

# Solid Waste Facilities

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

Please complete this form in accordance with the *Instructions for Completing a Permit Application for Construction and Operation of a Solid Waste Facility* (DEP-SW-INST-100). This form must be submitted with the *Permit Application for Construction and Operation of a Solid Waste Facility* (DEP-SW-APP-100). Print legibly or type.

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

Applicant Name: **Stericycle, Inc.**  
(As indicated on the *Permit Application Transmittal Form*)

### Part I: General

1. Information presented in this attachment applies to (check one): <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator
2. Identify the solid waste facility type: <b>Transfer Station</b>
3. Is a surety specifically required by statute or regulation for the proposed project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are you prepared to post a bond or other surety related to any permits, certificates or approvals granted to you through this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### Part II: Proprietorship/Individual/Municipality

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

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

### Part III: Partnerships

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

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

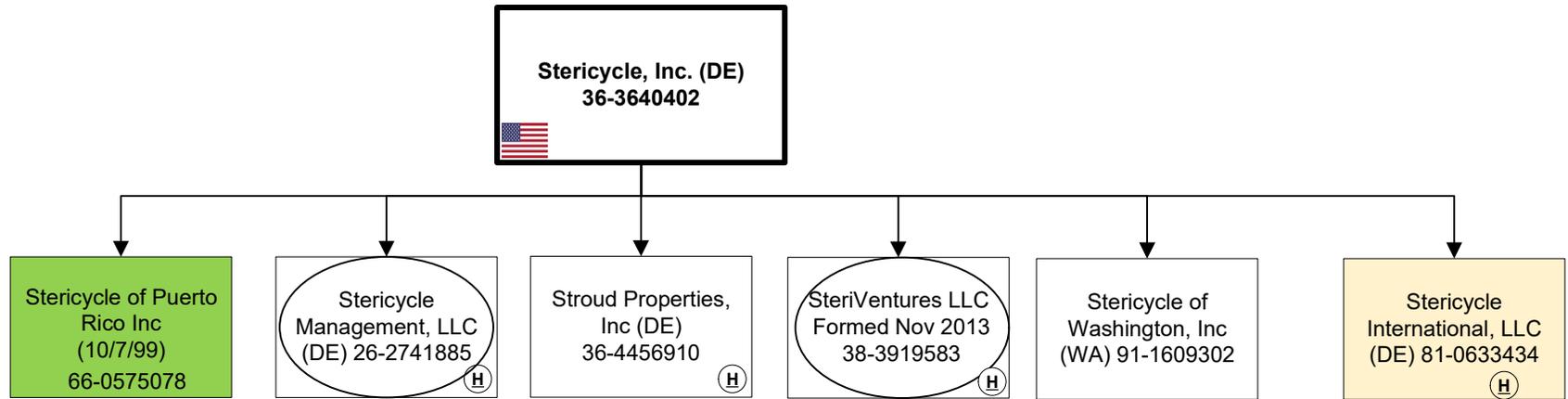
1. Indicate whether this is a general or limited partnership: <b>N/A</b>			
2. Provide the following information for each partner. For limited partnerships, please identify the general partner:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Phone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

## Part IV: Corporations

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

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

1. Corporation Name: <b>Stericycle, Inc.</b>			
2. List all parent and subsidiary corporations:			
Name: <b>See Attached</b>			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Phone Number:		
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Phone Number:		
3. List all corporate officers:			
Name: <b>See Attached</b>			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
4. List all directors:			
Name: <b>See attached</b>			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	



Holding Company



Disregarded for US Income Tax Purposes

## Director and Officer List

### Officers

**2355 Waukegan Road, Bannockburn, IL, 60015**

Cindy J. Miller  
Janet H. Zelenka  
Richard M. Moore  
S. Cory White

President and Chief Executive Officer  
Executive Vice President, Chief Financial Officer & Chief Information Officer  
Executive Vice President, North American Operations  
Executive Vice President and Chief Commercial Officer

### Directors

Robert S. Murley – Chairman  
Stericycle, Inc.  
2355 Waukegan Road  
Bannockburn, IL 60015

Cindy J. Miller  
Stericycle, Inc.  
2355 Waukegan Road  
Bannockburn, IL 60015

Brian P. Anderson  
Stericycle, Inc.  
2355 Waukegan Road  
Bannockburn, IL 60015

Lynn D. Bleil  
Stericycle, Inc.  
2355 Waukegan Road  
Bannockburn, IL 60015

Thomas F. Chen  
Stericycle, Inc.  
2355 Waukegan Road  
Bannockburn, IL 60015

Victoria L. Dolan  
Stericycle, Inc.  
2355 Waukegan Road  
Bannockburn, IL 60015

Naren K. Gursahaney  
Stericycle, Inc.  
2355 Waukegan Road  
Bannockburn, IL 60015

J. Joel Hackney, Jr.  
Stericycle, Inc.  
2355 Waukegan Road  
Bannockburn, IL 60015

Stephen C. Hooley  
Stericycle, Inc.  
2355 Waukegan Road  
Bannockburn, IL 60015

James L. Welch  
Stericycle, Inc.  
2355 Waukegan Road  
Bannockburn, IL 60015

## Part IV: Corporations (continued)

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

Name: **N/A**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Phone Number:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Phone Number:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Phone Number:

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

If yes, provide the following information:

Name: **N/A**

Name of Other Facility:

Position in Other Facility:

Responsibilities:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

## Part V: Limited Liability Company

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

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

1. List each member.

Name: **N/A**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Phone Number:

Proportion of Ownership Interest (%):

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Phone Number:

Proportion of Ownership Interest (%):

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Phone Number:

Proportion of Ownership Interest (%):

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Phone Number:

Proportion of Ownership Interest (%):

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

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Phone Number:

Proportion of Ownership Interest (%):

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

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

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Phone Number:

Proportion of Ownership Interest (%):

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Phone Number:

Proportion of Ownership Interest (%):

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

If yes, provide the following information:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

## Part VI: Voluntary Association

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

1. Identify each member of the association.

Name: **N/A**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

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

Yes       No

If yes, provide the following information:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities:

Name:

Name of Other Facility:

Position in Other Facility:

Responsibilities: