

Solid Waste Commission Questionnaire

The completion and submission of this questionnaire is required for all license applicants for classes A, B, C-1, C-2, D, L and brokers. Every question must be answered. If a question does not apply to you, enter "NA" or "Not Applicable." If you do not know the answer to a question, enter "DK" or "Do Not Know."

1. Enter your full name, including middle name and, if applicable, maiden name and social security #:

| | | |
|-------------|-------------------|--------|
| _____ | _____ | _____ |
| First | Last | Middle |
| _____ | _____ | |
| Maiden Name | Social Security # | |

2. Have you ever used any other name(s)? yes no

If yes, give the full name(s) used.

| | | |
|-------|-------|--------|
| _____ | _____ | _____ |
| First | Last | Middle |

3. Are you known by any other name(s), including nickname(s)? yes no

If yes, enter full name(s) or nickname(s) used.

4. Where were you born? Enter city and state.

| | |
|-------|-------|
| _____ | _____ |
| City | State |

5. What is your current address?

| | | | |
|----------------|----------|-------|-------------|
| _____ | _____ | _____ | _____ |
| Street Address | Apt. No. | City | State / Zip |

a. How long have you lived at your current address? _____

b. Do you rent or own? rent own

c. If you rent, enter the full name and address of the landlord.

Landlord's full name

Landlord's address

d. If you rent, how much rent do you pay per month? _____

e. If you own, is your home a co-op, condo, or private house?

co-op condo private house

g. If you own, do you currently have a mortgage on your home? yes no

h. If you have a mortgage, who / what organization holds the mortgage? _____

i. Enter the full names, ages and relationship to you of all individuals who reside with you at your address. (Use the back of the previous page if you need more space.)

| _____ Name | _____ Age | _____ Relationship |
|---------------|--------------|-----------------------|
| _____ Name | _____ Age | _____ Relationship |
| _____ Name | _____ Age | _____ Relationship |
| _____ Name | _____ Age | _____ Relationship |

6. Enter the full addresses and dates of previous residences, going back to your date of birth. (Use the back of the previous page if you need more space.)

| Address | Date of Residence |
|---------|-------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. What is your current marital status?

single married widowed divorced separated

8. If married, enter the full name of your spouse, including maiden name.

9. What is your spouse's date of birth? _____

10. What is the date of your marriage? _____

11. Is your spouse currently employed? yes no

If yes, provide the following information for your spouse's last two employers.

| | Employer #1 (current or most recent employer) | Employer #2 |
|------------------------|--|-------------|
| Employer's full name | _____ | _____ |
| Employer's address | _____ | _____ |
| Type of business | _____ | _____ |
| Spouse's position | _____ | _____ |
| Dates of employment | _____ | _____ |
| Spouse's annual salary | _____ | _____ |

12. Have you ever been previously married? yes no

If yes, genterthe full name of the previous spouse(s) and the date(s) of the marriage(s).

| | |
|----------------------|------------------|
| _____ | _____ |
| Former spouse's name | Date of marriage |
| _____ | _____ |
| Former spouse's name | Date of marriage |

13. Do you have any children, including stepchildren?

yes

no

If yes, provide the following information:

| | Child #1 | Child #2 | Child #3 | Child #4 |
|--------------------------|----------|----------|----------|----------|
| Child's Full Name | | | | |
| Child's Current Address | | | | |
| Date of Birth | | | | |
| Name of Current Employer | | | | |
| Address of Employer | | | | |
| Type of Business | | | | |
| Position | | | | |

14. Are any of your (step) children or their spouses an owner of a business?

yes

no

15. Provide the following for your parents, including stepparents.

| | Father | Mother | Stepfather | Stepmother |
|----------------------------|--------|--------|------------|------------|
| Full Name | | | | |
| Address | | | | |
| Date of Birth | | | | |
| If deceased, date of death | | | | |

16. What do/did your parents do for a living?

| | Father | Mother | Stepfather | Stepmother |
|---------------------------------|--------|--------|------------|------------|
| Current or Most Recent Employer | | | | |
| Employer's Address | | | | |
| Type of Business | | | | |
| Position held | | | | |

17. Is/was any of your parents an owner of a business? yes no

18. Do you have any brother(s) and sister(s), including half siblings and stepsiblings? yes no

If yes, provide the following information (Use the back of the previous page if you need more space.)

| | Sibling #1 | Sibling #2 | Sibling #3 | Sibling #4 |
|--------------------------|------------|------------|------------|------------|
| Full Name | | | | |
| Current Address | | | | |
| Date of Birth | | | | |
| Name of Current Employer | | | | |
| Address of Employer | | | | |
| Type of Business | | | | |
| Position | | | | |

19. Are any of your siblings or their spouses an owner of a business? yes no

20. Give your education history:

| | Elementary School | Middle School | High School | College | Graduate School | Trade School |
|--------------------------------|-------------------|---------------|-------------|---------|-----------------|--------------|
| Name of Institution | | | | | | |
| Address of Institution | | | | | | |
| Dates of Attendance | | | | | | |
| Year of Graduation | | | | | | |
| Type of Degree Received | | | | | | |

21. Does/did any member of your family (including relatives by marriage) or any friend of your family, work in or have any connection with the waste hauling or waste disposal business, such as carting companies, transfer stations, recycling centers, paper dealers, scrap metal dealers, back-hauling, and landfill operations? yes no

22. Do you personally hold any professional licenses, permits or certifications? yes no

If yes, provide the following information:

| | #1 | #2 | #3 | #4 |
|--|----|----|----|----|
| Type of License, Permit, or Certification | | | | |
| Current Status | | | | |
| Dates Held | | | | |
| Issuing Agency or Institution | | | | |

23. Do you hold a driver's license? yes no

If yes, Driver's License #: _____

24. Has your driver's license ever been revoked? yes no

25. Do you hold any other types of licenses or permits (such as handgun or pistol permit, liquor license, permit issued from the New York State Racing and Wagering Board, New Jersey Casino Control, etc.)? yes no

If yes, provide the following:

| | #1 | #2 | #3 | #4 |
|---|----|----|----|----|
| Type of License, Permit, or Certification | | | | |
| Current Status | | | | |
| Dates Held | | | | |
| Issuing Agency or Institution | | | | |

26. Do you own any firearms of any sort? yes no

27. Have you ever been denied a license or permit or certification by any governmental agency? yes no

28. Has any permit, license or certification which you personally held ever been suspended or revoked? yes no

29. Give the full name(s) and address(es) of the institution(s) where you have your business checking account(s), including the approximate current balance.

| | | |
|---------------|------------------|------------------|
| _____ Name | _____ Address | _____ Balance |
| _____ Name | _____ Address | _____ Balance |
| _____ Name | _____ Address | _____ Balance |

Is this a joint account?

yes no

If yes, enter the full name(s) of the person(s) on this joint account and their relationship to you.

| | |
|-------|---------------------|
| _____ | _____ |
| Name | Relationship to you |
| _____ | _____ |
| Name | Relationship to you |
| _____ | _____ |
| Name | Relationship to you |

30. Enter the full name(s) and address(es) of the institution(s) where you have your business savings account(s), including the approximate current balance.

| | | |
|-------|---------|---------|
| _____ | _____ | _____ |
| Name | Address | Balance |
| _____ | _____ | _____ |
| Name | Address | Balance |
| _____ | _____ | _____ |
| Name | Address | Balance |

Is this a joint account?

yes no

If yes, enter the full name(s) of the person(s) on this joint account and their relationship to you.

| | |
|-------|---------------------|
| _____ | _____ |
| Name | Relationship to you |
| _____ | _____ |
| Name | Relationship to you |
| _____ | _____ |
| Name | Relationship to you |

31. Have you ever been charged with any criminal violations? Include misdemeanor charges, felony charges, and all non-traffic violations (including DWI). yes no

Number of times: _____

32. Have you ever been arrested? Include misdemeanor charges, felony charges, and all non-traffic violations (including DWI). yes no

Number of times: _____

33. Have you ever been convicted of a crime in federal, state or local court? Include misdemeanor and felony charges. Include guilty pleas. yes no
34. Have you ever sought to have your criminal record sealed or erased? yes no
35. Have you ever been a witness to a crime? yes no
36. Have you ever been interviewed by the police or other law enforcement personnel? yes no
37. Have you ever been the target or subject of any investigation? yes no
38. Have you personally ever been the subject of administrative or civil charges by a government agency? yes no
39. Has any company with which you have been affiliated ever been the subject of criminal charges brought by a government agency? yes no
40. Has any company with which you have been affiliated ever been the subject of civil charges brought by a government agency? yes no
41. Has any company with which you have been affiliated ever been the subject of administrative charges brought by a government agency? yes no
42. Has any company with which you have been affiliated ever been the subject of criminal, civil or administrative charges relating to alleged violations of environmental statutes? yes no
43. Has any company with which you have been affiliated ever had a fine imposed against it as a result of criminal, civil or administrative charges? yes no
44. Are you now or have you ever been a party (either as plaintiff or defendant) to a lawsuit in any jurisdiction? yes no
45. Have you ever given sworn testimony? yes no
- 46a. Have you ever posted bail or bond for any person? yes no
- 46b. Have you ever been asked to post bail or bond for any person? yes no

47. Do you now, or have you ever had an ownership interest in a sole proprietorship; a corporation, including a limited liability company; a partnership, including a limited liability partnership or a general or special partnership; or any other type of business entity, operating in Westchester County or elsewhere, that hauls or hauled solid waste and/or recyclables as those terms are defined in the Westchester County Solid Waste and Recyclables Collection Licensing Law (Chapter 826-a of the Laws of Westchester County)? [NOTE: copies of these definitions are appended to this questionnaire on pages 18 and 19]

yes no

If yes, provide the following information:

| | Business Entity #1 | Business Entity #2 | Business Entity #3 | Business Entity #4 | Business Entity #5 |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|
| Type of business entity (i.e., corporation; partnership, etc.) | | | | | |
| Name of Business | | | | | |
| Address of Business | | | | | |
| Dates of ownership | | | | | |
| Type(s) of Ownership | | | | | |
| Current status of ownership interest | | | | | |

48. Where are you currently or where were you last employed? Enter full business name and address.

Business Name

Business Address

49. What is/was your title? _____

50. How long have you held or did you hold this position? _____

51. Have you held or did you hold any other positions with this company? yes no

52. How long have you been or were you employed with this company? _____

53. Provide the following information for your previous employers, starting with the most recent.

| | Employer #1 | Employer #2 | Employer #3 | Employer #4 | Employer #5 |
|----------------------------|-------------|-------------|-------------|-------------|-------------|
| Name of Employer | | | | | |
| Address of Employer | | | | | |
| Type of Business | | | | | |
| Dates of Employment | | | | | |
| Position(s) Held | | | | | |
| Reason for Leaving | | | | | |

54. Have you ever been fired from any job? yes no

55. Have you ever resigned from a job after being asked to leave or resign? yes no

56. Have any licenses, permits, or certifications which the applicant business has held ever been suspended or revoked? yes no

56a. Has the applicant business ever been denied any licenses, permits, or certifications? yes no

57. Has the applicant business ever subcontracted with another carting company for the collection, transportation and disposal of refuse, including but not limited to regular waste, and recyclable materials, construction and demolition waste, and medical waste? yes no

58. Identify the particular area(s) of Westchester where the applicant business provides waste removal service.

59. Have you or any company with which you are or have been affiliated, or in any way connected, ever been a party to a lawsuit? yes no

60. What percentage of the weekly accounts of the applicant business are cash payments? _____

61. What percentage of the monthly accounts of the applicant business are cash payments? _____

62. Does/did the applicant business give any compensation to the building manager, building superintendant or building elevator operators in commercial buildings? yes no

63. Does/did the applicant business give any compensation to the property manager / facilities manager, etc., who manages any type of cooperatives (“co-ops”) or condominiums? yes no

64. Does/did the applicant business give any compensation to the landlord, property manager and/or facilities manager in corporate parks? yes no

65. Do/did you deal with a trade waste broker in your business? yes no

If yes, enter the full name of the broker. _____

If yes, have you entered into a contract with the broker? yes no

66. Have you or the applicant business ever been a member of a trade association? yes no

If yes, enter the full name(s) of the association(s). _____

Have you personally ever gone to a meeting or visited the premises of any trade association?

yes no

Identify the association(s): _____

67. Have you, the applicant business, anyone employed by the applicant business, or anyone with an ownership interest in the applicant business, ever been a member of a Trade Waste Association in New York or any other state (including but not limited to the Long Island Trade Waste Association, the Queens County Trade Waste Association, the Kings County Trade Waste Association, the Bronx Trade Waste Association, the Association of Trade Waste Removers of Greater New York, and/or the Greater New York Waste Paper Association)? yes no

If yes, give the full name(s) of the association(s), and the individual(s) who belonged to said association(s). _____

68. Have you personally ever gone to a meeting or visited the premises of any Trade Waste Association? yes no

Identify the association(s): _____

69. Have you ever attended or gone to a meeting of the New York / New Jersey Coalition of Recycling Enterprise (NYCORE)? yes no

70. Have you or any company you are or have been affiliated with ever used the services of a consultant? yes no

71. Have you or any company that you are or have been affiliated with ever paid any money or other thing of value to any other carting company? yes no

72. Are you now or have you ever been a member of any labor union(s)? yes no

Identify the labor union(s) _____

73a. Have you ever held any position with any union (e.g., officership, shop steward, etc.)? yes no

73b. Have you ever been asked to hold or offered any such position with any union? yes no

73c. Are your employees now, or have they ever been, members of any union? yes no

If yes, identify the labor union(s) _____

73d. If you or your employees are currently a member of any union, identify all of the trustees for all of the benefit funds affiliated with that union.

74. What transfer station(s) and recycling center(s) do you currently use?

Transfer Station/Recycling Center Name

75. How many vehicles does your company currently use to haul solid waste, recyclables, and /or construction and demolition debris? _____

76a. Describe the types of vehicles used for this purpose.

76b. Identify the owner(s) of these vehicles.

Witness signature

Sworn to before me this _____ day
of _____, 20__

Notary Public