

HAZARDOUS WASTE/SOLID WASTE PERMIT APPLICATION
DISCLOSURE FORM
STATE OF MISSISSIPPI

Under the authority of Mississippi Code Annotated Section 17-17-501, et seq. (Supp. 1994) and the Mississippi Commission on Environmental Quality regulations promulgated thereunder, each applicant (other than a public agency) for the issuance, reissuance or transfer of a permit for the treatment, processing, storage or disposal of solid waste at a commercial hazardous or nonhazardous solid waste management facility, must file a disclosure statement with the Permit Board at the time the application is filed. If the applicant is a public agency and proposes to operate a facility by contract with an individual or a business concern, such individual or business concern must file a disclosure statement, and for purposes of doing so, shall complete this form as if it is the "applicant".

Instructions for completing this form:

1. All information must be typed.
2. Do not leave any sections blank. If a section is not applicable, or if there is no information to be provided as called for, type "Not Applicable", "N/A" or "NONE", as appropriate, on the first blank line of the section.
3. Where individual names are requested, provide full names, not initials. Where an individual's full name includes one or more initials, indicate this in a note to the side of the name.
4. Attach additional pages as necessary. Where a section includes a note to provide a separate page for each name, copies of that page may be made.
5. Race and Gender are requested only to confirm identification of disclosed individuals.

SECTION 1. GENERAL INFORMATION

Applicant's full name

Business address: street or box number

City, state, zip

Business telephone number

Applicant is [check one]: an individual
 a business concern

If the applicant is an individual, provide the following information:

Applicant's date of birth

Race

Social Security number

Gender

If the applicant is a business concern, provide the following information:

Date of establishment

Federal employer identification number

Is the applicant business concern a publicly traded corporation?

Yes No

Are there any environmental violations for applicant listed in Section 7.1 of this form?

Yes No

Are there any criminal violations for applicant listed in Section 7.2 of this form?

Yes No

SECTION 2. OFFICERS, DIRECTORS, PARTNERS AND KEY EMPLOYEES OF APPLICANT

2.1 For each officer, director, partner or key employee of the applicant, provide the following information:

(Note: Provide a separate page for each person).

Full Name

Business address: street or box number

City, state, zip

Date of birth

Social security number

Race

Gender

Business telephone number

Job title or description

Are there any environmental violations for disclosed officer, director, partner or key employee listed in Section 7.1 of this form?

Yes No

Are there any criminal violations for disclosed officer, director, partner or key employee listed in Section 7.2 of this form?

Yes No

SECTION 3. SUBSIDIARIES OF APPLICANT

3.1 For each business concern that collects, transports, treats, processes, stores or disposes of nonhazardous solid waste or hazardous waste which the applicant holds an equity interest of five percent (5%) or more, provide the following information: **(Note: Provide a separate page for each business concern).**

Business concern's name

Business address: street or box number

City, state, zip

Date of establishment

Federal employer identification number

Business telephone number

The business named above [check all that are appropriate]:

- collects nonhazardous waste hazardous waste
- transports nonhazardous waste hazardous waste
- treats nonhazardous waste hazardous waste
- processes nonhazardous waste hazardous waste
- stores nonhazardous waste hazardous waste
- disposes nonhazardous waste hazardous waste

Are there any environmental violations for disclosed subsidiary of applicant listed in Section 7.1 of this form?

- Yes No

Are there any criminal violations for disclosed subsidiary of applicant listed in Section 7.2 of this form?

- Yes No

SECTION 4. EQUITY OR DEBT LIABILITY HOLDERS

*** (Note: Section 4 applies to the equity and debt liability holders of the applicant business concern and any other disclosed business concerns unless expressly noted).**

4.1 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is not a publicly traded corporation, provide the following information for each person, other than a business concern, holding any equity in such disclosed business concern:

(Note: Provide a separate page for each person).

Full Name

Business address: street or box number

City, state, zip

Date of birth

Social security number

Race

Gender

Business telephone number

Name of disclosed business concern in which this person holds interest

% of equity

Are there any environmental violations for disclosed person listed in Section 7.1 of this form?
 Yes No

Are there any criminal violations for disclosed person listed in Section 7.2 of this form?
 Yes No

4.2 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is not a publicly traded corporation, provide the following information for any other business concern (other than a chartered lending institution or an investment company which is publicly traded) holding any equity in such disclosed business concern:

(Note: Provide a separate page for each business concern).

Business concern's name (Equity or debt liability holder)

Business address: street or box number

City, state, zip

Date of establishment

Federal employer identification number

Business telephone number

Name of disclosed business concern in which the above business concern holds interest

% of equity

Are there any environmental violations for disclosed business concern listed in Section 7.1 of this form?

Yes No

Are there any criminal violations for disclosed business concern listed in Section 7.2 of this form?

Yes No

- 4.3 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is not a publicly traded corporation, provide the following information for each chartered lending institution or investment company which is publicly traded holding any equity in such disclosed business concern:
(Note: Provide a separate page for each chartered lending institution or investment company which is publicly traded).

Chartered lending institution's name or name of investment company which is publicly traded
(Note: The listed chartered lending institution or investment company which is publicly traded is not subject to further disclosure requirements unless additional information is expressly requested).

Business address: street or box number

City, state, zip

Business telephone number

Name of disclosed business concern in which this chartered lending institution or investment company which is publicly traded holds interest

% of equity

4.4 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is not a publicly traded corporation, list the following information for each individual or business concern holding any debt liability in such business concern:

(Note: Provide a separate page for each individual or business concern holding any debt liability in such business concern).

Full Name (***Note: The listed individual or business concern is not subject to further disclosure requirements unless additional information is expressly requested.**)

Business address: street or box number

City, state, zip

Federal employer identification number (if applicable)

Name of disclosed business concern in which the above individual or business concern holds debt liability

Amount of debt liability held in U.S. Dollars

% of total debt liability held

4.5 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is a publicly traded corporation, provide the following information for individuals related within the third degree holding a cumulative of five percent (5%) and any other person(s), other than a business concern, holding more than five percent (5%) of the equity in such disclosed publicly traded corporation:
(Note: Provide a separate page for each person).

Full Name

Business address: street or box number

City, state, zip

Date of birth

Social security number

Race

Gender

Business telephone number

Name of disclosed corporation in which this person holds interest

% of equity

Are there any environmental violations for disclosed person listed in Section 7.1 of this form?

Yes No

Are there any criminal violations for disclosed person listed in Section 7.2 of this form?

Yes No

4.6 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is a publicly traded corporation, provide the following information for any other business concern (other than a chartered lending institution or an investment company which is publicly traded) holding more than five percent (5%) of the equity in such disclosed publicly traded corporation:
(Note: Provide a separate page for each business concern)

Business concern's name (Equity holder)

Business address: street or box number

City, state, zip

Date of establishment

Federal employer identification number

Business telephone number

Name of disclosed corporation in which this
business concern holds interest

% of equity

Are there any environmental violations for disclosed business concern listed in Section 7.1 of this form?

Yes No

Are there any criminal violations for disclosed business concern listed in Section 7.2 of this form?

Yes No

4.7 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is a publicly traded corporation, provide the following information for each chartered lending institution or investment company which is publicly traded holding more than five percent (5%) of the equity in such disclosed publicly traded corporation:

(Note: Provide a separate page for each chartered lending institution or investment company which is publicly traded).

Chartered lending institution's name or name of investment company which is publicly traded **(Note: The listed chartered lending institution or investment company which is publicly traded is not subject to further disclosure requirements unless additional information is expressly requested).**

Business address: street or box number

City, state, zip

Business telephone number

Name of disclosed corporation in which this chartered lending institution or investment company which is publicly traded holds interest

% of equity

- 4.8 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is a publicly traded corporation, list the following information for each individual or business concern holding more than five percent (5%), or individuals related within the third degree holding a cumulative of five percent (5%) or more debt liability in such disclosed publicly traded corporation:
(Note: Provide a separate page for each individual or business concern).

Full Name (***Note: The listed individual or business concern is not subject to further disclosure requirements unless additional information is expressly requested**).

Business address: street or box number

City, state, zip

Federal employer identification number (if applicable)

Name of disclosed publicly traded corporation in which the above individual or business concern holds debt liability

Amount of debt liability held in U.S. Dollars

% of total debt liability held

4.9 For each business concern disclosed in this statement (other than the applicant, a chartered lending institution, investment company which is publicly traded or a debt liability holder), provide the following information for each officer, director or partner: **(Note: Provide a separate page for each officer, director or partner).**

Business Concern's Name

Full Name of officer, director or partner

Business address: street or box number

City, state, zip

Date of birth

Social security number

Race

Gender

Business telephone number

Job title or description

Are there any environmental violations for disclosed officer, director or partner listed in Section 7.1 of this form?

Yes No

Are there any criminal violations for disclosed officer, director or partner listed in Section 7.2 of this form?

Yes No

SECTION 5. BUSINESS EXPERIENCE OF APPLICANT AND ITS OFFICERS, DIRECTORS, PARTNERS AND KEY EMPLOYEES

5.1 Provide a description of the business experience and credentials of the applicant related to the treatment, processing, storage or disposal of nonhazardous solid waste or hazardous waste. A separate description of business experience and credentials should also be included for each of the applicant's key employees, officers, directors and partners.

(Note: Provide a separate page for the applicant and each of the applicant's key employees, officers, directors and partners).

5.2 Provide the following information for any past or present permits or licenses possessed by the applicant, or any officer, director, partner or key employee of the applicant, for the treatment, processing, storage or disposal of nonhazardous solid waste or hazardous waste:

(Note: Provide a separate page for each permit or license).

Name of Permittee or Licensee

Permit or License

Permit/License number (if any)

Issuance date

Expiration date (if any)

Name of regulatory authority

Address of regulatory authority: street or box number

City, state, zip

Regulatory authority telephone number

5.3 Provide the following information for any other agency outside of Mississippi not listed in Section 5.2 that has or has had regulatory responsibility over the applicant and any parent, subsidiary and sister business concern disclosed in this disclosure statement (except those listed in Section 6.3) regarding the treatment, processing, storage or disposal of nonhazardous solid waste or hazardous waste within the five-year period immediately preceding the filing of the application:

(Note: Provide a separate page for each regulatory agency).

Name of regulatory authority

Regulatory authority address: street or box number

City, state, zip

Regulatory authority telephone number

Name(s) of disclosed persons regulated by the above authority:

SECTION 6. SISTER BUSINESS CONCERNS

6.1 (This sub-section is applicable only if the applicant is seeking a permit to operate and/or construct a commercial nonhazardous solid waste management facility.)

If either the applicant or a parent business concern has engaged in the commercial treating, processing, storage or disposal of nonhazardous solid waste in Mississippi for fewer than five (5) years preceding the filing of the application, provide the following information about each sister business concern of the applicant that has engaged in the commercial treating, processing, storage or disposal of nonhazardous solid waste or hazardous waste within such five-year period:

(Note: Provide a separate page for each sister business concern).

Full name of sister business concern

Business address: street or box number

City, state, zip

Date of establishment

Federal employer identification number

Business telephone number

Are there any environmental violations for disclosed sister business concern listed in Section 7.1 of this form?

Yes No

Are there any criminal violations for disclosed sister business concern listed in Section 7.2 of this form?

Yes No

6.2 (This sub-section is applicable only if the applicant is seeking a permit to operate and/or construct a commercial hazardous waste management facility.)

If either the applicant or a parent business concern has engaged in the commercial treating, processing, storage or disposal of hazardous waste in Mississippi for fewer than five (5) years preceding the filing of the application, provide the following information about each sister business concern of the applicant that has engaged in the commercial treating, processing, storage or disposal of nonhazardous solid waste or hazardous waste within such five-year period:

(Note: Provide a separate page for each sister business concern).

Full name of sister business concern

Business address: street or box number

City, state, zip

Date of establishment

Federal employer identification number

Business telephone number

Are there any environmental violations for disclosed sister business concern listed in Section 7.1 of this form?

Yes No

Are there any criminal violations for disclosed sister business concern listed in Section 7.2 of this form?

Yes No

6.3 If neither the applicant nor a parent business concern nor any sister business concern of the applicant has engaged in the commercial treating, processing, storage or disposal of nonhazardous solid waste or hazardous waste within the five-year period preceding the filing of the application, provide the following information about each sister business concern of the applicant that, within such five-year period, has been the subject of any environmental enforcement actions:

(Note: Provide a separate page for each sister business concern).

Full name of sister business concern

Business address: street or box number

City, state, zip

Date of establishment

Federal employer identification number

Business telephone number

List and explain each environmental enforcement action and the name and address of the regulatory agency involved in each action.

Are there any criminal violations for disclosed sister business concern listed in Section 7.2 of this form?

Yes No

SECTION 7. CIVIL OR CRIMINAL VIOLATIONS

7.1 For any person (including business concerns) listed in this disclosure statement, except those listed in Section 6.3, disclosed chartered lending institutions, any disclosed investment company which is publicly traded and disclosed debt liability holders, provide a listing and explanation of any:

- (1) notices of violations
- (2) prosecutions
- (3) administrative orders (whether by consent or otherwise)
- (4) license or permit revocations or suspensions, &
- (5) enforcement actions of any other sort,

by any state or federal authority within the five-year period immediately preceding the filing of the application, which are pending or have concluded in a finding of violation or entry of consent agreement regarding any allegation of the civil or criminal violation of any law, regulation or requirement related to the treatment, processing, storage or disposal of nonhazardous solid waste or hazardous waste. Include the name and address of the regulatory agency involved in each action. **(Note: Provide a separate sheet for each person).**

7.2 For each person listed in this disclosure statement, provide an itemized list of any and all final convictions of and pleas of guilty or nolo contendere to any crime punishable as a felony in any jurisdiction within the five-year period immediately preceding the filing of the application.

(Note: Provide a separate sheet for each person).

Name of disclosed person

Jurisdiction in which felony occurred

Description of felony:

SECTION 8. ADDITIONAL INFORMATION

Pursuant to Miss. Code Ann. Section 17-17-503(1)(h), as amended, and Miss. CEQ Disclosure Reg. Section 2.11 (1994), provide any additional information related to the disclosure statement and required by the Mississippi Environmental Quality Permit Board and/or the Mississippi Department of Environmental Quality staff.

SECTION 9. CERTIFICATION AND SIGNATURE

I certify that the information provided in this disclosure statement is a true and correct representation of that which is requested.

EXECUTED, this the _____ day of _____, _____.

Signature

Typed Name (as signed)

Title

Applicant

Business Address: street or box
number

City, state, zip

STATE OF _____

COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction aforesaid, the within named _____, who, after being by me first duly sworn, stated on oath that all of the matters and facts set forth in this disclosure statement are true and correct as herein stated.

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____, _____.

Notary Public

My Commission Expires:
