

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**BUSINESS CONCERN DISCLOSURE STATEMENT**

**FOR SOLID, MEDICAL AND HAZARDOUS WASTE MANAGEMENT FACILITIES**

All information requested in this document must be submitted, in the format requested, in order for the Department to review the application.

Documents which are incomplete, or improperly completed, will be returned to the applicant. This will result in a delay of the application's processing time.

NAME OF BUSINESS CONCERN: \_\_\_\_\_

FORM OF BUSINESS:

Corporation \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_

Partnership \_\_\_\_\_

Joint Venture \_\_\_\_\_

Other \_\_\_\_\_

NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Name of Facility or Business Seeking Permit: \_\_\_\_\_

**AFFIDAVIT OF AUTHOR**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, hereby certify (or affirm) that I am the person who completed and submitted the attached Business Concern Disclosure Statement for either myself and/or others in the name of \_\_\_\_\_ [Name of business concern] or directed that the information contained in the answers thereto be typed in, and that the following statements made by me on behalf of myself or \_\_\_\_\_ [name of business concern] are true to the best of my knowledge. I am aware that if any of the following statements made by me are willfully false, I may be subject to punishment by which submission of a false statement, representation, or certification in this document constitutes a FELONY.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(type, stamp, or print name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Title or Position)

Sworn to and subscribed before me  
this \_\_\_\_\_ day of  
20\_\_\_\_.

\_\_\_\_\_ Notary

\_\_\_\_\_  
(Seal or Authority of Notary)

**YOU MUST PROVIDE THE FOLLOWING INFORMATION IF APPLICABLE  
(USE A SEPARATE ATTACHMENT IF NECESSARY):**

**1. CRIMINAL PROCEEDINGS**

**INDICTMENTS, CHARGES, AND CONVICTIONS:** Include as an Appendix to the application a notarized affidavit and Background Criminal Investigation report from each and every state or province within which the applicant resides and/or conducts business for each key employee, officer, director, partner, or holder of more than 5 percent of the equity in the business concern.

Note: For the purposes of this application, a Background Criminal Investigation report need not be conducted for a state where the applicant only transports through and neither resides nor operates a place of business.

**2. ADMINISTRATIVE PROCEEDINGS:** List and explain any administrative actions of RIDEM or any other R.I. state agency against the owner that have been the subject of proceedings, including any actions where a settlement was reached prior to hearing:

Title of Case	Docket No.	Disposition

**3. FEDERAL VIOLATION NOTICES:** List and explain any Violation, Notice of Prosecution, Administrative Order or similar citation issued to the applicant within the past 10 years by the U.S. Environmental Protection Agency or the U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment.

Name of entity Cited	Date Issued	Location of Alleged Violation	Nature of Alleged Violation	Disposition	EPA or DOT Document No. (if any)

**4. CIVIL COURT LITIGATION:** List and explain any alleged violations by the applicant of environmental protection laws or regulation in any jurisdiction which have been the subject of proceedings before a civil court.

List in the following order: RIDEM causes, federal causes, other states, foreign countries.

Include any of the following dispositions: final administrative orders, administrative onset orders, court orders, court decrees, consent decrees, consent adjudications, judicial onset orders, final civil penalty adjudication, final action on bond forfeiture, settlement

agreement, contempt adjudication, and judgement. Consider a determination "final" if it has been entered by a court, even if it is still on appeal.

Title of Case	Docket Number	Name and Location of Court	Disposition

5. **FEDERAL ADMINISTRATION PROCEEDINGS:** List and explain any administrative actions of the Environmental Protection Agency or the Department of Transportation against the applicant that have been the subject of proceedings before an Administrative Law Judge.

Title of case	A.L.J. and Court	Docket No.	Disposition

6. **MUNICIPALITIES, OTHER STATES AND FOREIGN COUNTRIES:** List and explain any Notices of Violation, Notices of Prosecution, Administrative orders, citations of any kind, and/or Notice of Intent to Deny or Revoke a license, or any similar violation notices issued to the applicant within the past 10 years by any municipality, any state other than Rhode Island or the government of any foreign country, for any alleged violation of any law or regulation pertaining to protection of the environment, other than a motor vehicle or littering offense.

Name of entity Cited	Date Issued	Location of Alleged Violation	Nature of Alleged Violation	Docket No.	Disposition

7. **OUT OF STATE ADMINISTRATIVE PROCEEDINGS:** List and explain any citations issued to the applicant for alleged violation of environmental protection laws or regulations in any jurisdiction other than Rhode Island or the federal system, which have been the subject of proceedings before an administrative tribunal, including settlements.

Title of Case	Docket No.	Name and Address (city, state) of Tribunal Hearing Case	Disposition

8. **FACILITIES:** List all locations in the State of Rhode Island at which the business concern is currently operating or proposes to operate an aspect of a solid, medical or hazardous waste business.

Address and Tel. No.	Type of Facility	EPA Facility I.D. No. (if any)	RIDEM Registration or License No (if any)

9. **FORMER FACILITIES IN RHODE ISLAND:** List all locations in the State of Rhode Island which the business concern formerly operated any aspect of a solid, medical or hazardous waste business, and any location at which such a business was owned or operated by an predecessor of the business concern, or by the owner, partner, director, officer, key employee or major stockholder (more than 5 percent of equity) of the business concern.

("Solid, medical or hazardous waste business" including any location or facility where solid or hazardous waste was 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.)

Address	Type of Facility	Approx. Dates in Use From (year) To (year)	EPA I.D. No. or RIDEM Registration No (if any)

10. **EMPLOYEE DATA:** List the following information as to all Key Employees of the business concern.

"Key employee" means any person employed by a solid, medical or hazardous waste applicant or working at a regulated facility in a supervisory capacity with respect to the solid, medical or hazardous waste operation of the business concern in Rhode Island or empowered to make discretionary decisions with respect to those operations, but shall not include non-management employees exclusively engaged in the physical or mechanical collections, transportation, treatment, storage or disposal of solid, medical or hazardous waste.

**NOTE:** If you operate (or intend to operate) any aspect of your solid, medical or hazardous waste business through subcontractors 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 RIDEM or if the services they perform for you do not involve the management, storage or transport of solid, medical or hazardous waste.

Name of Key Employee	Business Address and Tel. No.	Position	Date Hired	Date of Birth	Social Security No.

**CORPORATE BUSINESS CONCERN DATA:**  
(This section to be completed only by corporations)

- 11. **NAME OF CORPORATION:** State the complete name as it appears on the corporate seal and as filed with the Secretary of State. Include corporation number (if any) in state of incorporation, and attach a copy of certificate of incorporation.
  
- 12. **REGISTERED AGENT:** State the name and address of the RI Registered Agent for service of process.
  
- 13. **CORPORATE COUNSEL AND ACCOUNTANT:** State the name, address, and telephone number(s) of the corporation's attorney and accountant, if any.

**14. DATE AND PLACE OF INCORPORATION:**

Date	Place (State, etc.)	Certificate of Incorp. File No.

- 15. **OFFICERS:** List the following information as to each officer of the corporation.

Name	Business Address and Tel. No.	Position or Office	Date Office/Position Taken	Date of Birth

- 16. **DIRECTORS:** List the following information as to each Director of the Corporation.

Name	Business Address and Tel. No.	Position or Office	Date Office/Position Taken	Date of Birth

18. **OWNERS:** List all individuals or commercial entities having greater than 10% ownership in the business of the applicant.

Name	Business Address and Tel. No.	Position or Office	Date Office/Position Taken	Date of Birth