

BUSINESS CONCERN DISCLOSURE STATEMENT FOR SECOND LEVEL COMPANIES

Mail to:

Environmental Permitting and Counseling Section, A901 Unit
25 Market Street, P.O. Box 093
Trenton, NJ 08625-0093
(609) 376-3270

Name and Mailing Address of Applicant:

Name of person to be contacted in reference to these forms:
(Please only list an Attorney, Owner or other Key Employee that can discuss company information).

Name: _____

Title: _____

Phone: _____

Email: _____

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PART I: APPLICANT IDENTIFYING DATA

1. COMPANY INFORMATION. Fill in the following information concerning the company making this application.

Name: _____

NJ- Please enclose a copy of your company's New Jersey Certificate of Incorporation.

Outside NJ – If your company was created outside of New Jersey, enclose the certificate of formation from the company's home state or country, and a New Jersey Certificate of Authority.

Certificate of Incorporation #: _____ FEIN #: _____

State of Incorporation: _____ Date of Incorporation: _____

Check One: Corporation LLC Partnership Sole Proprietorship

Street address of principal office - **do not list P.O. Box:**

Phone: _____ Email: _____

Website: _____

Does your company use an alternate name? No Yes If yes, list all alternate names below and attach proof of registration. Your company must register any alternate name or trade name in accordance with N.J.S.A. 14A:2-21 (for corporations), N.J.S.A. 42:2B4 (for limited liability companies) or N.J.S.A. 42:2A-6.1 (for limited partnerships).

Alternate or Trade names:

Previously used names:

FINANCIAL PROFILE OF YOUR COMPANY:

2. Provide a list of all employees. Attach additional sheets as needed.

a. _____

b. _____

c. _____

3. Provide a list of all Assets with current value (over \$3,000) the company owns or leases. Attach additional sheets as needed:

a. _____ value: \$ _____

b. _____ value: \$ _____

c. _____ value: \$ _____

4. Provide a list of all banking institutions the company uses. Attach additional sheets as needed:

Name of Institution and
address:

5. EXISTING REGISTRATIONS/PERMITS/I.D.s

USDOT #: _____ USEPA #: _____

Other: _____

6. APPLICANT'S LOCATIONS IN NEW JERSEY. List all locations in the State of New Jersey where your company **has operated in the last ten years, is currently operating or plans to operate:** any aspect of a recycling, solid waste, hazardous waste, or soil and fill recycling business (except as a small quantity generator), including offices or equipment storage. Please enclose copies of the State-issued document authorizing your company to operate the facility. If the solid waste, hazardous waste, or soil and fill recycling facility operates under a settlement agreement, consent order, or court order, attach copy of same.

Address: _____

Description of Property Use: _____

Property Owner: _____

Address: _____

Description of Property Use: _____

Property Owner: _____

Address: _____

Description of Property Use: _____

Property Owner: _____

7. APPLICANT'S LOCATIONS OUTSIDE OF NEW JERSEY. List all locations outside of New Jersey where your company **has operated in the last ten years, is currently operating or plans to operate:** any aspect of a recycling, solid waste, hazardous waste, or soil and fill recycling business, including offices or equipment storage. Enclose copies of the State-issued document authorizing your company to operate the facility. If the facility operates under a settlement agreement, consent order, or court order, attach copy of same.

Address: _____

Description of Property Use: _____

Property Owner: _____

Address: _____

Description of Property Use: _____

Property Owner: _____

PART II: PARTNERSHIP/JOINT VENTURE DATA

(Part II to be completed **only** by Partnerships or Joint Ventures)

8. If any business concern is listed below, a separate Business Concern Disclosure Statement (**not a Second-Level Statement**) describing that business concern must be completed and filed with this Disclosure Statement.

9. **PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer **and enclose agreement(s)**. Use additional copies of this page, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners." **Each individual listed below must also complete and file with this Disclosure Statement a Personal History Disclosure Form.** Each individual listed below must also be listed in Part V: Involved Individuals. Do not provide SS# for any individual who has not signed the Consent Form for Disclosure of Social Security Number.

Name: _____

Address: _____

FEIN #: _____ Telephone: _____

Pick one: General Partnership Limited Partnership Joint Venture

Name: _____

Address: _____

FEIN #: _____ Telephone: _____

Pick one: General Partnership Limited Partnership Joint Venture

Name: _____

Address: _____

FEIN #: _____ Telephone: _____

Pick one: General Partnership Limited Partnership Joint Venture

PART III: OWNERSHIP

10. Provide information below for each individual and business concern that currently holds equity in your company or has previously held equity in your company in the last five years.

Each individual listed below must submit a Personal History Disclosure Statement. Each business listed below must submit a Second Level Business Concern Disclosure Statement.

Name: _____ **Phone #:** _____

Date that interest was obtained: _____ / _____ % of interest: _____

Name: _____ **Phone #:** _____

Date that interest was obtained: _____ / _____ % of interest: _____

Name: _____ **Phone #:** _____

Date that interest was obtained: _____ / _____ % of interest: _____

Name: _____ **Phone #:** _____

Date that interest was obtained: _____ / _____ % of interest: _____

Name: _____ **Phone #:** _____

Date that interest was obtained: _____ / _____ % of interest: _____

Name: _____ **Phone #:** _____

Date that interest was obtained: _____ / _____ % of interest: _____

11. OWNERSHIP CHART. Please provide a chart detailing your company's ownership structure.

If your company 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, supply a chart showing the names, FEIN numbers and relationships of all parent, sister, subsidiary and affiliate corporations, and/or members of the conglomerate or group. Include ultimate parents. This question applies to related companies in any business, not just the solid waste, hazardous waste, or soil and fill recycling business.

PART IV: EXPERIENCE AND CREDENTIALS

12. Does your company currently hold a Transporter Registration issued by NJDEP? Has your company held a Transporter Registration within the past five years? No Yes , Provide the following information:

Name of Registrant: _____ Registration #: _____

Name of Registrant: _____ Registration #: _____

13. Does your company currently hold any license or registration issued by the New Jersey Division of Consumer Affairs? Has your company held any such license or registration within the past five years? No Yes , Provide the following information:

Name of Licensee: _____ **License #:** _____

Type of License: _____ Currently Valid?

Name of Licensee: _____ **License #:** _____

Type of License: _____ Currently Valid?

14. Describe your company's experience and credentials in the brokerage, collection, transfer, transportation, treatment, storage, processing, recycling or disposal of solid waste, hazardous waste, or soil and fill recyclable materials.

Check here if additional copies of this page are attached.

PART V: RELATIONSHIPS WITH OTHER COMPANIES

15. SUBCONTRACTING, BROKERING, AND CONSULTING. Has your company worked as a subcontractor, broker or consultant in the last five years, for work relating to the collection, transportation, treatment, storage, transfer, recycling or disposal of solid waste, hazardous waste or soil and fill recyclable materials?

No Yes , Provide the following information and provide a copy of each work agreement.

Name: _____ **Phone #:** _____

Description of Work Done:

Name: _____ **Phone #:** _____

Description of Work Done:

Name: _____ **Phone #:** _____

Description of Work Done:

Name: _____ **Phone #:** _____

Description of Work Done:

Name: _____ **Phone #:** _____

Description of Work Done:

16. LEASES. Has your company leased waste or fill transportation equipment or operators to any other individual or company within the last five years?
 No Yes , Provide the following information:

Name of Lessee: _____ **Phone #:** _____

of vehicles leased: _____ # of drivers leased: _____

Name of Lessee: _____ **Phone #:** _____

of vehicles leased: _____ # of drivers leased: _____

Name of Lessee: _____ **Phone #:** _____

of vehicles leased: _____ # of drivers leased: _____

Name of Lessee: _____ **Phone #:** _____

of vehicles leased: _____ # of drivers leased: _____

Name of Lessee: _____ **Phone #:** _____

of vehicles leased: _____ # of drivers leased: _____

You must also provide a copy of each lease agreement.

17. EQUITY INTERESTS. List any business concern, in the United States or in any foreign country, in which your company currently holds any equity interest, or previously held at least a twenty-five percent interest within the last five years.

Name: _____ **Telephone:** _____

Address: _____

FEIN #: _____ % of Equity: _____ Equity Held from ____/____ to ____/____

Description of Equity: _____

Name: _____ **Telephone:** _____

Address: _____

FEIN #: _____ % of Equity: _____ Equity Held from ____/____ to ____/____

Description of Equity: _____

PART VI: INVOLVED INDIVIDUALS

18. List all individuals currently involved with this company. Each individual listed below must sign the attached Consent Form for Disclosure of Social Security Numbers **and must submit a Personal History Disclosure Statement.**

OFFICERS

Name	Title	Date of Birth	SSN

DIRECTORS

Name	Title	Date of Birth	SSN

LLC MEMBERS

Name	Date of Birth	SSN	% of Membership

DEBT HOLDERS

Name	Date of Birth	SSN	Balance of Debt

KEY EMPLOYEES

Please list any individual employed by your company in a supervisory capacity or empowered to make discretionary decisions with respect to solid waste, hazardous waste, or soil and fill recycling operations of the company within New Jersey. N.J.S.A. 13:1E-127(f).

Name	Title	Date of Birth	SSN

FAMILY MEMBERS

Please list any family member of any officer, director, partner, key employee, employed or otherwise engaged by the applicant.

Name	Title	Date of Birth	SSN

SALES PERSONS

Please list any individual employed by your company who makes or arranges for sales for the applicant with respect to solid waste, hazardous waste, or soil and fill recycling operations of the company with New Jersey. N.J.S.A. 13:1E-127(f).

Name	Title	Date of Birth	SSN

CONSULTANTS

Please list any person who performs functions for the applicant, who does not already hold a professional license from the State of New Jersey.

Name	Title	Date of Birth	SSN

19. DEBARRED INDIVIDUALS. List all individuals involved with this company in any capacity whatsoever: whether as employee, consultant, landlord, tenant, debtholder, lessor or equity holder: who have ever been debarred from the New Jersey or New York waste industries. You can find a list of the individuals barred from the New Jersey waste industry at <http://www.state.nj.us/dep/dshw/a901/A901debarmentlist.pdf>

Name	Title	Date of Birth

PART VII: FINANCIAL HISTORY

20. DEBT HELD BY CHARTERED LENDING INSTITUTIONS. List the following information as to debt liability held by any chartered lending institution, such as a commercial bank or savings & loan association, now or within the last five years. Provide a copy of each debt document.

"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 which follow, you may omit accounts payable for goods and services received unless the amount owed to a particular creditor exceeds 5% of the applicant's total debt liability.

Institution: _____ **Telephone #:** _____

Description of Debt: _____

		\$	\$
Date incurred	Expected End Date	Original Balance	Present Balance

Institution: _____ **Telephone #:** _____

Description of Debt: _____

		\$	\$
Date incurred	Expected End Date	Original Balance	Present Balance

21. DEBT HELD BY OTHER LENDERS. List all debt liability owed by your company to any other business concern, now or within the last five years. Individuals who hold debt liability of your company must be listed in Part VI: Involved Individuals.

Name: _____ **Telephone #:** _____

Description of Debt: _____

		\$	\$
Date incurred	Expected End Date	Original Balance	Present Balance

Name: _____ **Telephone #:** _____

Description of Debt: _____

		\$	\$
Date incurred	Expected End Date	Original Balance	Present Balance

22. BANKRUPTCY: Has your company or a parent company of your company filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the last 10 years?

No Yes Provide the following information:

Date of Petition: _____ **Venue:** _____

Chapter: 7 11 13 Disposition: _____

Date of Petition: _____ **Venue:** _____

Chapter: 7 11 13 Disposition: _____

23. If your waste or fill business has been organized within the last ten years, or is yet to be organized, describe the source and amounts of the money enabling the company to commence operations.

If the source is personal funds, provide the amount, the bank name and account number.

If the source is another individual, provide the amount and that person's full name and address.

If the source is a business, provide the amount and the business's full name and address.

PART VIII: LICENSES AND PERMITS HELD

24. List **all** licenses, permits, registrations, approvals, and operating authorizations issued to the applicant in the last ten years by any local, state or federal environmental regulatory agency. Use additional copies of this page, as necessary.

Check here if additional copies of this page are attached.

Include a copy of each document.

Description of Document:

Document was in use from (Month/Year) _____ / _____ to _____ / _____

Issuing Agency: _____ Agency reference #: _____

Description of Document:

Document was in use from (Month/Year) _____ / _____ to _____ / _____

Issuing Agency: _____ Agency reference #: _____

Description of Document:

Document was in use from (Month/Year) _____ / _____ to _____ / _____

Issuing Agency: _____ Agency reference #: _____

Description of Document:

Document was in use from (Month/Year) _____ / _____ to _____ / _____

Issuing Agency: _____ Agency reference #: _____

PART IX: ENVIRONMENTAL VIOLATIONS HISTORY

25. List all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders, Administrative Actions, civil complaints, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to:

- a. Your company, any predecessor of your company, or any previous name under which your company operated;
- b. Subsidiaries: Any business in which your company holds at least twenty-five percent of equity or debt liability;
- c. Sister companies: Any business in which your company's parent company holds more than twenty-five percent of the equity or debt liability; or
- d. Any Owner, Officer, Director, Partner, Joint Venturer or Key Employee of your company, and any business concern owned or controlled by any such individual;

within the past ten years by any local, state or federal environmental enforcement agency, including the New Jersey Department of Environmental Protection, the New Jersey Board of Public Utilities, and the United States Environmental Protection Agency. Use additional copies of this page, as necessary.

Check here if additional copies of this page are attached.

Include a copy of each document.

Name of entity cited: _____ **Date of issuance:** _____

Issuing Agency: _____ Amount of penalty or damages: \$ _____

Description of Allegations:

Name of entity cited: _____ **Date of issuance:** _____

Issuing Agency: _____ Amount of penalty or damages: \$ _____

Description of Allegations:

PART X: CIVIL JUDGMENTS AND PENDING LITIGATION

26. CIVIL JUDGMENTS. List and explain all judgments of liability in excess of \$60,000 rendered against your company in the past ten years. You need not list "slip and fall" cases or cases arising out of automobile or truck accidents if no fatality occurred. Use additional copies of this page, as necessary.

Check here if additional copies of this page are attached.

Caption of case: _____

Docket #: _____ Venue: _____

Date judgment or order entered: _____ Amount of judgment: \$ _____

Description of case:

Caption of case: _____

Docket #: _____ Venue: _____

Date judgment or order entered: _____ Amount of judgment: \$ _____

Description of case:

27. PENDING LITIGATION. List and explain all civil suits and arbitration cases in which your company is presently involved as a party. You need not list "slip and fall" cases; cases arising out of automobile or truck accidents if no fatality occurred; and suits seeking less than \$60,000 in damages where no other relief is sought. Use additional copies of this page, as necessary.

Check here if additional copies of this page are attached.

Caption of case: _____

Docket #: _____ Venue: _____

Description of case:

PART XI: CRIMINAL PROCEEDINGS

28. List all indictments, accusations, summonses, complaints, and information's filed against your company for any crime, including misdemeanors and disorderly persons offenses. Notwithstanding the foregoing, you need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) other than a violation of the provisions of N.J.S.A. 39:5B-18 et seq., N.J.S.A. 39:5B-25 et seq. or N.J.S.A. 39:5B-30 et seq., or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed. Check here if additional copies of this page are attached.

Entity charged: _____ **Date of Charge:** _____

Docket #: _____ Jurisdiction: _____

Alleged offenses: _____

Disposition or Sentence: _____

Entity charged: _____ **Date of Charge:** _____

Docket #: _____ Jurisdiction: _____

Alleged offenses: _____

Disposition or Sentence: _____

Entity charged: _____ **Date of Charge:** _____

Docket #: _____ Jurisdiction: _____

Alleged offenses: _____

Disposition or Sentence: _____

Entity charged: _____ **Date of Charge:** _____

Docket #: _____ Jurisdiction: _____

Alleged offenses: _____

Disposition or Sentence: _____

29. EVIDENCE OF REHABILITATION. A conviction of your company for any of the crimes listed in N.J.S.A. 13:1E-133(b), as well as the Instructions found on <https://www.nj.gov/dep/dshw/a901/a901frms.htm>, will result in denial of this application, unless your company can demonstrate rehabilitation from the crimes "by clear and convincing evidence." The factors the Department will consider are set forth in N.J.S.A. 13:1E-133.1(c) as well as the Instructions found on <https://www.nj.gov/dep/dshw/a901/a901frms.htm>. Set forth any written evidence or arguments you wish to make that demonstrate rehabilitation. Attach additional sheets if necessary. Attach any additional documents you wish the Department to consider.

Check here if additional copies of this page are attached.

PART XII: CONSENT FORM FOR DISCLOSURE OF SOCIAL SECURITY NUMBERS

Each individual currently involved with this company and listed in Part VI, "Involved Individuals," must submit a signed copy of this form.

I, _____, hereby certify that I have read the Notice on this page and I consent to the disclosure of my social security number for the limited purposes set forth therein.

Notice required under Section 7(b) of the Federal Privacy Act of 1974

Under section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a(note), any government agency which requests an individual to disclose his Social Security account number must inform that individual by what statutory or other authority such number is solicited, what uses will be made of it, and whether the disclosure is mandatory or voluntary.

The New Jersey Department of Environmental Protection is authorized to request Social Security numbers by N.J.S.A. 13:1E-127(e), the section of the A-901 statute that defines the content of the Disclosure Statement. The Social Security number is used as a secondary identifier when the State Police conduct checks of criminal history records maintained by the State and Federal governments. When the State Police obtain records from outside sources, the Social Security number may be used to determine whether the records pertain to the individual under investigation.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Federal Privacy Act of 1974, the Department cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, confirmation of identification without a Social Security number may take longer, which would lengthen the State Police investigation and thereby lengthen a decision on licensure. In addition, there is the possibility that the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That, again, may result in a delay in the decision on licensure.

Signature

Date

Print name

PART XIII: RELEASE AUTHORIZATION

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, law enforcement agencies, military records custodians, credit reporting agencies, taxation authorities (including the I.R.S.) and foreign and domestic governmental agencies (federal, state and local), and any other institution or person without exception:

On behalf of _____, I, _____,
(Complete Name of Business Entity) (Name of Authorized Individual)

authorize the New Jersey Attorney General to conduct an investigation into the background of my company for the purpose of determining its fitness to participate in the New Jersey waste and fill industry, as provided under N.J.S.A. 13:1E-126 et seq.

I hold the authority to sign this Release Authorization. Therefore, you are hereby authorized to release any and all information and documents pertaining to my company, as requested by an appropriate employee, agent or representative of the New Jersey Attorney General.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A photostatic copy of this authorization will be considered as effective and valid as the original.

Date: _____ Signature: _____

Print Name: _____

Print Title/Position: _____

State of _____)

)

County of _____)

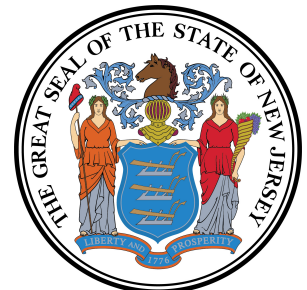
)

On _____, I, _____,
Date Name of Notary Public

witnessed _____
Name of Signatory

sign this Release Authorization as his or her own act.

Notary Public Signature: _____



PART XIV: BUSINESS CONCERN DISCLOSURE STATEMENT CERTIFICATION

This Business Concern Disclosure Statement must be signed and certified below by a responsible official of your company.

I, _____, hereby certify that I have read, in its entirety, the attached completed Business Concern Disclosure Statement of

_____,
Full Legal Name of Business Entity

as well as the instructional material provided with this document, and that the information provided is true. I further certify that I have caused a diligent effort to be made by the employees and agents of this company to honestly and thoroughly respond to the inquiries in this Business Concern Disclosure Statement and that I have ensured that the information provided on this Business Concern Disclosure form has been verified. I am aware that if the foregoing statement made by me is willfully false, I am subject to criminal prosecution. I acknowledge that providing inaccurate answers to material questions, or false answers to any question, shall constitute grounds for denial of this application or revocation of any license issued.

Date: _____

Signature: _____

Print Name: _____

State of _____)

)

County of _____)

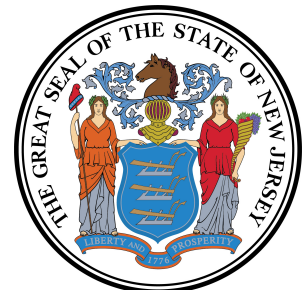
)

On _____, I, _____,
Date Name of Notary Public

witnessed _____
Name of Signatory

sign this Release Authorization as his or her own act.

Notary Public Signature: _____



APPENDIX A: INSTRUCTIONS AND FINGERPRINTS

The instructions to complete this form and the instructions to obtain fingerprints are available at: <https://www.nj.gov/dep/dshw/a901/a901frms.htm>. If you need help with these forms, or you have questions related to the A901 Program, please contact us at **609-376-3270**.