or consultant, whether paid or unpaid:

Business Name	Address, Telephone	FEID	Dates From – To	Position and Responsibilities

- 19. Business Interests in Family Members' Names** - Provide the following information for each financial or managerial interest you have in a business concern, in which the interest is in the name of one or more family members (spouse, parents, spouse's parents, children, brothers, sisters, grandparents, nieces, nephews, cousins).

Business Name	Address, Telephone	FEID	Nature of Your Participation	Type of Interest	Name of Family Member & Relationship to You

SECTION VI. OTHER FINANCIAL INTERESTS

- 20. Real Estate Holdings** - Provide the following information for each parcel of developed or undeveloped property that you own or otherwise control. Include property that (a) you hold jointly with any other person; (b) is held by a trust for which you are a trustee or beneficiary, or both; and (c) is held by a business concern for which you are an owner, trustee, partner, officer, director, manager, or supervisor, whether paid or unpaid.

Address/Location of Property	Tax Map & Lot #	Description of Use of Property	Mortgage Holder (if any)	Name(s) of Property Owner(s)

- 21. Debts Owed** - Provide the following information for each debt you owe to any individual or entity that is \$25,000 or more. Include stockholder loans and loans to a concern you own or control.

Name & Address of Creditor	Type of Debt	Date Debt Created	Original Amount of Debt	Current Balance	Security

- 22. Debts Held** - Provide the following information for each debt owed to you by any individual or entity that is \$25,000 or more. Include stockholder loans and loans to a company you own or control.

Name & Address of Debtor	Type of Debt	Date Debt Created	Original Amount of Debt	Current Balance	Security

- 23. Tax Obligations** - Are all tax payments required to be made by you current?

☐ Yes ☐ No **If no, provide the following information for each delinquency:**

Name & Address of Taxing Authority	Type of Tax	Amount of Tax Owed	Date Tax Originally Due

24. Tax liens -

- a. Are you/is any property you currently own subject to a state or federal lien for non-payment of taxes? ☐ Yes ☐ No
- b. Have you/has any property you owned been subject to a state or federal lien for non-payment of taxes at any time in the past 10 years? ☐ Yes ☐ No
- c. If you answered "Yes" to a. and/or b., provide the following information for each such lien:

Amount of the Lien	Date the Lien was Established	Are you Making Payments on the Lien?

25. Bankruptcy - Have you ever filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?

☐ No ☐ Yes **If yes, provide the following information for each petition:**

Date of Petition	Court Having Jurisdiction	Case Name & Docket Number	Disposition, Including Date

26. Financial Disclosure Statements - Have you been required to file a financial disclosure statement within the past 10 years?

☐ No ☐ Yes **If yes, provide the following information for each financial disclosure statement:**

Date of Filing	Agency or Organization that Required the Statement to be Filed	Reason the Filing Was Required

SECTION VII. LICENSES

27. Professional Licenses - Do you hold, or have you within the past 10 years held, any professional license, registration, certification, or other authority to practice a profession?

☐ No ☐ Yes **If yes, provide the following information for each license:**

Type of License	Name & Contact Info of Licensing Authority	Date Originally Issued	Expiration Date

28. Professional Violations Notices - Have you ever been cited for violations or disciplined by any licensing authority?

☐ No ☐ Yes **If yes, provide the following information for each license:**

Type of License	Name & Contact Info of Licensing Authority	Date of Citation	Violation(s) Alleged	Disposition and Date

29. Solid and Hazardous Waste Licenses -

- Do you hold, or have you within the past 10 years held, any solid waste or hazardous waste permit, license, registration, certification, or other authorization (collectively, "license")? ☐ Yes ☐ No
- Does any business concern in which you are an officer, director, or manager or in which you hold a 10% or greater debt or equity interest hold, or within the last 10 years held, any solid waste or hazardous waste license? ☐ Yes ☐ No
- If you answered "Yes" to a. and/or b., provide the following for each license:

Licensee Name	Licensee Address	Type of License	Name & Address of Licensing Authority	License #	Effective Dates From - To

SECTION VIII. COMPLIANCE HISTORY

30. Environmental Violation Notices -

- a. Have you received, within the past 10 years, any written notification from a governmental authority alleging that you committed any violation of a federal statute or regulation, a state statute or regulation, or a local ordinance whose purpose is to protect the environment and/or public health? ☐ Yes ☐ No
- b. Has any business concern in which you are an officer, director, or manager or in which you hold a 10% or greater debt or equity interest, received, within the past 10 years, any written notification from a governmental authority alleging that the business concern committed any violation of a federal statute or regulation, a state statute or regulation, or a local ordinance whose purpose is to protect the environment and/or public health? ☐ Yes ☐ No
- c. If you answered "Yes" to a. and/or b., provide the following for each notification received:

Name of Individual or Entity Cited	Date on Notification	Name & Address of Issuing Authority	Alleged Violation(s)		Disposition
			Location	Description	

SECTION IX. CIVIL LITIGATION; CRIMINAL PROCEEDINGS

31. **Civil Lawsuits** - Have you ever been a plaintiff or defendant in any civil action, other than an action arising from an automobile accident or for separation or divorce?

☐ No ☐ Yes If yes, provide the following information for each case:

Case Caption & Docket No.	Name & Location of Court	Brief Description of Claims Asserted or Defended	Disposition	Date Disposition Became Effective

32. **Criminal Convictions** - Within the past 10 years:

- a. Have you been convicted of any felony or misdemeanor, in any US or foreign jurisdiction, including by plea of guilty or *nolo contendere*, which has not been annulled by a court? ☐ Yes ☐ No
- b. Has any business concern in which you are an officer, director, or manager, or in which you hold a 10% or greater debt or equity interest, been convicted of any crime, including by plea of guilty or *nolo contendere*, in any US or foreign jurisdiction? ☐ Yes ☐ No
- c. If you answered "Yes" to a. and/or b., provide the following information for each matter. For "Disposition", indicate whether convicted after trial or by plea, the date of the conviction, and the sentence imposed.

Crime or Offense	Docket, Indictment or Information Number	Jurisdiction Where Charged	Case Name and Date Charged	Disposition

SECTION X. MEMBERSHIPS, ASSOCIATIONS AND PUBLIC OFFICES

33. Public Offices - Have you ever been elected or appointed to a public office or public body as a federal, state, county, or local official?

☐ No ☐ Yes **If yes, provide the following information for each position held:**

Position	Name and Address of Government Body	Dates of Service From – To	Elected (E) or Appointed (A)

34. Professional Boards - Have you ever been a member of any professional board or administrative advisory committee, board, council, or commission (collectively, "Board") at the federal or state level?

☐ No ☐ Yes **If yes, provide the following information for each position held:**

Name & Address of the Board	Dates of Membership

CERTIFICATION

STATE OF _____)
) SS.
COUNTY OF _____)

I, _____, do hereby swear or affirm that I have made diligent inquiry into
(Type or Print Name)
all matters addressed herein and that, on the basis of such inquiry, the information in this Personal Disclosure Form is true,
complete, and not misleading to the best of my knowledge and belief. I am aware that if any of the foregoing statements made by
me are false, incomplete, or misleading, processing of the application may be delayed, the permit sought may be denied or revoked,
and I may be subject to prosecution for false swearing under RSA 641:3 or any successor statute.

Signed: _____ Date: _____

(Type or print name here)

If this form was prepared by a person other than the individual signing this Affidavit (e.g., an attorney), indicate that person's name,
address, and telephone number: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

(Notary Public)

My Commission Expires: _____ (Seal)

RELEASE AUTHORIZATION

TO ALL Courts, Probation Departments, Selective Service Boards, Employers, Banks, Financial and Other Such Institutions, and all Government Agencies - federal, state, and local without exception both foreign and domestic:

I, _____, as an owner, officer, director, partner, stockholder or key
(Type or Print Name)
employee of _____, an applicant for a solid waste or hazardous waste permit from the New Hampshire Department of Environmental Services, have authorized the Attorney General of New Hampshire to conduct an investigation into my background for the purpose of determining my suitability and the suitability of the company with which I am affiliated to hold a solid waste or hazardous waste permit. You are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by an appropriate employee, agent, or representative of the New Hampshire Attorney General. This authorization shall supersede and countermand any prior request or authorization to the contrary. A photostatic or electronic copy of this authorization shall be considered as effective and valid as the original.

Signature: _____ Date: _____

(Type or print name here)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

(Notary Public)

My Commission Expires: _____ (Seal)



Business Disclosure Form

Waste Management Division

Submit to:

Office of the Attorney General, Environmental Protection Bureau

33 Capitol Street, Concord, NH 03301
 (603) 271-3679 or attorneygeneral@doj.nh.gov
<https://www.doj.nh.gov>



RSA 149-M/Env-Sw 316

Name of business concern: _____

Individual to be contacted in reference to this form:

Name: _____ Title: _____

Mailing address: _____

Daytime telephone number, including area code: _____

Email address: _____

This Disclosure Statement is Being Filed in Connection With (Check All That Apply):

- | | |
|--|--|
| <input type="checkbox"/> New Solid Waste Facility | <input type="checkbox"/> New Hazardous Waste Facility |
| <input type="checkbox"/> Existing Solid Waste Facility | <input type="checkbox"/> Existing Hazardous Waste Facility |

PART I: BUSINESS CONCERN IDENTIFICATION

1. State the complete name of the business concern as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, or other official document that establishes the business concern. If no such document exists, state the name the business uses and provide the Business Identification number assigned by the NH Secretary of State's office:

2. Mailing Address of Principal Office:

Street/Number & Suite/Unit # or P.O. Box #	Town/City	State/Province	Zip/Postal Code
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3. Location of Principal Office - State the current principal location of the business concern at which business is actually conducted. Do not give a post office box number:

Street/Number & Suite/Unit #	Town/City	State/Province	Zip/Postal Code
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4. Telephone Number Including Area Code: _____

5. Website: ☐ No ☐ Yes URL: _____

6. Federal Employer Identification Number (FEID): _____

7. Form of Business:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Corporation |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Other: _____ |

8. Date of Organization - State when the business concern was established whether the date of incorporation, date of partnership agreement, date of declaration of trust, as applicable: _____

9. State or Province of Organization: _____

- 10. Other Names Used** - List all other names under which the business concern does or has done business in the 10 years ending on the date of the application, including names of divisions and “trading as” or “doing business as” names.

Name	Dates Name Was In Use From (Year) - To (Year)	State(s) in Which Business Was Conducted and/or Registered

- 11. Past Addresses of Principal Office** - List all addresses of past principal locations of the business concern.

Address	Dates Occupied as Principal Office From (Year) - To (Year)

- 12. Facilities in New Hampshire** - List all locations in the State of New Hampshire where the business concern, or any 10% or greater debt or equity holder, officer, director or managerial employee of the business concern, is currently operating or proposes to operate any aspect of a solid waste or hazardous waste business, or is generating hazardous waste.

“Solid or hazardous waste business”, here and hereafter, includes any location or facility where solid or hazardous waste is treated, stored, or disposed of; transfer stations; terminals or business offices of collector/haulers or transporter operations; sanitary landfills; dumps; etc. It includes any solid or hazardous waste management activities which are no longer permitted or were never under permit.

Facility Name, Address, & Telephone #	Type of Facility	EPA ID #/NHDES Permit #

- 13. Former Facilities in New Hampshire** - List all locations in the State of New Hampshire at which the business concern formerly operated any aspect of a solid waste or hazardous waste business or generated hazardous waste, and any location at which such a business was owned or operated by any predecessor of the business concern, or by any 10% or greater debt or equity holder, officer, director, or managerial employee of the business concern.

Address	Type of Facility	Dates In Use From (Year) - To (Year)	EPA ID #/NHDES Permit #

- 14. Facilities in Other Jurisdictions** - List all locations in any state, district, or territory of the United States other than New Hampshire, or in any foreign country, at which the business concern, or any 10% or greater debt or equity holder, officer, director, or managerial employee of the business concern, is currently operating or proposing to operate any aspect of a solid or hazardous waste business, or is generating hazardous waste.

Facility Name, Address, & Telephone #	Type of Facility	EPA ID # (if any)

- 15. Former Facilities in Other Jurisdictions** - List all locations in any state, district or territory of the United States other than New Hampshire, or in any foreign country, at which the business concern, or any 10% or greater debt or equity holder, officer, director, or managerial employee of the business concern, formerly operated any aspect of a solid or hazardous waste business or generated hazardous waste, and any location at which such a business was owned or operated by any predecessor of the business concern.

Address	Type of Facility	Dates in Use From (Year) - To (Year)	Permits (if any)	Name, Address, & Telephone # of Issuing Authority

PART II - ADDITIONAL BUSINESS CONCERN DATA

Corporations (including limited liability corporations) must complete Part II-A

Partnerships (including general and limited partnerships) and Joint Ventures must complete Part II-B

All other business concerns must complete Part II-C

A. CORPORATIONS

- 16. Name of Corporation** - Provide the complete name as it appears on the corporate seal and as filed with the Secretary of State. Provide corporation number (if any) in state of incorporation, and attach a copy of certificate of incorporation.

- 17. Registered Agent** - Provide the name and address of the New Hampshire registered agent for service of process.

- 18. Corporate Counsel and Accountant** - Provide the name, address and telephone number(s) of the corporation's current attorney and accountant, if any.

- 19. Date Authorized in New Hampshire** - If other than a New Hampshire corporation, provide the date on which the corporation received a Certificate of Authority to transact business in New Hampshire.

- 20. Officers** - Provide the following information as to each officer of the corporation. Each individual listed below must complete and file a Personal Disclosure Form.

Name	Business Address and Telephone No.	Office Held	Date Took Office	Date of Birth

- 21. Directors** - Provide the following information as to each director of the corporation. Each individual listed below must complete and file a Personal Disclosure Form.

Name	Business Address and Telephone No.	Office Held	Date Took Office	Date of Birth

- 22. Former Officers and Directors** - Provide the following information for each individual who has been an officer or director of the corporation at any time during the past 10 years who is not listed in the response to #20 or #21 above.

Name	Last Known Address	Office Held	Term of Office From - To	Date of Birth

B. PARTNERSHIP/JOINT VENTURES

- 23. Name** - Provide the complete name of the partnership or joint venture. Attach copy of the partnership agreement.

- 24. Form of Partnership** - (Check one) ☐ General Partnership ☐ Limited Partnership

- 25. Attorney and Accountant** - Provide the name, address and telephone number(s) of the partnership's attorney and accountant, if any.

- 26. Partners** - Provide the following information as to each partner or joint venturer. For a limited partnership, identify limited partners separately under the heading "limited partners." Each individual listed below other than limited partners holding less than 10% equity interest must complete and file a Personal Disclosure Form. If any Business Concern is listed below, a separate Business Concern Disclosure Form for that business concern must be completed and filed.

Name	Business Address and Telephone No.	Position	Date of Birth (Individuals)	FEID Number

C. OTHER BUSINESS CONCERNS

- 27. Name** - Provide the complete name of the business concern.

- 28. Form of the Business Concern** - Describe how the business concern is organized and under what legal authority it was established. Attach copies of all agreements that describe the establishment of the business concern, for example, a charter.

- 29. Owners, Officers, Etc.** - Provide the following information as to each trustee, director, or other officer of the business concern. Each individual listed below must also complete and file with this disclosure statement a Personal Disclosure Form.

Name	Business Address and Telephone No.	Position	Date of Birth (Individuals)	FEID Number

PART III. SUBSIDIARIES AND STOCK HOLDINGS

- 30. Solid or Hazardous Waste Subsidiaries and Affiliates** - List the following information as to any business concern in any state or territory of the United States, or in any foreign country, which collects, treats, stores, or disposes of solid or hazardous waste on a commercial basis, in which the business concern completing this form holds an equity interest.

Name	Business Address and Telephone No.	Type of Business	FEID Number	Type of Equity	% of Total Equity

- 31. Other Subsidiaries and Equity Interests** - Provide the following information as to any business concern in which the business concern completing this form holds an equity interest that is greater than 50% of the total equity.

Name	Business Address and Telephone No.	Type of Business	FEID Number	Type of Equity	% of Total Equity

- 32. Corporate Family** - If the business concern is a subsidiary of a parent corporation, or is the parent of one or more subsidiaries, or is part of a conglomerate or a group of companies in common ownership, provide a chart showing the names and relationships of all parent, sister, subsidiary and affiliate corporations, and/or members of the conglomerate or group. Show ultimate parents. If the business concern is privately held, or is a publicly traded corporation with more than 25% of its stock held by members of the same family, show on the chart all other business concerns owned or controlled by members of that family. (Note: this question applies to related companies in any business, not just the solid/ hazardous waste business.)

PART IV. EXPERIENCE AND CREDENTIALS

- 33. Describe the business concern's experience and credentials in the collection, transportation, treatment, storage, or disposal of solid and hazardous waste.**

PART V. EMPLOYEES**To be completed by the applicant business concern only**

- 34. Employees** - Provide the following information for the facility for which a permit is being sought:

"Full-time employee" means an individual who works 30 hours per week or more at the facility to be permitted.

"Part-time employee" means an individual who works less than 30 hours per week at the facility to be permitted.

Total # Part-Time Employees: _____

Total # Full-Time Employees: _____

- 35. Key Employees** - Provide the following information for each key employee. "Key employee" means an individual employed or to be employed by the business concern as a manager or supervisor for the facility for which a permit is being sought, whether part-time or full-time. Each of the below-listed individuals must file a Personal Disclosure Form. If positions yet unfilled will be filled by individuals who will qualify as key employees, so indicate.

NOTE: If you operate or intend to operate any aspect of your solid waste or hazardous waste business through contractors or consultants to whom you will give discretionary authority, they are considered "key employees" and must be listed below. You do not have to list fully independent contractors if they themselves are licensed by NHDES, or if the services they perform for you do not involve the management of solid or hazardous waste.

Name	Business Address and Telephone No.	Position, Capacity and Authority	Date Hired	Date of Birth

Part-Time Employees who are Key Employees: _____

Full-Time Employees who are Key Employees: _____

PART VI. LICENSES AND PERMITS HELD

36. NHDES and EPA/RCRA - Provide the following information for each solid or hazardous waste permit, license, registration, or the equivalent ever issued by NHDES or U.S. Environmental Protection Agency to the business concern under any name. PROVIDE THE INFORMATION HERE. DO NOT REFER TO INFORMATION ON ANY OTHER FORM.

Name of Permittee	Facility Address	Type of Facility	Type of License	Dates Held From – To	Identifying Permit #/EPA ID #

37. Out-of-State Solid or Hazardous Waste Licenses - List any permits, licenses, registrations or the equivalent ever held by the business concern under any name for the collection, transportation, treatment, storage, or disposal of solid waste or hazardous waste in any part of the United States outside of New Hampshire, or in any foreign country.

Name of Permittee	Facility Address	Type of Facility	Type of License	Issuing Agency	Dates Held From – To	License #

PART VII. CIVIL AND ADMINISTRATIVE VIOLATIONS HISTORY

As used below, the term “law or regulation pertaining to protection of the environment” includes federal and state laws and regulations relating to the generation, collection, transportation, treatment, storage, or disposal of solid waste or hazardous waste, or to water pollution, air pollution, discharge of hazardous substances, transportation of hazardous materials, land use, wetlands protection, pesticides, or toxic substances.

38. New Hampshire Violation Notices.

Within the last 10 years, has any written notification been issued to the business concern by any New Hampshire agency alleging one or more violations of any law or regulation pertaining to protection of the environment?

☐ Yes ☐ No

If yes, provide the following information for each notification:

Name of Entity Cited	Name of Issuing Authority	Type of Notice	Date of Notice	Alleged Violation(s)		Disposition
				Location	Description	

39. Federal Violation Notices.

Within the last 10 years, has any written notification been issued to the business concern by any federal agency alleging one or more violations of any law or regulation pertaining to protection of the environment?

☐ Yes ☐ No

If yes, provide the following information for each notification:

Name of Entity Cited	Name of Issuing Authority	Type of Notice	Date of Notice	Alleged Violation(s)		Disposition
				Location	Description	

40. Federal Administrative Actions.

Within the last 10 years, has any federal agency initiated an administrative action against the business concern which entailed any proceeding before a federal Administrative Law Judge (ALJ)?

☐ Yes ☐ No

If yes, provide the following information for each proceeding:

Title and Docket Number	Date Initiated	ALJ and Court	Disposition

41. Municipalities, Other States, and Foreign Countries.

Within the last 10 years, has any written notification been issued to the business concern by any municipal authority, any state agency not listed in #38, or any foreign government alleging one or more violations of any law or regulation pertaining to protection of the environment?

☐ Yes ☐ No

If yes, provide the following information for each notification:

Name of Entity Cited	Name of Issuing Authority	Type of Notice	Date of Notice	Alleged Violation(s)		Disposition
				Location	Description	

42. Civil Court Litigation.

Within the last 10 years, has the business concern been the subject of any other action alleging one or more violations of any law or regulation pertaining to protection of the environment in proceedings before or under the jurisdiction of a civil court?

☐ Yes ☐ No

If yes, provide the following information for each proceeding. List in the following order: New Hampshire cases, federal cases, other states, foreign countries.

Case Name and Docket Number	Court Name/Location	Alleged Violation(s)		Disposition
		Location	Description	

PART VIII. CIVIL COURT JUDGMENTS; PENDING LITIGATION

For 43 through 45, list in the following order: New Hampshire cases, federal cases, other states, foreign countries.

43. Antitrust Judgments - Within the last 10 years, have any judgments, consent decrees, or consent orders been entered against the business concern pertaining to one or more alleged violations of federal or state antitrust, trade regulation, or securities regulation laws?

☐ Yes ☐ No

If yes, provide the following information for each proceeding.

Case Name and Docket Number	Court Name/Location	Date Judgment, Decree, or Order was Entered	Nature of Order

44. Other Judgments - Within the last 10 years, has any other judgment of liability been rendered against the business concern?☐ Yes ☐ No

If yes, provide the following information for each:

Case Name and Docket Number	Court Name/Location	Nature of Suit	Date Judgment Entered	Judgment Terms/Amount

45. Other Civil Lawsuits - Within the last 10 years, has the business concern been a party to any other civil lawsuit, whether as a plaintiff or a defendant?☐ Yes ☐ No

If yes, provide the following information for each:

Case Name and Docket Number	Court Name/Location	Nature of Suit	Date Filed	Status/Terms of Resolution

PART IX. CRIMINAL PROCEEDINGS**46. Convictions** - Within the past 10 years, has the business concern been convicted of any crime, including by plea of guilty or *nolo contendere*, in any US or foreign jurisdiction ***that has not been annulled by a court?***☐ Yes ☐ No

In addition to providing the information requested below, please explain any important circumstances regarding the conviction.

Case Name and Docket Number	Description of Crime Charged	Jurisdiction Where Charged	Date Charged	Prosecuting Agency	Disposition and Sentence Imposed

PART X. OWNERSHIP AND DEBT LIABILITY OF THE BUSINESS CONCERN**A. Equity**

"Equity" means any ownership interest in a business concern, including a sole proprietorship, partner's shares, and stock in a corporation. The form of ownership interest should be indicated in your answers below under the heading "Type of Equity" (examples: "partnership share", "common stock", "preferred stock"). In the case of stock, indicate whether shares are voting or non-voting.

47. Equity - Privately Held Concerns - If the business concern is privately held, list all individuals and business concerns ~~holding~~ **that hold** equity in the business concern completing this form. Each listed holder of 10% or greater equity must complete and file a Personal Disclosure Form or Business Disclosure Statement, as appropriate.

Name	Business Address & Telephone #	Date of Formation	FEID	Type of Equity	Amount of Equity	Percent of Total Equity

48. Equity - Publicly Traded Corporations - If the business concern is a publicly-traded corporation:

- a. Indicate below how the corporation's stock is traded:

☐ NYSE LISTING SYMBOL: _____☐ AMEX☐ OVER-THE-COUNTER☐ OTHER EXCHANGES (list): _____

- b. Attach or enclose a copy of the corporation's most recent annual report to stockholders and SEC Form 10-K.

- c. List all individuals holding 10% or greater of the total equity of the business concern completing this form. Each individual listed below must complete and file a Personal Disclosure Form.

Name	Business Address & Telephone #	Date of Birth	FEID	Type of Equity	Amount of Equity	Percent of Total Equity

- d. List all business concerns holding 10% or greater of the total equity of the business concern completing this form. Each business concern listed below must complete and file a Business Disclosure Statement.

Name	Business Address & Telephone #	FEID	Type of Equity	Amount of Equity	Percent of Total Equity

B. Debt Liability

"Debt liability" means any form of monetary obligation other than an ownership interest. It includes bonds, debentures, notes, mortgages, and loans of any kind, secured or unsecured. In answering the questions that follow, you may omit *ACCOUNTS PAYABLE* for goods or services received in the course of business.

- 49. Debt Liability - Chartered Lending Institutions** - List the following information as to debt liability currently held by any state or federally chartered lending institution. If you are in doubt as to whether a lender is a chartered lending institution, check with your lender or with the banking authority in your state.

Name	Business Address & Telephone #	Date Debt Created	Type of Debt	Original Amount	Present Balance

50. Debt Liability - Privately Held Concerns.

- a. List all individuals holding 10% or greater debt liability of the business concern. (Do not include individuals listed under Item 48c.) A Personal Disclosure Form must be completed and filed for each person named.

Name	Business Address & Telephone #	Date Debt Created	Type of Debt	Original Amount	Present Balance

- b. List all business concerns currently holding 10% or greater debt liability of the business concern. (Do not include institutions listed under Item 48d.) A Business Disclosure Form must be completed and filed for each business concern named.

Name	Business Address & Telephone #	Date Debt Created	Type of Debt	Original Amount	Present Balance

PART XI. FINANCIAL INSTITUTIONS AND FINANCIAL HISTORY

51. If the business concern has had any petition under any provision of the Federal Bankruptcy Act or any state insolvency law filed by or against it within the past 10 years, provide the following information for all such actions:

Title and Docket Number	Name & Location of Court	Nature of Action	Date Filed	Status/Disposition

52. If any receiver, fiscal agent, trustee, reorganization trustee or similar officer for the business concern or property of the business concern has been appointed by a court within the past 10 years, provide the following information:

Name	Business Address & Telephone #	Position	Date Appointed	Acted Until (Date)	Appointing Court	Reason Appointed

53. **To be answered by applicant only.** Describe the sources and amounts of funding and the financing plan for the operations for which the permit is sought.

54. **SUMMARY - To be answered by the applicant only.** List the name of each individual filing a Personal Disclosure Form and the name of each business concern filing a Business Disclosure Form in conjunction with the application.

INDIVIDUALS

BUSINESS CONCERNS

IDENTIFICATION OF PREPARER: If this disclosure statement was filled out or prepared by an individual other than the individual who completes the "Affidavit of Author" (for example, an attorney or accountant), state the name, business address, and telephone number of that individual.

RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Employers, Banks, Financial and Other Such Institutions, and all Governmental Agencies -- federal, state, and local without exception both foreign and domestic.

On behalf of _____, I, _____, being duly-authorized to do so, have
Applicant President, Chief Executive, Partner, Sole Proprietor
authorized the Office of the Attorney General of New Hampshire to conduct an investigation into the background of the named
business for the purpose of determining its suitability to hold a solid or hazardous waste license. You are hereby authorized to
release any and all information pertaining to the named business, documentary or otherwise, as requested by an appropriate
employee, agent, or representative of the New Hampshire Office of the Attorney General. This authorization shall supersede and
countermand any prior request or authorization to the contrary. A photostatic or electronic copy of this authorization shall be
considered as effective and valid as the original.

Signature: _____ Date: _____

(Type or print name here)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

(Notary Public)

My Commission Expires: _____ (Seal)

AFFIDAVIT OF AUTHOR

STATE OF _____)
) SS.
 COUNTY OF _____)

I, _____, do hereby swear or affirm that I am the person who filled out the attached
 (Type or Print Name)
 Business Disclosure Form in the name of _____, or directed that the
 (Name of Business Concern)
 information contained in the answers thereto be set down therein, that I have made diligent inquiry into all matters addressed
 herein and that, on the basis of such inquiry, the foregoing answers provided by me are true, complete, and not misleading to the
 best of my knowledge and belief. I understand that if any of the foregoing answers are false, incomplete, or misleading, processing
 of the application may be delayed, the permit sought by the application may be denied or revoked, and I may be subject to penalties
 for false swearing under RSA 641:3 or any successor statute.

Signature: _____ Date: _____

 (Type or print name here)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

 (Notary Public)

My Commission Expires: _____ (Seal)

CERTIFICATIONS

This Business Disclosure Form 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 general partners.
- SOLE PROPRIETORS: The owner.
- ANY OTHER BUSINESS FORM: Chief officer, secretary, and treasurer.

I hereby certify that I have examined the attached Business Disclosure Form of:

Name of Business Concern

and that it contains no statement or information that I know to be false, incomplete, or misleading. I am aware that if the foregoing statement made by me is false, processing of the application may be delayed, the permit sought by the application may be denied or revoked, and I may be subject to penalties for false swearing under RSA 641:3 or successor statute.

Signed: _____

Date: _____

(Type or print name here)

Signed: _____

Date: _____

(Type or print name here)

Signed: _____

Date: _____

(Type or print name here)

Signed: _____

Date: _____

(Type or print name here)

Signed: _____

Date: _____

(Type or print name here)