

The City of New York BUSINESS INTEGRITY COMMISSION 100 Church Street · 20th Floor New York · New York 10007 Tel. (212) 437-0500 · Fax (646) 500-7096

# **INSTRUCTIONS**

# **APPLICATION FOR CLASS 1 SELF HAULER REGISTRATION**

## PLEASE READ THESE INSTRUCTIONS AND ALL QUESTIONS CAREFULLY AS THE APPLICATION HAS RECENTLY BEEN REVISED

Definitions of terms used in the application are set forth in Title 16-A, Chapter 1 of the Administrative Code of the City of New York ("Local Law 42") and in Title 17, Chapter 1 of the Rules of the City of New York. Certain of these definitions have been excerpted and attached as Appendix A to the application. Before completing this application, the principals of the applicant should read and familiarize themselves with all of Local Law 42 and the related rules. These instructions are not a substitute for such a complete review and may not be relied on in lieu of the law and rules. Copies of Local 42 and the rules are available at the office of the New York City Business Integrity Commission ("Commission") or from the Commission's website, www.nyc.gov/bic.

Attached is the application for a Class 1 Self Hauler's Registration for removal, collection, or disposal of trade waste that is generated in the course of operating of one's business. To apply for registration, **the applicant must complete each and every question set forth therein.** If a question is not applicable, write "not applicable" or "N.A." Applications that have not been completed properly may be denied, or the application may be returned to the applicant without being processed. An application returned as incomplete will not be deemed submitted.

Tax ID or SSN: \_\_\_\_\_

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# DOCUMENTS TO BE SUBMITTED FOR A CLASS I SELF HAULER REGISTRATION APPLICATION

In addition to the application form, a number of documents must be submitted to the Commission in order for the application to be considered. The applicant must submit the following documents (to the extent applicable), some of which are described in these instructions, some in the body of the application and attachments, and some in the applicable rules:

- Registration Application;
- Signed and Notarized Certifications (on behalf of applicant business and by each principal);
- Signed and Notarized Releases (on behalf of applicant business and by each principal);
- Documents related to the organization of the applicant business;<sup>1</sup>
- Photographs (Each Principal): A notice will be emailed to the company with instructions on how to submit digital photographs to the Commission's Licensing Unit.
- Payment by credit card,<sup>2</sup> money orders, or checks made payable to the "New York City Business Integrity Commission" to cover the registration fee of \$1,000.00

## ALL FEES NON-REFUNDABLE

# THE APPLICANT MUST SUBMIT AN ORIGINAL PLUS ONE COPY OF THE APPLICATION AND ALL ATTACHED DOCUMENTS.

## NOTE: REQUEST(S) TO WITHDRAW AN APPLICATION WILL BE EVALUATED ON A CASE BY CASE BASIS AND WILL NOT NECESSARILY BE APPROVED.

<sup>&</sup>lt;sup>1</sup> If a sole proprietorship, a certified copy of the Certificate of Doing Business filed with the County Clerk. If a partnership, a certified copy of the Certificate of Partnership filed with the County Clerk <u>and</u> a copy of the current partnership agreement. If a corporation, a certified copy of the Certificate of Incorporation <u>and</u> copies other current bylaws and last annual report, including financial statement.

<sup>&</sup>lt;sup>2</sup> Effective Monday, October 15, 2018, due to City-wide policy, all credit card and debit card transactions will be charged a fee of 2% of the payment amount.

### **CLASS I SELF HAULER REGISTRATION APPLICATION**

Each page submitted by the applicant must contain in the lower left hand corner the applicant's social security number or tax identification number and each page must be numbered sequentially as "Page \_\_\_\_\_ of \_\_\_\_ pages" (e.g., if a twenty-five page application is submitted, the first page should be marked: "Page <u>1 of 25 pages</u>").

If additional space is required to complete any answer, the applicant may attach additional pages to the application. The top of each such additional page must indicate the Part and question number to which the additional page relates. The Schedules in the application also may be copied if additional schedule pages are needed. All additional pages and Schedules also must be identified in the lower left-hand corner with the applicant's social security or tax identification number. Each added page must be numbered sequentially like the rest of the application (e.g., "Page \_of \_ pages").

In addition to the information required on this application, an applicant may submit any materials or explanations relevant to the application. If the explanations or materials relate to a question on the application, the applicant should identify the Part(s) and question(s) to which it has provided additional materials or explanations.

The applicant is under a continuing obligation to update answers to application questions marked with an asterisk (\*). Any change in the answer to such a question, must be provided to the Commission in writing, no later than ten (10) calendar days after the change occurs. The applicant's continuing obligation begins upon submission of the registration application and extends throughout the processing period and any registration term.

### NOTARIZED CERTIFICATIONS

Upon completion of the application and all of its Schedules and attachments, the applicant business and **each** principal must complete and sign a notarized certification form and sign a notarized release form.

THE COMMISSION WILL NOTIFY THE APPLICANT BUSINESS WHEN THE APPLICATION IS APPROVED AND WILL SCHEDULE AN APPOINTMENT FOR A PRINCIPAL OF THE APPLICANT BUSINESS TO APPEAR AT THE OFFICES OF THE COMMISSION TO SIGN A REGISTRATION ORDER AND REGISTER VEHICLES TO BE USED FOR WASTE REMOVAL. AT THAT TIME THE PRINCIPAL MUST BRING ONE COPY OF THE FOLLOWING INSURANCE CERTIFICATES AND DOCUMENTS:

- 1. Current vehicle registration and insurance cards for each vehicle that will operate under the registration.
- 2. Proof of Automobile Liability insurance (certificate of liability) covering vehicles with limits of no less than \$2,000,000 combined single limit per accident for bodily injury and property damage naming the Business Integrity Commission as the certificate holder.
- 3. Current New York State Department of Environmental Conservation Waste Transporter Permit, if applicable.
- Proof of Workers' Compensation/Employer's Liability insurance coverage for your employees naming the Business Integrity Commission as the certificate holder or proof of exemption from coverage.
- A clear copy of each vehicle operator's driver's license. For all vehicle operators whose driver's licenses are not issued by New York State, you <u>must</u> provide an official driving record (abstract) from the state of issuance.
- 6. Payment by credit card,<sup>3</sup> money orders, or checks made **payable to the "New York City Business Integrity Commission**" to cover the following fees: \$400 for each truck used to remove and transport trade waste.

All applications may be submitted in person or mailed to:

NYC Business Integrity Commission 100 Church Street, 20<sup>th</sup> Floor New York, 10007

If you have any questions about this application, please call 212-437-0555.

<sup>&</sup>lt;sup>3</sup> Effective Monday, October 15, 2018, due to City-wide policy, all credit card and debit card transactions will be charged a fee of 2% of the payment amount.



## APPLICATION FOR CLASS 1 SELF HAULER REGISTRATION

| OFFICE USE ONLY   |   |  |  |
|---|---|--|--|
| APPLICATION #:  | DATE RECEIVED:                                  |  |  |
|   | RECEIVED BY:                                    |  |  |
| PART I – APPLICANT BUSINESS IDENTIFYING                 | INFORMATION                                     |  |  |
| *1. Name of applicant business. Also list trade name an | nd registration application name, if different: |  |  |
| Business Name:  |   |  |  |
| Trade Name:   |   |  |  |
| *2. Main Office Address:                                |   |  |  |
| *3. Mailing Address:                                    |   |  |  |
| *4. Garage Address:                                     |   |  |  |
| *5. Business telephone number(s):                       | Fax Number:                                     |  |  |
| *6. Cellular Number(s):                                 |   |  |  |
| *7. Electronic Addresses:                               |   |  |  |

\*Website: \_\_\_\_\_\_ \*E-mail Address: \_\_\_\_\_\_

\* (Asterisk) denotes material information on the application. Any change in material information must be reported to the Business Integrity Commission, in a notarized writing, within ten (10) business days of the change.

Tax ID or SSN: \_\_\_\_\_

8. Agent for Service of Process in New York City. State the name, address, and telephone number of the person of suitable age and discretion who shall be designated as the applicant business' agent for service of process in New York City. In order for the Commission to serve documents official documents regarding a license or registration, the agent for service of process must be located within the five boroughs of New York City. The agent for service of process may be a principal of the applicant business if the principal is located within the five boroughs of New York City. If the applicant business is located within the five boroughs of the New York City, no agent of service of process need be designated.

Name: \_\_\_\_\_\_Address:

Telephone Number: \_\_\_\_\_ Fax

Fax Number: \_\_\_\_\_

9. Type of Organization (check one):

a. \_\_\_\_\_ Sole Proprietorship (i.e., company is not incorporated and does business under the name of a person having ownership interest or under an assumed name, doing business as name, or trade name). Attach a certified copy of the Certificate of Doing Business filed with the County Clerk in the county in which the business is located.

b. \_\_\_\_\_ Partnership. (Check one). Attach a copy of current partnership agreement and Certificate of Partnership, certified by the County Clerk in the county in which the business is located.

\_\_\_\_\_ General Partnership

\_\_\_\_\_ Limited Partnership (L.P.)

Limited Liability Partnership (L.L.P.)

c. \_\_\_\_\_ Corporation. Attach a copy of the Certificate of Incorporation filed with the Secretary of State. If the applicant business is not incorporated in New York State, also attach a certified copy of the Authority to Do Business certificate issued by the New York Secretary of State.

d. \_\_\_\_\_ If not one of the above, describe the applicant business

10. If the applicant business is a corporation, provide the tax identification number(s). If the applicant business is a partnership or sole proprietorship, provide the social security numbers of all principals.

\*11. Does the applicant business share any office space, staff or equipment (including, but not limited to, telephone lines) with any other business or organization, including those owned by the applicant business or any principal(s) thereof?

\_\_\_\_ Yes \_\_\_\_ No

If "Yes," provide details below:

Tax ID or SSN: \_\_\_\_\_

\*12. CURRENT PRINCIPALS OF APPLICANT BUSINESS – SCHEDULE A. On Schedule A, identify all individuals who are principals of applicant business and provide the information requested.

13. **PAST PRINCIPALS OF THE APPLICANT BUSINESS – SCHEDULE B.** On Schedule B, identify all individuals who have been principals of applicant business at any time during the past ten (10) years and provide the information requested.

14. **PRINCIPALS WHO ARE/WERE PRINCIPALS IN ANOTHER TRADE WASTE BUSINESS** – **SCHEDULE C.** At any time during the past ten (10) years, has the applicant business or any current principal or past principal of the applicant business ever been a principal in another trade waste business? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," provide the requested information on Schedule C.

\*15. Has the applicant business, any of its parents, subsidiaries, affiliates or any of the applicant's current or past principals ever had a license, permit, registration or authority to operate from any government agency denied, suspended or revoked?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," provide the following information.

| Name of Holder | Date of<br>Denial,<br>Suspension or<br>Revocation | Agency | Reason |
|----------------|---|--------|--------|
|                |   |        |        |
|                |   |        |        |
|                |   |        |        |
|                |   |        |        |

16. How many individuals (not including the principals of the applicant business) does the applicant currently employ?

17. Specify the type of business in which the applicant business engages, and the type of waste which will be disposed of.

18. Specify the locations (by address) from which the applicant business will be removing trade waste.

19. Explain how and where applicant business will dispose of the waste collected.

\*20. Will the applicant business transport asbestos? <u>Yes</u> No If "yes," attach a copy of the applicant business' New York State Department of Environmental Conservation Waste Transporter Permit.

\*21. VEHICLES – SCHEDULE D. For each vehicle to be used for the transport of trade waste for the applicant's business, list vehicle identification number, registration number and license plate number on Schedule D and attach a copy of each vehicle registration card.

\*22. EMPLOYEES OF APPLICANT BUSINESS – SCHEDULE E. On Schedule E, identify the current employees of the applicant business and provide the requested information.

\*23. **OPERATOR OF VEHICLES – SCHEDULE F.** For each employee or principal who will operate a vehicle transporting trade waste for the applicant's business, provide the operator's name, driver's license number, license class and expiration date in Schedule F. You must also provide a clear copy of each vehicle operator's driver's license. For all vehicle operators whose driver's licenses are not issued by New York State, you <u>must</u> provide an official driving record (abstract) from the state of issuance.

\*24. Has the applicant business, any current principal of the applicant business, or any past principal of the applicant business ever been convicted of any criminal offense in any jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

In answering this question, **DO NOT** include information regarding any criminal action or proceeding against the applicant business, any current principal of the applicant business, or any past principal of the applicant business that was followed by a termination in favor of that person or business pursuant to New York Criminal Procedure Law § 160.50, by a youthful offender adjudication pursuant to New York Criminal Procedure Law § 720.35, by a conviction for a violation sealed pursuant to New York Criminal Procedure Law § 160.55, or by a conviction sealed pursuant to New York Criminal Procedure Law § 160.58 (conditional sealing of certain controlled substance, marihuana, or specified offenses).

If "Yes," provide the details below. (It is not necessary to provide information relating exclusively to traffic violations.)

| Principal or Business Name | Date of | Date of    | Indictment, | Charge(s) and | Court and    |
|----------------------------|---------|------------|-------------|---------------|--------------|
|                            | Arrest  | Conviction | Docket or   | Sentence      | Jurisdiction |
|                            |         |            | Index No.   |               |              |
|                            |         |            |             |               |              |
|                            |         |            |             |               |              |
|                            |         |            |             |               |              |
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|                            |         |            |             |               |              |

Tax ID or SSN: \_\_\_\_\_

Page of Pages

\*25. Are there any criminal charges pending against the applicant business or any principal of the applicant business in any jurisdiction?

\_\_\_\_\_Yes \_\_\_\_\_No

| Principal/Business Name | Date of<br>Arrest | Indictment<br>No., Index<br>No., or<br>Docket No. | Charge(s) | Status | Court and<br>Jurisdiction<br>(County/State) |
|-------------------------|-------------------|---|-----------|--------|---|
|                         |                   |   |           |        |   |
|                         |                   |   |           |        |   |
|                         |                   |   |           |        |   |
|                         |                   |   |           |        |   |

If "Yes," provide the details below. If additional space is needed, attach pages as addendum.

26. During the past ten (10) years, has the applicant business or any current or past principal of the applicant business been found in violation of the administrative rules or regulations of any municipal, state or federal agency where the violation related to the conduct of a business that removes or recycles trade waste, a trade waste broker business or the operation of a dump, landfill or transfer station where the penalty imposed for the violation resulted in the suspension or revocation of any license, permit or registration, the imposition of a fine of \$5,000 or more or the imposition of an injunction of six (6) months or more?

Yes No

If "Yes," provide the details below. If additional space is needed, attach pages as addendum.

| Principal/Business Name | Agency or Court and | Nature of the         | Outcome |
|-------------------------|---------------------|-----------------------|---------|
|                         | Docket No.          | Investigation/Charges |         |
|                         |                     |                       |         |
|                         |                     |                       |         |
|                         |                     |                       |         |
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|                         |                     |                       |         |

Tax ID or SSN: \_\_\_\_\_

\*27. Are there any administrative charges brought by a municipal, state or federal agency, relating to the conduct of a business that removes or recycles trade waste, a trade waste broker business or the operation of a dump, landfill or transfer station, presently pending against the applicant business or any current or past principal of the applicant business faces the possible sanction of suspension or revocation of any license, permit or registration or where a fine of \$5,000 or more, or an injunction of six (6) months or more could be imposed?

\_\_\_\_\_ Yes \_\_\_\_\_ No

| If "Yes," | provide the | details below. | If additional | space is needed, | attach pages | as addendum. |
|-----------|-------------|----------------|---------------|------------------|--------------|--------------|
|           |             |                |               |                  |              |              |

| Principal/Business Name | Agency or Court and<br>Docket No. | Nature of the<br>Investigation/Charges | Outcome |
|-------------------------|-----------------------------------|--|---------|
|                         |                                   |  |         |
|                         |                                   |  |         |
|                         |                                   |  |         |
|                         |                                   |  |         |
|                         |                                   |  |         |
|                         |                                   |  |         |

\*28. Has judgment been entered against the applicant business or any current or past principal of the applicant business in any civil action related to the conduct of a business that removes or recycles trade waste, a trade waste broker business or the operation of a dump, landfill or transfer station, in any jurisdiction? Yes No

If "Yes," provide the details below. If additional space is needed, attach pages as addendum.

| Principal/Business<br>Name | Agency or Court<br>and Docket No. | Nature of Action | Opposing Party<br>or Agency | Outcome |
|----------------------------|-----------------------------------|------------------|-----------------------------|---------|
|                            |                                   |                  |                             |         |
|                            |                                   |                  |                             |         |
|                            |                                   |                  |                             |         |
|                            |                                   |                  |                             |         |
|                            |                                   |                  |                             |         |
|                            |                                   |                  |                             |         |

Tax ID or SSN: \_\_\_\_\_

**NOTE:** In answering questions 29(a) - (c), **DO NOT** include information regarding any criminal action or proceeding against the applicant business, any current principal of the applicant business, or any past principal of the applicant business that was followed by a termination in favor of that person or business pursuant to New York Criminal Procedure Law § 160.50, by a youthful offender adjudication pursuant to New York Criminal Procedure Law § 720.35, by a conviction for a violation sealed pursuant to New York Criminal Procedure Law § 160.55, or by a conviction sealed pursuant to New York Criminal Procedure Law § 160.58 (conditional sealing of certain controlled substance, marihuana, or specified offenses.)

\*29. During the past five (5) years, has the applicant business or any current or past principal of the applicant business:

a. been the subject or target of any investigation involving an alleged violation of criminal law? Yes \_\_\_\_\_ No

b. been charged with any criminal offense(s) in any jurisdiction?

\_\_\_\_ Yes \_\_\_\_\_ No

c. been the subject or target of any investigation regarding an alleged violation of any federal, state or local statute?

\_\_\_\_\_ Yes \_\_\_\_\_ No

d. received a subpoena or been asked to testify before any court, grand jury, or legislative, civil, criminal or administrative body involving any criminal matter or any other matter related to the trade waste industry?
 Yes \_\_\_\_\_ No

e. received a subpoena requiring the production of documents in connection with a federal, state or local investigation related to the trade waste industry?

\_\_\_\_\_ Yes \_\_\_\_\_ No

f. been cited for contempt of any court, grand jury, or legislative, civil, criminal or administrative body? \_\_\_\_\_Yes \_\_\_\_\_No

g. entered a plea of <u>nolo contendere</u>, or the equivalent to any criminal offense(s)?

h. entered into a judicial consent decree, administrative order on consent or similar agreement or been the subject of a default decree, related to the trade waste industry?
 Yes \_\_\_\_\_ No

i. been subject to an injunction in any judicial action or proceeding with respect to the trade waste industry? \_\_\_\_\_ Yes \_\_\_\_\_ No

j. been granted immunity from prosecution for any conduct constituting a crime under state or federal law? \_\_\_\_\_Yes \_\_\_\_\_No

Tax ID or SSN:

| If you answered "yes" to any of the questions in 29 (a) - (j) above, provide the below requested information: |                                   |  |                            |                   |
|---|-----------------------------------|--|----------------------------|-------------------|
| Principal or<br>Applicant Involved  | Agency or Court<br>and Docket No. | Nature of<br>Action/Investigati<br>on/Case | Charges Brought,<br>if any | Status or Outcome |
|   |                                   |  |                            |                   |
|   |                                   |  |                            |                   |
|   |                                   |  |                            |                   |
|   |                                   |  |                            |                   |
|   |                                   |  |                            |                   |
|   |                                   |  |                            |                   |
|   |                                   |  |                            |                   |

If you answered "yes" to any of the questions in 29 (a) - (j) above, provide the below requested information:

\*30. Has the applicant business or any of its current or past principals ever:

a. filed with a government agency or submitted to a government employee a written instrument that the applicant or any of its principals knew contained a false statement or false information?

\_\_\_\_\_ Yes \_\_\_\_\_ No

b. made or caused a false entry in the business records of an enterprise or otherwise falsified business records?

\_\_\_\_\_Yes \_\_\_\_\_No

c. given, or offered to give money or any other benefit to a labor official with intent to influence that labor official with respect to any of his or her official acts, duties or decisions as a labor official?

\_\_\_\_ Yes \_\_\_\_ No

d. given any money or thing of value to a labor union or labor official or representative that was not expressly permitted by section (c) of the Taft-Hartley Act, 29 U.S.C. Section 186?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Tax ID or SSN: \_\_\_\_\_

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e. given, or offered to give money or any other benefit to a public servant with intent to influence that public servant with respect to any of his or her official acts, duties or decisions?

\_\_\_\_\_ Yes \_\_\_\_\_ No

f. given, or offered to give money or any other benefit to an official or employee of a private business with intent to induce that official or employee to engage in unethical or illegal business practices?

\_\_\_\_\_ Yes \_\_\_\_\_ No

g. agreed with another trade waste business not to compete in the conduct and furnishing of trade waste services?

\_\_\_\_\_ Yes \_\_\_\_\_ No

h. agreed with another trade waste business to divide or allocate customers or to respect an existing division or allocation of customers by geography, territory or otherwise?

\_\_\_\_\_ Yes \_\_\_\_\_ No

i. discussed with another trade waste business the prices to be submitted for a trade waste contract bid?

\_\_\_\_\_ Yes \_\_\_\_\_ No

j. associated with any person that you knew, or should have known, was a member or associate of an organized crime group?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Tax ID or SSN: \_\_\_\_\_

| P   |  |  |   |                                       |                       |
|---|--|--|---|---------------------------------------|-----------------------|
| Name of Principal<br>or Applicant<br>Business | Agency, Labor Union<br>or Trade Waste<br>Business Involved | Name of<br>Person(s)<br>(including public<br>and labor union<br>officials)<br>Involved | Document or<br>Amount of<br>Money<br>Involved | Reason for<br>Engaging in<br>Practice | Date of<br>Occurrence |
|   |  |  |   |                                       |                       |
|   |  |  |   |                                       |                       |
|   |  |  |   |                                       |                       |
|   |  |  |   |                                       |                       |
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|   |  |  |   |                                       |                       |

If you answered "yes" to any of the questions in 30(a) - (j) above, provide the requested information:

31. Name of the person who prepared or assisted in the preparation of this application. If not a current principal, disclose the person's address.

Name:

Address: \_\_\_\_\_

Tax ID or SSN: \_\_\_\_\_

|                                 | Current Principal #1 | Current Principal #2 |
|---------------------------------|----------------------|----------------------|
| Name (last, first and middle,   |                      |                      |
| including maiden name where     |                      |                      |
| applicable)                     |                      |                      |
| 11 /                            |                      |                      |
|                                 |                      |                      |
| Home Address                    |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| Home Telephone Number           |                      |                      |
|                                 |                      |                      |
| Fax Number(s)                   |                      |                      |
|                                 |                      |                      |
| Cellular Number(s)              |                      |                      |
|                                 |                      |                      |
| E-mail Address                  |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| Date of Birth                   |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| Social Security Number          |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| Business Address(es)            |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| Business Telephone Number(s)    |                      |                      |
|                                 |                      |                      |
| Title or Position               |                      |                      |
| The or Position                 |                      |                      |
|                                 |                      |                      |
| From (Date)                     |                      |                      |
| From (Date)                     |                      |                      |
|                                 |                      |                      |
| To (Date)                       |                      |                      |
| TO (Date)                       |                      |                      |
|                                 |                      |                      |
| % of Ownership, if applicable   |                      |                      |
| / o or o whership, it appreable |                      |                      |
|                                 |                      |                      |
| Number of Shares                |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| How Ownership Was Acquired      |                      |                      |
| 1                               |                      |                      |
|                                 |                      |                      |

# SCHEDULE A – CURRENT PRINCIPALS OF APPLICANT BUSINESS

Tax ID or SSN: \_\_\_\_\_

|                                 | Current Principal #3 | Current Principal #4 |
|---------------------------------|----------------------|----------------------|
| Name (last, first and middle,   |                      |                      |
| including maiden name where     |                      |                      |
|                                 |                      |                      |
| applicable)                     |                      |                      |
| H 411                           |                      |                      |
| Home Address                    |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| Home Telephone Number           |                      |                      |
|                                 |                      |                      |
| Fax Number(s)                   |                      |                      |
|                                 |                      |                      |
| Cellular Number(s)              |                      |                      |
|                                 |                      |                      |
| E-mail Address                  |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| Date of Birth                   |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| Social Security Number          |                      |                      |
| Social Security Number          |                      |                      |
|                                 |                      |                      |
| Business Address(es)            |                      |                      |
| Business Audress(es)            |                      |                      |
|                                 |                      |                      |
| Dersin and Talankana Namukan(a) |                      |                      |
| Business Telephone Number(s)    |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| Title or Position               |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| From (Date)                     |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| To (Date)                       |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| % of Ownership, if applicable   |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| Number of Shares                |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
| How Ownership Was Acquired      |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |
|                                 |                      |                      |

# SCHEDULE A (cont'd) – PRINCIPALS OF APPLICANT BUSINESS

|   | Past Principal #1 | Past Principal #2 |
|---|-------------------|-------------------|
| Name (first, middle and last)<br>Also include maiden name where<br>Applicable |                   |                   |
| Home Address  |                   |                   |
| Home Telephone Number   |                   |                   |
| Cellular Number   |                   |                   |
| Date of Birth   |                   |                   |
| Social Security Number  |                   |                   |
| Title in Applicant Business   |                   |                   |
| From (date) to (date)   |                   |                   |
| Percentage of Ownership   |                   |                   |
| Number of Shares  |                   |                   |
| Business Name and Address   |                   |                   |
| Business Telephone Number   |                   |                   |

# SCHEDULE B – PAST PRINCIPALS OF APPLICANT BUSINESS

|   | Past Principal #3 | Past Principal #4 |
|---|-------------------|-------------------|
| Name (first, middle and last)<br>Also include maiden name where<br>Applicable |                   |                   |
| Home Address  |                   |                   |
| Home Telephone Number   |                   |                   |
| Cellular Number   |                   |                   |
| Date of Birth   |                   |                   |
| Social Security Number  |                   |                   |
| Title in Applicant Business   |                   |                   |
| From (date) to (date)   |                   |                   |
| Percentage of Ownership   |                   |                   |
| Number of Shares  |                   |                   |
| Business Name and Address   |                   |                   |
| Business Telephone Number   |                   |                   |

# SCHEDULE B (cont'd)- PAST PRINCIPALS OF APPLICANT BUSINESS

#### SCHEDULE C – CURRENT PRINCIPALS OF APPLICANT BUSINESS WHO FORMERLY WERE PRINCIPALS OF ACQUIRED BUSINESS (ES)

|                                | Principal #1 | Principal #2 |
|--------------------------------|--------------|--------------|
| Name (First, Middle, and Last; |              |              |
| include maiden name where      |              |              |
| applicable)                    |              |              |
| Name of Acquired Business      |              |              |
|                                |              |              |
| Address of Acquired business   |              |              |
|                                |              |              |
| Position in Acquired Business  |              |              |
| -                              |              |              |
|                                |              |              |
| % of ownership in acquired     |              |              |
| business                       |              |              |
|                                |              |              |
| Date of ownership              |              |              |
|                                |              |              |

|                                | Principal #3 | Principal #4 |
|--------------------------------|--------------|--------------|
| Name (First, Middle, and Last; |              |              |
| include maiden name where      |              |              |
| applicable)                    |              |              |
| Name of Acquired Business      |              |              |
|                                |              |              |
|                                |              |              |
| Address of Acquired business   |              |              |
|                                |              |              |
|                                |              |              |
| Position in Acquired Business  |              |              |
|                                |              |              |
|                                |              |              |
| % of ownership in acquired     |              |              |
| business                       |              |              |
|                                |              |              |
| Date of ownership              |              |              |
|                                |              |              |

| Type of Vehicle | Manufacturer and<br>Year of<br>Manufacture | VIN Number | Registration<br>Number | License Plate No.<br>and State of<br>Issuance |
|-----------------|--|------------|------------------------|---|
|                 | munuture                                   |            |                        |   |
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|                 |  |            |                        |   |

# SCHEDULE D – VEHICLES USED IN APPLICANT BUSINESS

Tax ID or SSN: \_\_\_\_\_

| Name (Last,<br>First, Middle) | Residence<br>Address | DOB | Home<br>Phone<br>Number | Position/Title | Hrs.<br>Worked<br>Per<br>Week | SSN | Date<br>Hired |
|-------------------------------|----------------------|-----|-------------------------|----------------|-------------------------------|-----|---------------|
|                               |                      |     |                         |                |                               |     |               |
|                               |                      |     |                         |                |                               |     |               |
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|                               |                      |     |                         |                |                               |     |               |
|                               |                      |     |                         |                |                               |     |               |

# SCHEDULE E – EMPLOYEES OF APPLICANT BUSINESS

Tax ID or SSN: \_\_\_\_\_

#### **SCHEDULE F – OPERATORS OF VEHICLES**

**Please provide a clear copy of each vehicle operator's driver's license.** For all vehicle operators whose driver's licenses are not issued by New York State, you <u>must</u> provide an official driving record (abstract) from the state of issuance.

| Name (Last, First &<br>Middle) | DOB | State Issuing<br>License | Driver's<br>License<br>Number | Class | Expiration<br>Date |
|--------------------------------|-----|--------------------------|-------------------------------|-------|--------------------|
|                                |     |                          |                               |       |                    |
|                                |     |                          |                               |       |                    |
|                                |     |                          |                               |       |                    |
|                                |     |                          |                               |       |                    |
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|                                |     |                          |                               |       |                    |
|                                |     |                          |                               |       |                    |

## **CERTIFICATION**

#### This certification must be completed by the applicant and all of its current principals before a notary public.

ANY MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF THIS APPLICATION OR REVOCATION OF A CLASS 1 OR SELF HAULER REGISTRATION. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, \_\_\_\_\_, being duly sworn, state:

that I am \_\_\_\_\_\_ of \_\_\_\_\_; and \_\_\_\_; and \_\_\_\_;

that I have read and understood the questions contained in the attached application and its attachments, which consists of \_\_\_\_\_ pages; and

that to the best of my knowledge the information provided in response to each question and in the attachments is full, complete and truthful; and

that the New York City Business Integrity Commission and the New York City Department of Investigation may, by any means they or each of them deem appropriate, determine the accuracy and truth of the statements made in this application; and

that all the information submitted is for the express purpose of inducing the Business Integrity Commission to issue the applicant a Class 1 self hauler registration.

I authorize the Business Integrity Commission and the Department of Investigation to contact any person or entity named in the application for purposes of verifying the information supplied by the Applicant and its principals.

(Signature of Principal)

By:

(If corporation or partnership, state title)

Sworn to before me

this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_

Notary Public

Tax ID or SSN: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

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# **RELEASE AUTHORIZATION FOR APPLICANT**

| Ι,           | , am the       | and a principal of               |
|--------------|----------------|----------------------------------|
| (Print Name) | (Title/Positio | on)                              |
|              |                | (the "Applicant"); I am over the |

age of 18 and I have the authority to execute this release on behalf of the applicant.

The applicant has authorized the New York City Business Integrity Commission ("Commission") to conduct an investigation into its background and the background of its principals, affiliates, agents and employees for the purpose of determining whether the applicant meets the registration standards set forth in Local Law 42 of 1996 of the City of New York.

The applicant hereby authorizes any and all of the entities and individuals described below to release to the Commission any and all information, documentary or otherwise, pertaining to the applicant and/or its principals, affiliates, agents and employees as may be requested by the Commission. Any such information may be requested by and released to any employee, agent or representative of the Commission.

The applicant hereby authorizes the release of any such information by any federal, state, local, or foreign government or agency, any private organization or entity, and/or any individual in his or her personal or professional capacity. These entities and individuals include, but are not limited to, accountants, attorneys, banks, bookkeepers, common carriers, courts, credit reporting companies, data systems management companies, educational institutions, employee benefits managers, employees of the applicant, employers of the applicant's principal(s), financial institutions, internet service providers, investigative firms, investment firms, labor unions, law enforcement agencies, media companies, motor vehicle departments, pension funds, probation departments, selective service boards, taxing authorities, telecommunications companies and utilities.

This release shall apply to any such entities and individuals wherever they may be located, within or without the City of New York, State of New York, or United States of America. They may convey information in whatever form and by whatever means requested by the Commission, whether by telephone, fax, mail, computer media or by any other means.

This release authorization is effective for a period of five years as of the date set forth below. A photocopy or fax of this authorization will be construed as valid as though it were the original.

In connection with the release of information pursuant to this authorization, the applicant hereby waives the benefit of any confidentiality agreement and of any privileges pertaining to confidentiality and any rights to privacy that may be accorded by federal, state or local law.

**NOTICE TO ENTITIES AND INDIVIDUALS RELEASING INFORMATION:** The applicant hereby waives any right to be notified when an entity or individual releases information pursuant to this authorization and hereby authorizes the Commission to direct any such entity or individual not to provide such notification

Sworn to before me

This \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20 \_\_\_\_\_

(Signature of Principal)

By:

(If corporation or partnership, state title)

Notary Public

Tax ID or SSN: \_\_\_\_\_

| ,   | TRADE WASTE APPLI  |         | ATION CHECKLIST   |  |  |  |
|---|--|---------|---|--|--|--|
|   | <i>We have created a checklist t</i><br><i>your application is comple</i>  |         |   |  |  |  |
|   | <b>Did you answer every question completely?</b> We do not accept applications with questions left blank or with "same" written to repeat an answer. |         | Is there a completed <b>Certification and Release</b><br><b>Authorization form</b> signed and notarized by <u>each</u><br><u>Principal listed in Schedule A?</u>                                |  |  |  |
|   | <b>Disclosure Form</b> (for License applications only) needed for every new Principal or key employee listed.  |         | <b>DMV Vehicle Registration</b> . Must be current and in the business' name and address.  |  |  |  |
| _   |  |         |   |  |  |  |
|   | Renewal Applications:  |         | New Applications:   |  |  |  |
|   | <b>Insurance Cards</b> . Policy number must match the policy number on the Certificate of Automobile Liability Insurance.                            |         | Did you include a copy of your <b>Certificate of</b><br><b>Incorporation, Filing Receipt or Business</b><br><b>Certificate filed with your County Clerk</b> ? If your                           |  |  |  |
|   | Certificate of Automobile Liability Insurance.   |         | business is incorporated or registered outside of New York<br>State, an Authority to do Business in New York State<br>Certificate must also be submitted.                                       |  |  |  |
|   | <b>Certificate of General Liability Insurance</b> (for Licensees).   |         | For corporations, limited liability companies and partnerships:   |  |  |  |
|   | Certificate of Worker's Compensation<br>Insurance or Exemption from Worker's<br>Compensation Insurance.  |         | <ul> <li>Did you include a copy of your Corporate or<br/>Partnership Tax Return Form (i.e. 1120<br/>form, 1120-S form)?</li> <li>Sole proprietorship include copy of your tax return</li> </ul> |  |  |  |
| All Insurance Certificates must be current and in the business' name.<br>The Business Integrity Commission must be listed as the Certificate Holder.  |  |         |   |  |  |  |
| Did you include payment for all appropriate fees?<br>*** All Checks or money orders must be made payable to "NYC Business Integrity Commission."<br>Checks must be in the company's name and signed by a Principal of the applicant business*** |  |         |   |  |  |  |
|   | License/Registration fee?  |         |   |  |  |  |
|   | <b>Investigation fee</b> (for new License applications)? The check or money order for this fee must be separate from the license fee.                |         |   |  |  |  |
|   | <b>Fee for each truck</b> (for renewals only)?   |         |   |  |  |  |
|   | <b>Disclosure fees</b> (for License applications)? The check or mot<br>truck fees.   | oney or | der for this fee must be separate from the license fee and  |  |  |  |

New York City Business Integrity Commission 100 Church Street, 20<sup>th</sup> Floor, New York, NY 10007 *Questions? Call us at 212-437-0555*