

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT  
DIVISION OF ENVIRONMENT  
BUREAU OF WASTE MANAGEMENT  
TOPEKA, KS 66620-0001

For Hazardous Waste Permit

BUSINESS CONCERN DISCLOSURE STATEMENT FORM II

PART I. IDENTIFICATION DATA

All permit applicants must complete this section.

1. **Firm Name** \_\_\_\_\_

2. **Past Names of Business Concerns.** List all names under which firm as been known or done business in the past.

<u>Name</u>	<u>Used From (year) to (year)</u>
_____	_____
_____	_____
_____	_____

3. **Address of Principal Office.** State the current address where business is actually conducted. Do not give a post office box number.

Number and Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. **Past addresses of Principal Office.** List all addresses of past locations of the business concern's principal office.

<u>Address</u>	<u>Principal Office From (year) to (year)</u>
_____	_____
_____	_____
_____	_____

5. **Firm Telephone Number.** (\_\_\_\_) \_\_\_\_\_

6. **Federal Employer Identification Number (FEIN).** \_\_\_\_\_

7. **Form of Business Concern.** Check one:

sole proprietorship    trust    joint venture    corporation    partnership    limited partnership

other(describe) \_\_\_\_\_

8. **Date of Organization.** State when the business concern was established (date of incorporation, partnership agreement, etc.). \_\_\_\_\_

9. **Facilities Currently Operating in Kansas.** List all locations in the State of Kansas at which the business concern is currently operating any aspect of its solid waste or hazardous waste business\*, or is generating hazardous waste (except as a small quantity generator).

<u>Address</u>	<u>Type of Facility</u>	<u>EPA Facility I.D. No. (if any)</u>

10. **Former Facility in Kansas.** List all locations in the State of Kansas at which the business concern formerly operated any aspect of a solid waste or hazardous waste business\*, including any locations owned or operated by any predecessor of the business concern, or by any owner, partner, director, officer, key employees, or stockholder owning more than five percent (5%) of equity.

<u>Address</u>	<u>Type of Facility</u>	<u>In Use From (year) to (year)</u>	<u>EPA Facility I.D. No. (if any)</u>

11. **Facilities in Other Jurisdictions.** List all locations in any state, district or territory of the United States, other than Kansas, or in any foreign country, at which the business concern is currently operating any aspect of its solid or hazardous waste business.

<u>Address</u>	<u>Type of Facility</u>	<u>EPA Facility I.D. No. (if any)</u>

12. **Former Facilities in Other Jurisdictions.** List all locations in any state, district, or territory of the United States, other than Kansas, or in any foreign country, at which the business concern formerly operated any aspect of a solid or hazardous waste business\*, and any location at which such a business was owned or operated by any predecessor of the business concern, or by any owner, partner, director, officer, key employee, or stockholder owning more than five percent (5%) of equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From (year) to (year)</u>	<u>Permit No.</u>	<u>Name of Issuing Agency</u>

**PART 1A. CORPORATE BUSINESS CONCERN DATA**

This section is to be completed only by corporations.

- 1a. **Name of Corporation.** State the complete name of the corporation as filed with the Secretary of State.

\_\_\_\_\_

- 2a. **Registered Agent.** Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\* Solid or hazardous waste business 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. Any solid or hazardous waste management activities which are no longer permitted or were never under permit are included.

3a. **Past Corporate Names.** List all names by which corporation has been known

Name

Used From (year) to (year)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4a. **Trade names.** List all names under which the corporation has done business or held itself out to the public as doing business. Include banes if divisions, and “trading as” or “doing business as” names.

Name

Used From (year) to (year)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5a. **Date and Place of Incorporation.**

Date

Place (state, etc.)

Certificate of Incorporation File No.

\_\_\_\_\_

6a. **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 \_\_\_\_\_

7a. **Directors.** Provide the following information about each director of the corporation.

Name

\_\_\_\_\_

Bus. Address

\_\_\_\_\_

Election Date

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Soc. Sec. No.

\_\_\_\_\_

8a. **Officers.** Provide the following information about each officer of the corporation.

Name

\_\_\_\_\_

Bus. Address

\_\_\_\_\_

Office

\_\_\_\_\_

Election Date

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

- 9a. **Former Officers and Directors.** Provide the following information about each person who was an officer or director of the corporation at any time during the last ten (10) years and is not listed in Items #7a or #8a above.

Name \_\_\_\_\_

Last Known Address \_\_\_\_\_  
\_\_\_\_\_

Position Held \_\_\_\_\_

Dates in Office \_\_\_\_\_

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 \_\_\_\_\_

Limited Partners

Name \_\_\_\_\_

Bus. Address \_\_\_\_\_  
\_\_\_\_\_

Positions Held \_\_\_\_\_

Date of Birth \_\_\_\_\_

SSN or FEIN \_\_\_\_\_

Joint Venturers

<u>Name</u>	_____	_____	_____
<u>Bus. Address</u>	_____	_____	_____
	_____	_____	_____
<u>Positions Held</u>	_____	_____	_____
<u>Date of Birth</u>	_____	_____	_____
<u>SSN or FEIN</u>	_____	_____	_____

**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.

<u>Name</u>	<u>Bus. Address</u>	<u>Position</u>	<u>Date of Birth</u>	<u>SSN or FEIN</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PART II. OWNERSHIP AND DEBT LIABILITY OF THE BUSINESS CONCERN**

All permit applicants must complete this section.

**Equity\*\***

13. **Privately Held Concerns.**

a) List all persons\*\* currently holding equity in the business concern.

\_\_\_\_\_

\* "Equity" means any ownership interest in a business concern, including, but not limited to, sole proprietorship, partner shares, corporate stock, legal or beneficial interest in a trust.

\*\* "person," in this disclosure statement, refers to natural persons, individuals, trustees, legal representatives, or receivers.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

b) List all business concerns\* currently holding any equity in the business concern.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

14. **Publicly Traded Corporations.** If the business concern is a publicly traded corporation attach copy of latest Annual Report and Form 10-K filed with the U.S. Securities and Exchange Commission and:

a) Indicate how corporation stock is traded. Listing Symbol \_\_\_\_\_

\_\_\_\_\_ NYSE \_\_\_\_\_ AMEX \_\_\_\_\_ Over the Counter \_\_\_\_\_ Other exchanges (list) \_\_\_\_\_

b) List all persons holding more than five percent (5%) of the total equity of the corporation.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

c) List all business concerns currently holding more than five percent (5%) of the total equity in the business concern.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

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\* "business concern," in this disclosure statement, refers to an enterprise which carries on commercial or industrial activity for gain or livelihood.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

**Debt Liability**

15. **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 \_\_\_\_\_

16. **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 #15, 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 \_\_\_\_\_

17. **Publicly Traded Corporations.** If the business concern is a publicly traded corporation:

a) List all persons, excluding institutions listed under Item #15, currently holding more than five percent (5%) of the total debt liability of the corporation.

\*Name \_\_\_\_\_ SSN \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

\*Name \_\_\_\_\_ SSN \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

\*Name \_\_\_\_\_ SSN \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

b) List all business concerns, excluding institutions listed under Item #15, currently holding more than five percent (5%) of the total debt liability of the corporation.

\*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. SUBSIDIARIES AND STOCK HOLDINGS**

All permit applicants must complete this section.

18. **Solid or Hazardous Waste Subsidiaries or Interlocks.** Provide the following information about any business concern, in any state, territory, or district 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 holds an equity interest.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

19. **Other Subsidiaries and Equity Interests.** Provide the following information about any business concern in which the applicant holds an equity interest that is greater than forty-nine percent (49%) of the total equity of the company whose stock is so owned.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_



20. **Corporate Family.** This question applies to related companies in any business enterprise; answers should not be limited to companies in the solid or hazardous waste business.

If the business concern is a subsidiary of a parent corporation, is the parent of one or more subsidiaries, or is part of a conglomerate or a group of companies with common ownership: Supply 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.

OR

If the business concern is privately held, or is a publicly traded corporation with more than twenty-five percent (25%) of its stock held by members of the same family: Supply a chart showing all other business concerns owned or controlled by members of that family.

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

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21. **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.

\_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**SEAL**

22. **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

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**APPLICATION INSTRUCTIONS**

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1. **WHO MUST COMPLETE THIS FORM.** Every applicant for or holder of a Kansas Department of Health and Environment (KDHE) hazardous waste permit who is required to file a disclosure statement must complete this form pursuant to K.S.A. 65-3431.
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 hazardous waste 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.
6. **PAGE NUMBERING.** Note that each page contains an area for numbering pages. When you have finished answering all questions and have included all additional pages, number each page consecutively.
7. **EXHIBITS.** If you are required or wish to submit any document in connection with your answer to any question, refer to it in your answer as "Exhibit No. \_\_\_", and attach it at the end of your submission.
8. **TYPE OR PRINT YOUR ANSWERS.** Type or print in legible block letter style. Handwritten forms will be returned if entries are in script or are unreadable. Please do not use script typeface.

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

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Be especially careful not to leave out information in a way that might create an impression that you are trying to hide it. For example, a minor criminal conviction will probably not disqualify your firm from being permitted - but attempting to conceal the conviction may lead to a finding of untrustworthiness, and result in disqualification. Omitting such information from this form, even unintentionally, may result in your trustworthiness being questioned. Even if the question is resolved in your favor, your application may be delayed while the inquiry goes forward.

If you are unsure of, or do not remember the answer to a question, indicate this in some way - for example, by writing "Do not remember". This may result in additional inquiries from KDHE but it will avoid the implication that you are trying to conceal information.

However, you should not answer "Do not remember", or with similar wording simply because the information may not be immediately at hand. You are expected to make reasonable efforts to review your records so that you can answer all questions completely.