

INSTRUCTIONS

APPLICATION FOR PERMISSION TO PROCEED WITH ASSET OR BUSINESS SALE TRANSACTION, MERGER, ACQUISITION, OR OTHER BUSINESS RESTRUCTURING OR REORGANIZATION

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE
COMPLETING THIS APPLICATION

DEFINITIONS OF TERMS USED IN THE APPLICATION ARE SET FORTH IN CHAPTER 826-a OF THE LAWS OF WESTCHESTER COUNTY (“THE WESTCHESTER COUNTY SOLID WASTE AND RECYCLABLES COLLECTION LICENSING LAW”). BEFORE COMPLETING THIS FORM, THE APPLICANT AND ALL OTHERS REQUIRED TO EXECUTE DOCUMENTS HEREUNDER SHOULD READ AND FAMILIARIZE THEMSELVES WITH THIS STATUTE. THESE INSTRUCTIONS ARE NO SUBSTITUTE FOR SUCH A COMPLETE REVIEW AND MAY NOT BE RELIED ON IN LIEU OF CHAPTER 826-a. COPIES OF CHAPTER 826-a ARE AVAILABLE AT THE OFFICES OF THE WESTCHESTER COUNTY SOLID WASTE COMMISSION OR ON THE INTERNET AT WWW.WESTCHESTERGOV.COM/SOLIDWASTECOMMISSION.

WHO MUST FILE THIS APPLICATION: Any business that intends to purchase and/or sell a business required to be licensed pursuant to Chapter 826-a of the Laws of Westchester County (“Chapter 826-a”), or any part thereof, including routes, trucks, an ownership interest in stock, or any business that intends to merge, or engage in any other form of business restructuring or reorganization, must file this form. Thus, both the Buyer and Seller must complete this application. Only businesses that are already licensed to operate a waste or recyclables removal business in Westchester County may apply for review of such transactions.

To proceed with such sale transactions, the businesses participating in the transaction(s), including those that are buying and selling the assets and/or debts in question, must complete each question set forth herein. Any person who receives remuneration, compensation, or payment of any kind as a result of such transaction – such as transactional fees (including but not limited to, persons who receive fees for accounting, banking, investigation, brokerage, legal, and other services) and payments for

the assets purchases (including, but not limited to, assumption or satisfaction of debts and covenants not to compete) – must execute the attached release and certification forms.

ALL QUESTIONS MUST BE ANSWERED. Read every question carefully before answering it. Answer every question completely. Do not leave any blank spaces. If a question is not applicable, write “not applicable” or “N.A.” in the space provided for the answer (including all boxes on schedules). If there is nothing to disclose in answer to a particular question, enter “none” in the space provided for an answer. However, you should not answer “Do Not Remember” or words to that effect simply because the information is not immediately at hand. You are expected to make reasonable and diligent efforts to check your records so that you can answer the questions completely. Applications that have not been completed properly may be denied as incomplete and/or on the basis of the Commission’s investigation and review of the incomplete application, or the application may be returned to the applicants without being processed.

Each page submitted by the applicant must contain in the lower left hand corner the applicant’s Social Security or tax identification number and each page must be numbered sequentially as “Page ____ of _____ pages (e.g., if a twenty-five page application were submitted, the first page would be marked: “Page 1 of 25 ”).

DOCUMENTS TO BE SUBMITTED

In addition to this application form, a number of documents must be submitted to the Westchester County Solid Waste Commission to complete your application. 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:

- Application
- Notarized Certifications (for application) (on behalf of applicant and by each individual as indicated on the application form)
- Notarized Releases (on behalf of applicant and by each individual as indicated on the application form)
- Principal Disclosure Forms (for each new or added principal)
- All Transactional Documents (including but not limited to letters of intent, purchase and sale documents, pro forma closing documents, etc.)
- Vehicle registration cards

THE APPLICANT MUST SUBMIT AN ORIGINAL AND A COPY OF ALL DOCUMENTS

DISCLOSURE FORMS FOR INDIVIDUALS

To the extent that the proposed transaction will result in amendments to a Solid Waste Commission license application or the addition of additional principals as defined in section 200(15) of Chapter 826-a, the license application must be amended and/or such new individuals must complete a license application in accordance with Chapter 826-a.

FEES

Section 826-a.404 (2) specifies that:

The fee for investigation and review of any proposed asset sale, assignment of contract, merger, acquisition, or similar transaction shall be determined by the Commission. After submission to the Commission of an appropriate request for review of such a transaction, the Commission shall notify the parties to the transaction of the total fee amount due and owing, which shall be paid in full within ten (10) days after such notification.

Pursuant to Section 826-a.404 (2), the Commission may waive or reduce the fees for the review of such a sale, assignment, merger, acquisition, etc., following the review of a written request, based upon one or more of the reasons for a waiver or reduction specified in that Section 826-a.404 (2).

WARNING

FRAUDULENT, DECEPTIVE OR MISLEADING ANSWERS MAY RESULT IN THE DENIAL OF THIS APPLICATION AND/OR REVOCATION OF YOUR LICENSE. IN ADDITION, ANY PERSON WHO KNOWINGLY OR RECKLESSLY MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION.

**WESTCHESTER COUNTY SOLID WASTE COMMISSION
112 EAST POST ROAD, 3RDth FLOOR
WHITE PLAINS, NEW YORK 10601**

**APPLICATION FOR PERMISSION TO PROCEED
WITH ASSET OR BUSINESS SALE TRANSACTION**

1. PURCHASING BUSINESS (business that is purchasing routes, assets or entire waste or recyclables removal business):

Business Name: _____
Trade Name (if different): _____
Permit Name (if different): _____
Current License or Permit Number(s): _____
Previous DEF Permit No(s): _____

2. SELLING BUSINESS (business that is selling routes, assets, or entire waste or recyclables removal business):

Business Name: _____
Trade Name (if different): _____
Permit Name (if different): _____
Current License or Permit Number(s): _____
Previous DEF Permit No(s): _____

3. Purchasing Business seeks to purchase from the Selling Business (mark one):

- a. All or Substantially all of the assets, stock or other ownership interest of the selling business: _____.
- b. Route(s) or Stop(s): _____.
- c. Other Assets (identify): _____.

4. On Schedule A, identify all individuals who are or have been principals of the Purchasing Business at any point during the past ten years ("principal" is defined in Chapter 826-a.200 (15)). For each individual, provide each item of information requested on Schedule A.

5. On Schedule B, identify all individuals who are or have been principals of the Selling Business at any point during the past ten years. For each individual provide each item of information requested on Schedule B.

6. On Schedule C, identify all individuals not already identified in answer to Question 5 who have or have had a beneficial interest in the Selling Business at any point during the past ten years. For each individual provide each item of information requested on Schedule C.

TAX ID OR SS#: _____

7. Other than the Purchasing or Selling Businesses, does any individual/entity named on Schedules A, B or C possess a Solid Waste Commission license or registration or appear on any application for a Solid Waste Commission license or registration?

_____NO _____YES

Name of Individual/Entity	Name of Licensee/Registrant	License/Registration No(s).

8. Did any individual/entity named on Schedules A, B or C possess a license from the Westchester County Department of Environmental Facilities (i.e., under former Chapter 826 of the Laws of Westchester County; hereinafter a “DEF license”)?

_____NO _____YES

Name of Individual/Entity	Name of Licensee/Registrant	License/Registration No(s).

9. Does/did any individual/entity named on Schedules A, B or C possess a New York State Department of Environmental Conservation (hereinafter “DEC”) permit to operate any type of transfer station / processing facility / recyclables handling and recovery facility?

_____NO _____YES

Name of Individual/Entity	Name of Licensee/Registrant	License/Registration No(s).

TAX ID OR SS#: _____

10. Does/did any individual/entity named on Schedules A, B or C appear on any application for a license or registration for a DEF or DEC license?

_____NO _____YES

Name of Individual/Entity	Name of Licensee/Registrant	License/Registration No(s).

11. Will the Selling Business continue to operate in any manner after the sale?

_____NO _____YES

a. In what type of business: _____

b. Will the Selling Business's name change after the sale? _____ NO _____ YES

New name, if any: _____

12. On Schedule D, identify all individuals who are expected to be principals of the Purchasing Business after the Sale closing. Denote with an asterisk each person who is not already listed on Schedule A. Provide each item of information requested on Schedule D.

13. On Schedule E, identify all individuals who are not already identified on Schedule A or D, who will have a beneficial interest in the Purchasing Business after the Sale or closing. Denote with an asterisk in the appropriate column those who will have a new beneficial interest as a result of the Sale. Provide each item of information requested on Schedule E.

14. Does/did any individual/entity identified on Schedules D or E possess a DEF license or Solid Waste Commission license or registration for operation of a waste or recyclables removal business? _____NO _____YES

Name of Individual/Entity	Name of Licensee/Registrant	License/Registration No(s).

TAX ID OR SS#: _____

15. Does/did any individual/entity identified on Schedules D or E appear in any application for a DEF license or Solid Waste Commission license or registration for operation of a waste or recyclables removal business? _____NO _____YES

Name of Individual/Entity	Name of Licensee/Registrant	License/Registration No(s).

16. Does/did any individual/entity identified on Schedules D or E possess a DEC permit to operate any type of transfer station? _____NO _____YES

Name of Individual/Entity	Name of Licensee/Registrant	License/Registration No(s).

17. Does/did any individual/entity identified on Schedules D or E appear on any DEC application for a permit to operate any type of transfer station?
 _____NO _____YES

Name of Individual/Entity	Name of Licensee/Registrant	License/Registration No(s).

18. If there is any individual who will have any financial interest in the Purchasing Business or who will receive any other benefit as payment for this transaction and who has not been identified in answer to question 1-17, identify that person and describe the interest.

19. On Schedule F, provide a list of employees (include each item of information requested therein) who have been employed by the Selling Business and who will be employed by the Purchasing Business after the closing of the sale.

TAX ID OR SS#: _____

20. What is the total purchase price? _____ (Attach copies of all documents related to the transaction.)

21. On Schedule G, provide a breakdown of the total purchase price by asset.

22. On Schedule H, identify all individuals/entities who will receive a payment or a benefit of any kind in connection with this transaction (including payments for the assets purchased such as covenants not to compete or payments of debts). Complete each item (where not applicable, mark "N.A.").

23. On Schedule I, identify all individuals/entities not already listed on Schedule H who will receive fees, other transactional payments, or any other such benefit of any kind in connection with this transaction (including, but not limited to, all fees for accounting, banking, investigation, brokerage, attorney, and other fees). Complete each item (where not applicable, mark "N.A.").

24. Did either the Purchasing Business or the Selling Business calculate the value of the asset(s) purchased or prepare a valuation report or document of any kind in connection with the sale? _____NO _____YES. Attach a copy (if the submitting party seeks to have this document remain confidential, please request expressly). If the parties ever calculated the purchase price as a multiple of monthly sales, what was the multiple: _____.

25. If route(s) and or stop(s) are to be purchased, on Schedule J identify in alphabetical order each customer and/or stop by customer name, providing each item of information requested on Schedule J (if the billing address is different from the pick-up location, provide both addresses). (Attach copies of each of the contracts between the customers and the Selling Business. Where the customer(s) do(es) not have a written contract with the Selling Business, Schedule I should so denote this with an asterisk.)

26. If vehicles are to be purchased from the Selling Business to be used by the Purchasing Business in its solid waste business, on Schedule K identify such vehicles, providing each item of information requested therein.

27. On Schedule L, identify all sources of funding for the proposed purchase, including sources of any cash payments, including personal account information if applicable

NOTE: PARAGRAPH 14 OF THE CUSTOMER BILL OF RIGHTS (FOUND IN SECTION 826-A.402 OF THE LAWS OF WESTCHESTER COUNTY) PROVIDES, IN RELEVANT PART, THAT "THE SERVICE PROVIDER SHALL GIVE THE CUSTOMER NO LESS THAN . . . (ii.) SIXTY (60) DAYS NOTICE OF . . . CONTRACT ASSIGNMENT. UPON RECEIPT OF SUCH WRITTEN NOTICE, A CUSTOMER MAY TERMINATE ITS SERVICE CONTRACT, WITHOUT PENALTY, BY GIVING FOURTEEN (14) DAYS NOTICE TO THE SERVICE PROVIDER. SUCH NOTICE MAY BE GIVEN BY THE CUSTOMER AT ANY TIME PRIOR TO THE COMMENCEMENT OF . . . THE IMPLEMENTATION OF THE ASSIGNMENT . . ."

TAX ID OR SS#: _____

SCHEDULE A – PRINCIPALS OF PURCHASING BUSINESS

	PRINCIPAL #1	PRINCIPAL #2
NAME (include maiden name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE NUMBERS (include beeper numbers, if applicable)		
FAX NUMBERS		
CELLULAR PHONE NUMBERS		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER(S)		
BUSINESS ADDRESS(ES)		
BUSINESS TELEPHONE NUMBERS		
TITLE(S)		
FROM (DATE)		
TO (DATE)		
% OF OWNERSHIP		
NUMBER OF SHARES		
HOW OWNERSHIP INTEREST WAS ACQUIRED		
WHEN ACQUIRED		

TAX ID OR SS#: _____

SCHEDULE A (cont'd) – PRINCIPALS OF PURCHASING BUSINESS

	PRINCIPAL #3	PRINCIPAL #4
NAME (include maiden name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE NUMBERS (include beeper numbers, if applicable)		
FAX NUMBERS		
CELLULAR PHONE NUMBERS		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER(S)		
BUSINESS ADDRESS(ES)		
BUSINESS TELEPHONE NUMBERS		
TITLE(S)		
FROM (DATE)		
TO (DATE)		
% OF OWNERSHIP		
NUMBER OF SHARES		
HOW OWNERSHIP INTEREST WAS ACQUIRED		
WHEN ACQUIRED		

TAX ID OR SS#: _____

SCHEDULE B – PRINCIPALS OF SELLING BUSINESS

	PRINCIPAL #1	PRINCIPAL #2
NAME (include maiden name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE NUMBERS (include beeper numbers, if applicable)		
FAX NUMBERS		
CELLULAR PHONE NUMBERS		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER(S)		
BUSINESS ADDRESS(ES)		
BUSINESS TELEPHONE NUMBERS		
TITLE(S)		
FROM (DATE)		
TO (DATE)		
% OF OWNERSHIP		
NUMBER OF SHARES		
HOW OWNERSHIP INTEREST WAS ACQUIRED		
WHEN ACQUIRED		

TAX ID OR SS#: _____

SCHEDULE B (cont'd) – PRINCIPALS OF SELLING BUSINESS

	PRINCIPAL #3	PRINCIPAL #4
NAME (include maiden name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE NUMBERS (include beeper numbers, if applicable)		
FAX NUMBERS		
CELLULAR PHONE NUMBERS		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER(S)		
BUSINESS ADDRESS(ES)		
BUSINESS TELEPHONE NUMBERS		
TITLE(S)		
FROM (DATE)		
TO (DATE)		
% OF OWNERSHIP		
NUMBER OF SHARES		
HOW OWNERSHIP INTEREST WAS ACQUIRED		
WHEN ACQUIRED		

TAX ID OR SS#: _____

**SCHEDULE C – HOLDERS OF A BENEFICIAL INTEREST
IN THE SELLING BUSINESS**

	HOLDER #1	HOLDER #2
NAME (include maiden name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE NUMBERS (include beeper numbers, if applicable)		
FAX NUMBERS		
CELLULAR PHONE NUMBERS		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER(S)		
NAME OF EMPLOYER (if not Selling Business)		
EMPLOYER ADDRESS(ES) AND TELEPHONE NUMBER(S) (INCLUDING CELLULAR, FAX AND BEEPER)		
IF EMPLOYED BY SELLING BUSINESS, JOB TITLE AND DATES DURING WHICH JOB WAS HELD		
NATURE AND % OF BENEFICIAL INTEREST IN SELLING BUSINESS		
HOW BENEFICIAL INTEREST WAS ACQUIRED (i.e., purchase, purchase price; inheritance, etc.)		
WHEN INTERST WAS ACQUIRED AND FROM WHOM		

TAX ID OR SS#: _____

**SCHEDULE C (cont'd) – HOLDERS OF A BENEFICIAL INTEREST
IN THE SELLING BUSINESS**

	HOLDER #3	HOLDER #4
NAME (include maiden name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE NUMBERS (include beeper numbers, if applicable)		
FAX NUMBERS		
CELLULAR PHONE NUMBERS		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER(S)		
NAME OF EMPLOYER (if not Selling Business)		
EMPLOYER ADDRESS(ES) AND TELEPHONE NUMBER(S) (INCLUDING CELLULAR, FAX AND BEEPER)		
IF EMPLOYED BY SELLING BUSINESS, JOB TITLE AND DATES DURING WHICH JOB WAS HELD		
NATURE AND % OF BENEFICIAL INTEREST IN SELLING BUSINESS		
HOW BENEFICIAL INTEREST WAS ACQUIRED (i.e., purchase, purchase price; inheritance, etc.)		
WHEN INTERST WAS ACQUIRED AND FROM WHOM		

TAX ID OR SS#: _____

SCHEDULE D – PURCHASING BUSINESS PRINCIPALS ADDED AFTER SALE

	PRINCIPAL #1	PRINCIPAL #2
NAME (include maiden name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE NUMBERS (include beeper numbers, if applicable)		
FAX NUMBERS		
CELLULAR PHONE NUMBERS		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER(S)		
BUSINESS ADDRESS(ES)		
BUSINESS TELEPHONE NUMBERS		
TITLE(S)		
FROM (DATE)		
TO (DATE)		
% OF OWNERSHIP		
NUMBER OF SHARES		
HOW OWNERSHIP INTEREST WAS ACQUIRED		
WHEN ACQUIRED		

TAX ID OR SS#: _____

**SCHEDULE D (cont'd) – PURCHASING BUSINESS PRINCIPALS ADDED
AFTER SALE**

	PRINCIPAL #3	PRINCIPAL #4
NAME (include maiden name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE NUMBERS (include beeper numbers, if applicable)		
FAX NUMBERS		
CELLULAR PHONE NUMBERS		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER(S)		
BUSINESS ADDRESS(ES)		
BUSINESS TELEPHONE NUMBERS		
TITLE(S)		
FROM (DATE)		
TO (DATE)		
% OF OWNERSHIP		
NUMBER OF SHARES		
HOW OWNERSHIP INTEREST WAS ACQUIRED		
WHEN ACQUIRED		

TAX ID OR SS#: _____

**SCHEDULE E – HOLDERS OF A BENEFICIAL INTEREST IN THE
PURCHASING BUSINESS AFTER SALE**

	HOLDER #1	HOLDER #2
NAME (include maiden name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE NUMBERS (include beeper numbers, if applicable)		
FAX NUMBERS		
CELLULAR PHONE NUMBERS		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER(S)		
NAME OF EMPLOYER (if not Purchasing Business)		
EMPLOYER ADDRESS(ES) AND TELEPHONE NUMBER(S) (INCLUDING CELLULAR, FAX AND BEEPER)		
IF EMPLOYED BY PURCHASING BUSINESS, JOB TITLE AND DATES DURING WHICH JOB WAS HELD		
NATURE AND % OF BENEFICIAL INTEREST IN PURCHASING BUSINESS		
HOW BENEFICIAL INTEREST WAS ACQUIRED (i.e., purchase, purchase price; inheritance, etc.)		
WHEN INTERST WAS ACQUIRED AND FROM WHOM		

TAX ID OR SS#: _____

SCHEDULE E (cont'd) – HOLDERS OF A BENEFICIAL INTEREST IN THE PURCHASING BUSINESS AFTER SALE

	HOLDER #3	HOLDER #4
NAME (include maiden name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE NUMBERS (include beeper numbers, if applicable)		
FAX NUMBERS		
CELLULAR PHONE NUMBERS		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER(S)		
NAME OF EMPLOYER (if not Purchasing Business)		
EMPLOYER ADDRESS(ES) AND TELEPHONE NUMBER(S) (INCLUDING CELLULAR, FAX AND BEEPER)		
IF EMPLOYED BY PURCHASING BUSINESS, JOB TITLE AND DATES DURING WHICH JOB WAS HELD		
NATURE AND % OF BENEFICIAL INTEREST IN PURCHASING BUSINESS		
HOW BENEFICIAL INTEREST WAS ACQUIRED (i.e., purchase, purchase price; inheritance, etc.)		
WHEN INTERST WAS ACQUIRED AND FROM WHOM		

TAX ID OR SS#: _____

SCHEDULE G – PRICE BREAKDOWN BY ASSET

PORTION OF PURCHASE PRICE	DESCRIPTION OF ASSET

TAX ID OR SS#: _____

PAGE _____ **OF** _____ **PAGES**

SWC 3/04

SCHEDULE H – BREAKDOWN OF PAYMENTS & TERMS BY INDIVIDUAL

IDENTIFY PARTIES WHO WILL RECEIVE A BENEFIT AS A RESULT OF SALE	TOTAL TO BE RECEIVED BY INDIVIDUAL	WHAT IS THE PAYMENT FOR? (BREAKDOWN BY ASSET)	LUMP SUM	PERIODIC PAYMENT (TERMS)	STOCK, NOTE, CASH, OTHER (SPECIFY)

TAX ID OR SS#: _____

PAGE _____ OF _____ PAGES

SWC 3/04

SCHEDULE I – BREAKDOWN OF FEES & TERMS BY INDIVIDUAL

IDENTIFY PARTIES WHO WILL RECEIVE A BENEFIT AS A RESULT OF SALE	TOTAL TO BE RECEIVED BY INDIVIDUAL	WHAT IS THE FEE FOR?	LUMP SUM	PERIODIC PAYMENT (TERMS)	STOCK, NOTE, CASH, OTHER (SPECIFY)

TAX ID OR SS#: _____

PAGE _____ OF _____ PAGES

SWC 3/04

SCHEDULE J – CUSTOMERS PURCHASED

NAME	ADDRESS	CITY	ZIP	PHONE #	MONTHLY CHARGE	RATE

TAX ID OR SS#: _____

PAGE _____ OF _____ PAGES

SWC 3/04

RELEASE AUTHORIZATION

To all Courts, Probation Departments, Employers, Educational Institutions, Banks, Financial and other Such Institutions, and all Governmental Agencies – federal, state or local without exception both foreign and domestic.

I _____ hereby authorize you to release any and all
(individual's name)
information, documentary or otherwise, pertaining to me, or any company related to me, including _____, as requested by an employee, agent or
(business name)
representative of the Westchester County Solid Waste Commission.

I further expressly authorize the Solid Waste Commission to review and/or audit any books, records, or financial documents requested by the Solid Waste Commission from the date of the closing of this transaction to a date three years after the last payment to anyone as a result of this transaction.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A photostatic copy of this authorization will be considered as effective and valid as the original.

(Signature)

(Typed or printed name)

Sworn and subscribed to
Before me this _____ day
of _____, 2000 .

Notary Public

TAX ID OR SS#: _____

PAGE _____ OF _____ PAGES

CERTIFICATION

This certification must be completed before a notary public by the Purchasing and Selling Businesses, each principal of the Purchasing and Selling Businesses, and each individual who receives or expects to receive any financial or other remuneration or compensation of any kind as a result of the sale (including those who expect to receive fees as a result of the sale). Certifications must be notarized when signed.

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

I _____(full name), being duly sworn, state:

That I am _____(title) of _____; 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 given in response to each question and in the attachments is full, complete and truthful; and

That the Westchester County Solid Waste Commission may by any means they deem appropriate, determine the accuracy and truth of the statements made in this application; and

That I hereby consent to any review and/or audit of books, records, or any other financial or transactional documents requested by the Solid Waste Commission from the date of the closing of this transaction to a date three years after the last payment to anyone as a result of this transaction; and

That all the information submitted is for the express purpose of inducing the Solid Waste Commission to permit the transaction as outlined herein to proceed.

(Signature of Party)

Sworn and subscribed to
Before me this _____day Of _____,
_____, 200__

Notary Public

TAX ID OR SS#: _____

PAGE _____ OF _____ PAGES