STATE OF NEW HAMPSHIRE
WASTE MANAGEMENT DIVISION
29 HAZEN DRIVE
CONCORD, NEW HAMPSHIRE 03301

BUSINESS CONCERN DISCLOSURE STATEMENT

for operating permit applications
pursuant to N.H. RSA chapter
147-A and N.H. RSA chapter 149-M

BUSINESS CONCERN DISCLOSURE STATEMENT

INSTRUCTIONS

1. WHO MUST COMPLETE THIS FORM. Every applicant for a solid or hazardous waste operating permit pursuant to RSA chapter 147-A or chapter 149-M, and business concerns affiliated with the applicant, as indicated herein, must complete this form. Sole proprietors must complete this form and a Personal History Disclosure Form. The authority of the Waste Management Division to perform a background investigation of the applicant is set forth in RSA 147-A:4, II-c, IV-a and RSA 149-M:9, III, XII(a).

2. ALL QUESTIONS MUST BE ANSWERED. Read every question carefully before answering any. Answer every question completely. Do not leave any blank spaces. If a question does not apply to you, enter "Not applicable" or "N/A" in the space provided for an answer. If there is nothing to disclose in answer to a particular question, enter "None" in the space provided for an answer.

3. ANSWER COMPLETELY AND TRUTHFULLY. Failure to answer all questions completely and truthfully may result in delay in processing the application, in your statement being returned to you for supplementation of your answers, in permit denial or revocation, and in penalties under RSA chapter 641. In addition, RSA 147-A:4, II-c, IV-a and RSA 149-M:9, III, XII(a) provide that the applicant shall bear the cost of the background investigation. Incomplete answers may require the expenditure of additional investigative costs for which the applicant will be responsible.

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 probably would not disqualify the applicant, 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 the Division or the Attorney General's Office, but it will avoid the implication that you are trying to conceal information.

However, you should not answer "Do not remember," or with similar words, simply because the information may not be immediately at hand. You are expected to make diligent efforts to check your records and other records that you have the ability to obtain so that you can answer the questions completely.

4. ADDITIONAL SPACE. If you need additional space to answer a question, use plain 8 1/2" x 11" paper. Insert additional pages immediately following the page on which the question you are answering appears. Be sure to indicate that your answer to the question is "continued on the next page", and indicate on the additional page which question is being continued there.

Note that the pages of this form are numbered at the top. If you attach additional pages, number them at the top right hand corner by using the numbers of the pages they follow, and adding letters. For example, if you add two pages following page 12, you should label them 12A and 12B.

5. ADDITIONAL BUSINESS CONCERN DISCLOSURE STATEMENTS AND PERSONAL HISTORY DISCLOSURE FORMS. Business concerns and individuals whose names appear in answers to certain questions in this form must complete additional disclosure forms. These must be obtained from those concerns and individuals and submitted along with this form.

6. 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, for example, "Exhibit No. ____", and attach it at the end of the form.

7. 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.

IF YOU HAVE QUESTIONS ABOUT HOW TO FILL OUT THIS FORM, CALL THE OFFICE OF THE ATTORNEY GENERAL AT (603) 271-3679

SOCIAL SECURITY NUMBERS

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 number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The Social Security number is used as a secondary identifier by the New Hampshire Attorney General's Office when it conducts background investigations of individuals listed on disclosure statements. It is used routinely to ensure correct identification in checking criminal history records maintained by state and federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number may be used to determine whether the individual named in the records and the individual under investigation are the same or different persons. The Division is authorized to request this information under N.H. RSA 147-A:4, II-c and N.H. RSA 149-M:9, III.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Division cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of and a decision on the permit application because of the additional investigative time which may be necessary to confirm identifications without the Social Security number.

_____
)
NAME OF APPLICANT:)
)
DATE APPLICATION SUBMITTED:)
_____)

BUSINESS CONCERN DISCLOSURE STATEMENT

NAME OF BUSINESS CONCERN:

FORM OF BUSINESS:
CORPORATION _____
SOLE PROPRIETORSHIP _____
PARTNERSHIP _____

NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THIS FORM:

NAME: _____ TITLE :_____

ADDRESS: _____

TELEPHONE NO.: _____
(Area Code)

THIS DISCLOSURE STATEMENT IS BEING FILED IN CONNECTION WITH (check all that apply):

_____ SOLID _____ HAZARDOUS WASTE FACILITY

_____ NEW _____ EXISTING FACILITY

DESCRIBE TYPE OF FACILITY FOR WHICH THIS APPLICATION IS BEING FILED:

PART I

BUSINESS CONCERN IDENTIFYING DATA

NAME OF BUSINESS CONCERN: _____

ADDRESS OF PRINCIPAL OFFICE _____

TELEPHONE NO.: _____
(Area Code)

FEDERAL EMPLOYER IDENTIFICATION NO. (FEID): _____

1. NAME OF BUSINESS CONCERN. 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 which establishes the name of the business concern. (If no such document exists, state the name the business uses.)

2. OTHER NAMES OF BUSINESS CONCERN. List all other names under which the business concern does or has done business in the past, including names of divisions and “trading as” or “doing business as” names.

NAME	DATES NAME WAS IN USE FROM (YEAR) - TO (YEAR)	STATES IN WHICH BUSINESS WAS CONDUCTED AND/OR REGISTERED

3. FORM OF BUSINESS CONCERN. (Check One)

_____ SOLE PROPRIETORSHIP _____ TRUST

_____ PARTNERSHIP _____ JOINT VENTURE

_____ LIMITED PARTNERSHIP _____ OTHER (describe) _____

_____ CORPORATION

4. DATE OF ORGANIZATION. State when the business concern was established (date of incorporation, partnership agreement, declaration of trust, etc.).

5. LOCATION. State the current principal location of the business concern at which business is actually conducted. Do not give a post office box number.

_____	_____	_____	_____
(Number and Street)	(City)	(State)	(Zip Code)

6. MAILING ADDRESS OF PRINCIPAL OFFICE, if different from above.

_____	_____	_____	_____
(Mailing Address)	(City)	(State)	(Zip Code)

7. 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)

8. 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.)

ADDRESS AND TELEPHONE NO.	TYPE OF FACILITY	EPA FACILITY I.D. NO./N.H. DES PERMIT NOS.

9. 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 FACILITY I.D. NO./N.H. DES PERMIT NOS.

10. 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.

ADDRESS AND TELEPHONE NO.	TYPE OF FACILITY	EPA FACILITY I.D. NO. (if any)

11. 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 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.

ADDRESS	TYPE OF FACILITY	DATES IN USE FROM (YEAR) - TO (YEAR)	PERMITS (if any) GIVE CURRENT NAME, ADDRESS AND TELEPHONE NO. OF ISSUING AGENCY

PART II

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

12. NAME OF CORPORATION. State the complete name as it appears on the corporate seal and as filed with the Secretary of State. Give corporation number (if any) in state of incorporation, and attach a copy of certificate of incorporation.

13. REGISTERED AGENT. State the name and address of the New Hampshire registered agent for service of process.

14. CORPORATE COUNSEL AND ACCOUNTANT. State the name, address and telephone number(s) of the corporation's present attorney and accountant, if any.

15. DATE AUTHORIZED IN NEW HAMPSHIRE. If other than a New Hampshire corporation, state the date on which the corporation received a Certificate of Authority to transact business in New Hampshire.

16. OFFICERS. List the following information as to each officer of the corporation. Each individual listed below must complete and file a Personal History Disclosure Form.

NAME	BUSINESS ADDRESS AND TELEPHONE NO.	OFFICE HELD	DATE TOOK OFFICE	DATE OF BIRTH	SOCIAL SECURITY NO.

17. DIRECTORS. List the following information as to each director of the corporation. Each individual listed below must complete a Personal History Disclosure Form.

NAME	BUSINESS ADDRESS AND TELEPHONE NO.	DATE TOOK OFFICE	DATE OF BIRTH	SOCIAL SECURITY NO.

18. FORMER OFFICERS AND DIRECTORS. List the following information as to each person who has been an officer or director of the corporation at any time during the past 10 years and is not listed in the response to (16) or (17) above.

NAME	LAST KNOWN ADDRESS	POSITION HELD	DATES HELD	DATE OF BIRTH	SOCIAL SECURITY NO.

PART III

PARTNERSHIP/JOINT VENTURE DATA
(This section to be completed only by partnerships or joint ventures)

19. NAME. State the complete name of the partnership or joint venture. Attach copy of the partnership agreement.

20. FORM OF PARTNERSHIP. (Check one) _____ GENERAL PARTNERSHIP _____ LIMITED PARTNERSHIP

21. ATTORNEY AND ACCOUNTANT. State the name, address and telephone number(s) of the partnership's attorney and accountant, if any.

22. PARTNERS. List the following information as to each partner or joint venturer. If a limited partnership, list 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 History Disclosure Form If any Business Concern is listed below, a separate Business Concern Disclosure Statement for that business concern must be completed and filed.

NAME	BUSINESS ADDRESS AND TELEPHONE NO.	POSITION IN COMPANY	DATE OF BIRTH (individual)	SOCIAL SECURITY OR FEID NO.

PART IV

OTHER BUSINESS CONCERN DATA

(Complete this section only if the business concern is organized in a form other than a corporation, partnership or joint venture.)

23. NAME. State the complete name of the business concern.

24. 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.

25. OWNERS, OFFICERS, ETC. List 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 History Disclosure Form. If any Business Concern is listed below, a separate Business Concern Disclosure Statement for that business concern must be completed and filed.

NAME	BUSINESS ADDRESS AND TELEPHONE NO.	POSITION	DATE OF BIRTH	SOCIAL SECURITY OR FEID NO.

PART V

SUBSIDIARIES AND STOCK HOLDING

26. 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 NO.	TYPE OF EQUITY	PERCENT OF TOTAL EQUITY

27. OTHER SUBSIDIARIES AND EQUITY INTERESTS. List 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 NO.	TYPE OF EQUITY	PERCENT OF TOTAL EQUITY

28. 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, 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. 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 and hazardous waste businesses.)

PART VI

EXPERIENCE AND CREDENTIALS

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

PART VII

EMPLOYEE DATA

(To be completed by the applicant business concern only.)

30. List the following information as to all key employees of the business concern.

"Key employees" means any person employed or to be employed by the business concern in a managerial or supervisory capacity with respect to the facility for which a permit is being sought. Each of the below-listed individuals must file a Personal History Disclosure Form. If positions yet unfilled will be filled by individuals that will constitute 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 DES, or if the services they perform for you do not involve the management of solid or hazardous waste.

NAME OF KEY EMPLOYEE	BUSINESS ADDRESS AND TELEPHONE NO.	POSITION, CAPACITY AND AUTHORITY	DATE HIRED	DATE OF BIRTH	SOCIAL SEC NO.

31. OTHER EMPLOYEES. List the following information as to all employees other than key employees.

NAME OF EMPLOYEE	HOME ADDRESS	JOB DUTIES	DATE HIRED	DATE OF BIRTH	SOCIAL SEC. NO.

PART VIII

LICENSES AND PERMITS HELD

32. N.H. DES AND EPA/RCRA. List any New Hampshire Department of Environmental Services or U.S. Environmental Protection Agency solid or hazardous waste permits, licenses, registrations, or the equivalent ever held by the business concern under any name.

NAME UNDER WHICH HELD	FACILITY ADDRESS	TYPE OF FACILITY	TYPE OF LICENSE	DATES LICENSE HELD FROM (YEAR) TO (YEAR)	IDENTIFYING PERMIT NO./EPA I.D.

33. 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 UNDER WHICH HELD	FACILITY ADDRESS	TYPE OF FACILITY	TYPE OF LICENSE	ISSUING AGENCY	DATES HELD FROM - TO	LICENSE NO.

PART IX

CIVIL VIOLATIONS HISTORY

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the generation, collection, transportation, treatment, storage or disposal of solid 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.

34. NEW HAMPSHIRE VIOLATION NOTICES. List and explain any process issued against you within the past 10 years by the relevant New Hampshire agency for the alleged violation of any law or regulation pertaining to protection of the environment.

NAME OF ENTITY CITED	NAME OF CITING ENTITY	TYPE OF NOTICE	DATE ISSUED	LOCATION OF ALLEGED VIOLATION	NATURE OF ALLEGED VIOLATION	DISPOSITION

35. FEDERAL VIOLATION NOTICES. List and explain any process issued against you within the past 10 years by the United States Environmental Protection Agency or other federal agency for any alleged violation of any federal law or regulation pertaining to protection of the environment.

NAME OF ENTITY CITED	NAME OF CITING ENTITY	TYPE OF NOTICE	DATE ISSUED	LOCATION OF ALLEGED VIOLATION	NATURE OF ALLEGED VIOLATION	DISPOSITION

36. FEDERAL ADMINISTRATIVE PROCEEDINGS. List and explain any administrative actions of any federal agency against you which have been the subject of proceedings before an Administrative Law Judge.

TITLE OF CASE	DATE INITIATED	A.L.J. AND COURT	DOCKET NO.	DISPOSITION

37. MUNICIPALITIES, OTHER STATES AND FOREIGN COUNTRIES. List and explain any process issued against you within the past 10 years by any municipality, any state other than New Hampshire, or the government of any foreign country, for any alleged violation of any law or regulation pertaining to protection of the environment.

NAME OF ENTITY CITED	NAME OF CITING ENTITY	TYPE OF NOTICE	DATE ISSUED	LOCATION OF ALLEGED VIOLATION	NATURE OF ALLEGED VIOLATION	DISPOSITION

38. CIVIL COURT LITIGATION. List and explain any alleged violation of any law or regulation pertaining to protection of the environment in any jurisdiction which has been the subject of proceedings before or under the jurisdiction of a civil court. List in the following order: New Hampshire cases, federal cases, other states, foreign countries.

TITLE OF CASE	DOCKET NO.	COURT NAME AND LOCATION	NATURE OF ALLEGED VIOLATION(S)	DISPOSITION (indicate if still pending)

PART X

CIVIL COURT JUDGMENTS AND PENDING LITIGATION

List in the following order: New Hampshire cases, federal cases, other states, foreign countries.

39. ANTITRUST JUDGMENTS. List and explain any judgments, consent decrees or consent orders entered against the business concern pertaining to a violation or alleged violation of federal or state antitrust, trade regulation or securities regulation laws.

TITLE OF CASE	DOCKET NO.	NAME AND LOCATION OF COURT OR AGENCY	DATE JUDGMENT, DECREE OR ORDER WAS ENTERED	NATURE OF ORDER

40. OTHER JUDGMENTS. List and explain any other judgment of liability rendered against the business concern in the past 10 years.

TITLE OF CASE	DOCKET NO.	NAME AND LOCATION OF COURT OR AGENCY	NATURE OF SUIT	DATE JUDGMENT WAS ENTERED	JUDGMENT TERMS/AMOUNT

41. PENDING SUITS. List and explain any other civil suits in which the business concern has been within the past 10 years or is presently involved, whether as a party, plaintiff or defendant.

TITLE OF CASE	DOCKET NO.	NAME AND LOCATION OF COURT OR AGENCY	NATURE OF SUIT	DATE FILED	STATUS

PART XI

CRIMINAL PROCEEDINGS

42. CONVICTIONS. List and explain any convictions (including a plea of guilty or nolo contendere) entered in any court against or by the business concern for any crime committed in this or any other state, federal or foreign jurisdiction, other than a motor vehicle offense.

NAME OF ENTITY PLED OR CONVICTED	DESCRIPTION OF CRIME CHARGED	INDICTMENT OR INFORMATION NO.	JURISDICTION WHERE CHARGED	DATE CHARGED	PROSECUTING AGENCY	DISPOSITION AND SENTENCE IMPOSED

PART XIII

OWNERSHIP AND DEBT LIABILITY OF THE BUSINESS CONCERN

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.

43. EQUITY - PRIVATELY HELD CONCERNS. List all persons and business concerns holding equity in the business concern completing this form. Each listed holder of 10% or greater equity must complete and file a Personal History Disclosure Form or Business Concern Disclosure Statement, as appropriate.

NAME	BUSINESS ADDRESS AND TELEPHONE NO.	DATE OF BIRTH/ EXISTENCE	SOC. SEC. NO/FEID	TYPE OF EQUITY	AMOUNT OF EQUITY	PERCENT OF TOTAL EQUITY

44. 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 persons holding ten percent (10%) or greater of the total equity of the business concern completing this form. Each individual listed below must complete and file a Personal History Disclosure Form.

NAME	BUSINESS ADDRESS AND TELEPHONE NO.	DATE OF BIRTH	SOC. SEC. NO.	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 Concern Disclosure Statement.

NAME	BUSINESS ADDRESS AND TELEPHONE NO.	FEDERAL EMPLOYER ID NO.	AMOUNT OF EQUITY	TYPE OF EQUITY	PERCENT OF TOTAL EQUITY

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.

45. 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 AND TELEPHONE NO.	DATE DEBT WAS CREATED	TYPE OF DEBT	ORIGINAL AMOUNT	PRESENT BALANCE

46. DEBT LIABILITY - PRIVATELY HELD CONCERNS.

a. List all persons holding 10% or greater debt liability of the business concern. (Do not include institutions listed under Item 45.) A Personal History Disclosure Statement must be completed and filed for each person named.

NAME	BUSINESS ADDRESS AND TELEPHONE NO.	SOC. SEC. NO	DATE DEBT WAS 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 45.) A Business Concern Disclosure Statement must be completed and filed for each business concern named.

NAME	BUSINESS ADDRESS AND TELEPHONE NO.	FEDERAL EMPLOYER ID NO.	DATE DEBT WAS CREATED	TYPE OF DEBT	ORIGINAL AMOUNT	PRESENT BALANCE

PART XIV

FINANCIAL INSTITUTIONS AND FINANCIAL HISTORY

47. 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, list all such actions below.

TITLE OF ACTION AND DOCKET NO.	COURT AND LOCATION	NATURE OF ACTION	DATE FILED	STATUS OR DISPOSITION

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

NAME	BUSINESS ADDRESS AND TELEPHONE NO.	POSITION	DATE APPOINTED	ACTED UNTIL (DATE)	APPOINTING COURT	REASON APPOINTED

49. (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.

A. SUMMARY: (To be answered by the applicant only.) List below the names of all individuals filing Personal History Disclosure Forms and the names of all business concerns filing Business Concern Disclosure Statements in conjunction with the application.

INDIVIDUALS

BUSINESS CONCERNS

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

PART XVI

RELEASE AUTHORIZATION

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

On behalf of _____, I, _____, have authorized the
(President, Chief Executive, Partner or Sole Proprietor)

Attorney General of New Hampshire to conduct an investigation into the background of the said enterprise 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 said enterprise, documentary or otherwise, as requested by an appropriate employee, agent or representative of the Attorney General. This authorization shall supersede and countermand any prior request or authorization to the contrary. A photostatic copy of this authorization shall be considered as effective and valid as the original.

_____
(Signature)

_____
(Type or Print Name Here)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 19____

_____
(Notary Public)

_____
(Seal or Authority of Notary)

AFFIDAVIT OF AUTHOR

STATE OF)
) SS.
COUNTY OF)

I, _____, do hereby swear (or affirm) that I am the person who filled out the attached Business Concern
(Name)

Disclosure Statement in the name of _____, or directed that the information contained in the answers thereto
(Name of Business Concern)
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 and complete to the best of my knowledge. I understand that if any of the foregoing answers are false or incomplete, 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 under RSA chapter 641.

DATED: _____

_____
(Signature)

_____
(Type or Print Name Here)

_____
(Title or Position)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 19____

_____
(Notary Public)

_____
(Seal or Authority of Notary)

CERTIFICATIONS

This Business Concern 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 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 Concern Disclosure Statement of _____, and that it
(Name of Business Concern)

contains no statement or information that I know to be false or incomplete. I am aware that if the foregoing statement made by me is willfully 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 under RSA chapter 641.

DATED: _____ _____
(Signature)

_____
(Type or Print Name Here)

DATED: _____ _____
(Signature)

_____
(Type or Print Name and Title)

DATED: _____ _____
(Signature)

_____
(Type or Print Name and Title)

DATED: _____ _____
(Signature)

_____
(Type or Print Name and Title)