

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT**

BUSINESS CONCERN DISCLOSURE STATEMENT

FOR SEPTAGE WASTE TRANSPORTERS

Updated 2010

All information requested in this document must be submitted, in the format requested, in order to approve the Septage Waste Transporter 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 PERMITTED SEPTAGE WASTE TRANSPORTER:

Company Name

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

Name

Title

TELEPHONE NUMBER: (_____) _____
Area Code

RIDEM Permit No(s) (if existing): _____

AFFIDAVIT OF AUTHOR

STATE OF _____

COUNTY OF _____

I, _____, hereby (or affirm) that I am the person who filled out the attached Business Concern Disclosure Statement in the name of _____ or directed that the information contained (name of Septage Waste Transporter Company)

in the answers thereto by typed in, and that the foregoing statements made by me on behalf of _____ are true to the best of my knowledge.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment under Rhode Island General Law 23-19.1-10(11) by which a false statement, representation, or certification in this document is a FELONY.

Date: _____ Signature: _____ (type, stamp, or print name) _____ (Date of Birth)

(Title or Position)

Sworn to and subscribed before me this _____ day of 201__ .

_____ Notary _____
(Seal or Authority of Notary)

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

1. CRIMINAL PROCEEDINGS:

List Any INDICTMENTS, CHARGES, AND/OR CONVICTIONS:

2. ADMINISTRATIVE PROCEEDINGS:

List and explain any administrative actions of any municipalities, state or federal, or any environmental agency against you which have been the subject of proceedings:

Title of Case	Docket No.	Disposition

3. FORMER FACILITIES IN RHODE ISLAND:

Have you been a septage transporter under any other name? If yes please list below.

Previous Company Name	Address: City, State	Approx. Dates in Use From (year) To (year)	Permit #

4. EMPLOYEE DATA: List the following information as to the owner of the business concern:

Name of Key Employee	Business Address and Tel. No.	Position	Date Became Owner	Date of Birth

5. TYPE OF COMPANY: Choose one of the following types of business:

Please select the status and indicate the name of your business entity:

1. _____ - Individually held by _____ (name of owner).
2. _____ - Limited Liability Company, registered as _____ (name), LLC.
3. _____ - a Corporation, registered as _____ (name).
4. _____ - a Partnership, registered as _____ (name).
5. _____ - a Limited Partnership, registered as _____ (name), LP.
6. _____ - a Limited Liability Partnership, registered as _____ (name), LLP.
7. _____ - Other: _____ (please describe)

Please indicate the Residency status of your business entity:

1. _____ - a Rhode Island (domestic) entity.
2. _____ - a Non-Resident (foreign) entity with its principal office in _____, _____ (town and state), licensed to do business in the State of Rhode Island.
3. _____ - None of the Above: _____ (please describe).