

# Solid Waste Facilities / Large-Scale Beneficial Filling Pilot Projects

## Attachment H: Background Information - Applicant/Owner/Operator

Please complete this form in accordance with the *Instructions for Completing a Permit Application for Construction and Operation of a Solid Waste Facility* (DEP-SW-INST-100) or the [Instructions to Complete an Application Form for the Use of Beneficially Reclaimed Materials in Large-Scale Filling Pilot Projects](#) (Large-Scale Beneficial Filling Pilot Program) (DEEP-WEED-INST-800) This form must be submitted with the *Permit Application for Construction and Operation of a Solid Waste Facility* (DEP-SW-APP-100) or an [Application for Large-Scale Beneficial Filling Pilot project](#) (DEEP-WEED-APP-800). Print legibly or type.

This form must be completed by the applicant, owner and operator. If the applicant, owner and operator are 3 different entities, this form must be completed by each entity, in accordance with section 22a-209-4(b)(1) of the Regulations of Connecticut State Agencies (RCSA). Please include the site owner, option holder, lessee, beneficial shareholder/owner, operator, etc. Attach additional sheets if needed.

Applicant Name:  
(As indicated on the *Permit Application Form*)

### Part I: General

<p>1. Information presented in this attachment applies to (check one): <input type="checkbox"/> Applicant                      <input type="checkbox"/> Owner                      <input type="checkbox"/> Operator</p> <p>2. Identify the solid waste facility type:</p> <p>3. Is a surety specifically required by statute or regulation for the proposed project?    <input type="checkbox"/> Yes    <input type="checkbox"/> No Are you prepared to post a bond or other surety related to any permits, certificates or approvals granted to you through this application?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>4. Is the proposed activity seeking authorization pursuant to the Large-Scale Beneficial Filling Pilot Program?    <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
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**For Parts II-VI of this Attachment:**

***\*\*By providing an e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.***

## Part II: Proprietorship/Individual/Municipality

Complete this section if the applicant/owner/operator is a proprietorship, individual or municipality.

Check here if additional sheets are necessary, and label and attach them to this sheet.

1. Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
**E-mail:			
2. Have you owned, operated or otherwise been associated with any other solid waste facilities?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, list the name of the facility and your position and responsibilities:			
Facility Name:			
Position:			
Responsibilities:			
Facility Name:			
Position:			
Responsibilities:			
Facility Name:			
Position:			
Responsibilities:			
Facility Name:			
Position:			
Responsibilities:			

### Part III: Partnerships

Complete this section if the applicant/owner/operator is a partnership.

Check here if additional sheets are necessary, and label and attach them to this sheet.

1. Indicate whether this is a general or limited partnership:			
2. Provide the following information for each partner. For limited partnerships, please identify the general partner:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
**E-mail:			
Proportion of Ownership Interest (%):			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
**E-mail:			
Proportion of Ownership Interest (%):			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
**E-mail:			
Proportion of Ownership Interest (%):			
3. Have any of the partners involved in this project owned, operated or otherwise been associated with any other solid waste facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the following information:			
<b>Partner Name:</b>			
Name of Other Facility:			
Position in Other Facility:			
Responsibilities:			
<b>Partner Name:</b>			
Name of Other Facility:			
Position in Other Facility:			
Responsibilities:			

## Part IV: Corporations

Complete this section if the applicant/owner/operator is a corporation.

Check here if additional sheets are necessary, and label and attach them to this sheet.

1. Corporation Name:			
2. List all parent and subsidiary corporations:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
**E-mail:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
**E-mail:			
3. List all corporate officers:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
**E-mail:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
**E-mail:			
4. List all directors:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
**E-mail:			

**Part IV: Corporations (continued)**

5. List all stockholders holding more than 20% of the corporate stock issued:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

6. Have any of the parties involved in this project owned, operated or otherwise been associated with any other solid waste facility?  Yes  No

If yes, provide the following information:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

## Part V: Limited Liability Company

Complete this section if the applicant/owner/operator is a limited liability company.

Check here if additional sheets are necessary, and label and attach them to this sheet.

1. List each member.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

Proportion of Ownership Interest (%):

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

Proportion of Ownership Interest (%):

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

Proportion of Ownership Interest (%):

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

Proportion of Ownership Interest (%):

2. List any manager(s) who, through the articles of organization, are vested the management of the business, property and affairs of the limited liability company.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

Proportion of Ownership Interest (%):

**Part V: Limited Liability Company (continued)**

2. (continued) List any manager(s) who, through the articles of organization, are vested the management of the business, property and affairs of the limited liability company.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

Proportion of Ownership Interest (%):

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

Proportion of Ownership Interest (%):

3. Have any of the parties involved in this project owned, operated or otherwise been associated with any other solid waste facility?  Yes  No

If yes, provide the following information:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

## Part VI: Voluntary Association

Complete this section if the applicant/owner/operator is a voluntary association.

Check here if additional sheets are necessary, and label and attach them to this sheet.

1. Identify each member of the association.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*\*E-mail:

2. Have any of the parties involved in this project been associated with any other solid waste facility?

Yes       No

If yes, provide the following information:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities: