

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 TITLE 16-A OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK AND IN TITLE 17, CHAPTER 1 OF THE RULES OF THE CITY OF NEW YORK. BEFORE COMPLETING THIS FORM, THE APPLICANT AND ALL OTHERS REQUIRED TO EXECUTE DOCUMENTS HEREUNDER SHOULD READ AND FAMILIARIZE THEMSELVES WITH TITLE 16-A OF THE ADMINISTRATIVE CODE AND THE RELATED RULES. THESE INSTRUCTIONS ARE NO SUBSTITUTE FOR A COMPLETE REVIEW AND MAY NOT BE RELIED ON IN LIEU OF THE LAW AND RULES. COPIES OF THE LAW AND RULES ARE AVAILABLE AT THE OFFICE OF BUSINESS INTEGRITY COMMISSION'S AND ON THE COMMISSION'S WEBSITE, www.nyc.gov/html/bic/html/home/home.shtml.

WHO MUST FILE THIS APPLICATION

Any business licensed by the Business Integrity Commission (the "Commission") that intends to acquire, sell, or merge with another business licensed by the Commission must complete and submit this form no later than thirty (30) days before such acquisition, sale, or merger (in whole or in part, including routes, ownership interest, and/or stock) is proposed to take effect. **Thus, both the Buyer and Seller must complete this application.** Only businesses that are already licensed to operate a trade waste business in New York City 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 and every question set forth herein. Any person who receives remuneration, compensation, or a 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 purchased (including, but not limited to, assumption or satisfaction of debts and covenants not to compete) – must execute the attached release and certification forms.

APPLICATION FOR PERMISSION TO PROCEED WITH ASSET OR BUSINESS SALE TRANSACTION

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 response 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 (1) immediately denied as incomplete, (2) denied as incomplete on the basis of the Commission's investigation and review of the incomplete application, or (3) 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 ___ of ___ pages").

Applicants requiring additional space to complete any answer may attach additional pages to the application. Indicate on the top of each such additional page the Part and question number to which the additional page relates and insert such additional pages immediately following the page on which the question you are answering initially appears. The schedules attached at the end of the application also may be copied if additional schedule pages are needed. All additional pages and schedules 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 (i.e., "Page ____ of ___ pages").

DISCLOSURE FORMS FOR INDIVIDUALS

To the extent that the proposed transaction will result in amendments to a Commission license application or the addition of another principal or manager, employee, and/or agent as set forth in Appendix B to the Commission's license application, the license application must be amended and/or such additional individuals must complete a personal disclosure forms in accordance with Local Law 42.

DOCUMENTS TO BE SUBMITTED

In addition to this application form, a number of documents must be submitted to the New York City Business Integrity Commission to complete your application. The applicants 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 applicants and by each individual as indicated on the application form)
- Notarized Releases (on behalf of applicants 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.)
- Insurance Documents for Vehicles
- Vehicle Registration and Insurance Cards

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

WARNING

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

All applications may be submitted in person or mailed to:

NYC Business Integrity Commission 100 Church Street, 20th Floor New York, 10007

If you have any questions about this application, please call 212-437-0500.



APPLICATION FOR PERMISSION TO PROCEED WITH ASSET OR BUSINESS SALE TRANSACTION

		OFFICE USE ONLY				
APPLICATION #: RECOMMENDED: REJECTED:		DATE RECEIVED:	INITIALS:			
		DATE:	_ INITIALS:			
1.	\$	SEE ATTACHED INSTRUCT BUSINESS (business that is pure				
	Business Name					
	Trade Name (if different)					
	Current Commissi	Current Commission License Number(s)				
		 				

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2.	SELLING BUSINESS (business that is selling routes, assets, or entire trade waste business):
	Business Name
	Trade Name (if different)
	Current Commission License Number(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. 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.
"Princip	al" is defined in Local Law 42 § 16-501 (d).
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sched	Other than the Purchasing or Selling Businesses, does any individual/entity named on schedules A, B, or C possess a Commission issued license or registration or appear on any application for a Commission license, or registration? NO YES				
Name of Indiv	vidual/Entity	Name of Licensee	License Number(s)		
			(1)		
8. Does	s/did any individ	dual/entity named on Schedules A	A B or C possess a DOS/DEC		
		type of transfer station? N			
	1 2				
Name of Indiv	vidual/Entity	Name of Licensee/Permittee	License/Permit Number(s)		
		dividual/entity named on Schedu DCA, DOS, or DEC license or pe			
Name of Indiv	vidual/Entity	Name of Licensee	License Sought		
	Will the Selling I	Business continue to operate in an	y manner after the sale?		
a. I	n what type of b	usiness (Check One): Trade Non-	e Waste Related Trade Waste Related		
		iness's name change after the sale	e? NO YES		
1	New name, if any	y			

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	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.					
12.	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 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.					
13.	Does/did any individual/entity identified on Schedules D or E possess a license or registration for operation of a trade waste removal business? NO YES					
Name o	f Individual/En	tity	Name of Lice	nsee	License	Number(s)
14.	application for	a Con	dual/entity identifienmission license or NO YES			
Name o	f Individual/En	tity	Name of Lice	nsee	License	** * ()
						Number(s)
						Number(s)
						: Number(s)
						e Number(s)
						e Number(s)
						e Number(s)
15.			nal/entity identified of type of transfer station			ss a DOS or DEC
N	permit to opera	ate any	type of transfer station Name of	License	Permit YES	ss a DOS or DEC
N	permit to opera	ate any	type of transfer station	on? NO	Permit YES	ss a DOS or DEC
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N	permit to opera	ate any	type of transfer station Name of	License	Permit YES	ss a DOS or DEC

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ndivid	me of	Name of	License/Permit	DOS/DEC
	ual/Entity	Licensee/Permittee	Number(s)	
17.	Business or	any individual who will will receive any other ben entified in answer to quest	efit as payment for this	transaction and who l
18.	requested th	le F, provide a list of enterein) who have been emp	ployed by the Selling B	usiness and who will
19.	What is the	y the Purchasing Business e total purchase price?	after the closing of the s	(Attach copies of
	documents 1	related to the transaction).		
20.	On Schedul	e G, provide a breakdown	of the total purchase price	ce by asset.
21.	On schedule H, identify all individuals/entities who will receive payment of a bene of any kind in connection with this transaction (including payments for the asse purchased such as covenants not to compete or payments of debts). Complete ea item (mark "N.A." where not applicable).			
22.	will receive	e I, identify all individual fees, other transactional pon with this transaction	payments, or any other s	such benefit of any ki imited to, all fees

23.	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 of the valuation report (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:
24.	Certain questions in license and registration applications filed with the Commission are asterisked to signify that the applicants must update the application(s) within the (10) days of the change(s). Have all asterisked questions submitted by the Purchasing or Selling Business in connection with any Commission license or registration application been updated? NO YES. If the answer to this question is "NO," submit all updated information with this application.
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 with an asterisk).
26.	If vehicles are to be purchased from the Selling Business to be used by the Purchasing Business in its trade waste business, on Schedule K identify such vehicles, providing each item of information requested therein.
NOTE	§16-520 (e)(ii) PROVIDES THAT "AN ASSIGNEE OF CONTRACTS FOR THE REMOVAL, COLLECTION OR DISPOSAL OF TRADE WASTE SHALL NOTIFY EACH PARTY TO A CONTRACT SO ASSIGNED OF SUCH ASSIGNMENT AND OF THE RIGHT OF SUCH PARTY TO TERMINATE SUCH CONTRACT WITHIN THREE MONTHS OF RECEIVING NOTICE OF SUCH ASSIGNMENT UPON 30 DAYS NOTICE. SUCH NOTIFICATION SHALL BE BY CERTIFIED MAIL WITH THE RECEIPT OF DELIVERY THEREOF RETAINED BY THE ASSIGNEE AND SHALL BE UPON A FORM PRESCRIBED BY THE COMMISSION. WHERE NO WRITTEN CONTRACT EXISTS WITH A CUSTOMER FOR THE REMOVAL, COLLECTION OR DISPOSAL OF TRADE WASTE, A COMPANY THAT ASSUMES SUCH TRADE WASTE REMOVAL FROM ANOTHER COMPANY SHALL PROVIDE SUCH CUSTOMER WITH NOTICE THAT A NEW COMPANY WILL BE PROVIDING SUCH TRADE WASTE REMOVAL AND THAT THE CUSTOMER HAS THE RIGHT TO TERMINATE SUCH SERVICE. SUCH NOTICE SHALL BE BY CERTIFIED MAIL WITH RECEIPT OF DELIVERY THEREOF RETAINED BY THE ASSIGNEE."

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SCHEDULE A – PRINCIPALS OF PURCHASING BUSINESS

SCHEDCEET	PRINCIPAL #1	PRINCIPAL #2
NAME (malada	I KINCH AL #1	I KIIICII AL #2
NAME (include maiden		
name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE		
NUMBERS		
FAX NUMBER(S)		
TAX NONDER(S)		
CELLIU AD MUMBED(C)		
CELLULAR NUMBER(S)		
DATE OF BIRTH		
SOCIAL SECURITY		
NUMBER(S)		
BUSINESS ADDRESS(S)		
Besir (Ess HBBREss(s)		
BUSINESS TELEPHONE		
NUMBERS		
TITLE(S)		
FROM (DATE)		
TO (DATE)		
% OF OWNERSHIP		
NUMBER OF SHARES		
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HOW OWNEDGIND		
HOW OWNERSHIP		
INTEREST WAS		
ACQUIRED		
WHEN ACQUIRED		
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SCHEDULE A (cont'd) – PRINCIPALS OF PURCHASING BUSINESS

SCHEDULE A (COM	ra) – PRINCIPALS OF PURC	
	PRINCIPAL #1	PRINCIPAL #2
NAME (include maiden		
name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE		
NUMBERS		
NUMBERS		
FAX NUMBER(S)		
CELLULAR NUMBER(S)		
DATE OF BIRTH		
DATE OF BIRTH		
COCIAL CECUDITY		
SOCIAL SECURITY		
NUMBER(S)		
BUSINESS ADDRESS(ES)		
BUSINESS TELEPHONE		
NUMBERS		
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HOW OWNERSHIP		
INTEREST WAS		
ACQUIRED		
WHEN ACQUIRED		
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SCHEDULE B – PRINCIPALS OF SELLING BUSINESS

SCHEDGEE	DDINGIDAL #1	
NAME (C. 1)	PRINCIPAL #1	PRINCIPAL #2
NAME (include maiden		
name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE		
NUMBERS		
FAX NUMBER(S)		
TAX NONDER(S)		
CELLULAR NUMBER(S)		
DATE OF BIRTH		+
DATE OF BIRTH		
SOCIAL SECURITY		
NUMBER(S)		
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BUSINESS TELEPHONE		
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TITLE(S)		
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NUMBER OF SHARES		
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HOW OWNERSHIP		
INTEREST WAS		
ACQUIRED		
WHEN ACQUIRED		
		_1

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

SCHEDULE B (C	ont'd) – PRINCIPALS OF SEL PRINCIPAL #1	PRINCIPAL #2
NIAMOR (* 1.1. *1	PRINCIPAL #1	PRINCIPAL #2
NAME (include maiden name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE		
NUMBERS		
EAV NUMBER(S)		
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CELLULAR NUMBER(S)		
CEEE CERT (CIVIDER(S)		
DATE OF BIRTH		
SOCIAL SECURITY		
NUMBER(S)		
BUSINESS ADDRESS(ES)		
BUSINESS TELEPHONE		
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TO (DATE)		
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NUMBER OF SHARES		
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HOW OWNERSHIP		
INTEREST WAS		
ACQUIRED WHEN ACQUIDED		
WHEN ACQUIRED		
		1

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

	HOLDER #1	HOLDER #2
NAME (include maider	HOLDER #1	HOLDER #2
NAME (include maiden		
name where applicable)		
HOME ADDRESS		
HOME ADDRESS		
HOME TELEPHONE		
NUMBERS (where		
applicable, also include fax,		
cellular and beeper)		
DATE OF BIRTH		+
DATE OF BIRTH		
SOCIAL SECURITY		
NUMBER		
NAME OF EMPLOYER (if		
not Selling Business)		
,		
EMPLOYER		
ADDRESS(ES) AND		
PHONE 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,		
inheritance, etc.)		
innermance, etc.)		
WHEN INTEREST WAS		
ACQUIRED AND FROM		
WHOM		
L	<u>l</u>	

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

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

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SCHEDULE D – PURCHASING BUSINESS PRINCIPALS ADDED AFTER SALE

	HOLDER #1	HOLDER #2
NAME (include maiden		
name where applicable)		
HOME ADDRESS(ES)		
HOME TELEPHONE		
NUMBERS		
FAX NUMBER(S)		
CELLULAR NUMBER(S)		
DATE OF BIRTH		
SOCIAL SECURITY		
NUMBER(S)		
BUSINESS ADDRESS(ES)		
BUSINESS TELEPHONE NUMBERS		
TITLES(S)		
FROM (DATE)		
TO (DATE)		
TO (DATE)		
% OF OWNERSHIP		
NUMBER OF SHARES		
HOW OWNERSHIP		
INTEREST WAS ACQUIRED		
ACQUIKED		

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SCHEDULE D (cont'd)

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

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

	HOLDER #1	HOLDER #2
NAME (include maiden	HOLDER #1	HOLDEN #2
name where applicable)		
hame where applicable)		
HOME ADDRESS(ES)		
HOME MUNESS(ES)		
HOME TELEPHONE		
NUMBERS (where		
applicable, also include fax,		
cellular and beeper)		
DATE OF BIRTH		
SOCIAL SECURITY		
NUMBER		
NAME OF EMPLOYER (if		
not Purchasing Business)		
EMPLOYER		
ADDRESS(ES) AND		
PHONE 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 DENEELCIAL		
HOW BENEFICIAL INTEREST WAS		
ACQUIRED (i.e. purchase, inheritance, etc.)		
WHEN INTEREST WAS		
ACQUIRED AND FROM		
WHOM		
WITON		

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

	HOLDER #1	HOLDER #2
NAME (include maiden	HOLDER #1	HOLDEN #2
name where applicable)		
name where applicable)		
HOME ADDRESS(ES)		
HOME MUNICIPALITY		
HOME TELEPHONE		
NUMBERS (where		
applicable, also include fax,		
cellular and beeper)		
DATE OF BIRTH		
SOCIAL SECURITY		
NUMBER		
NAME OF EMPLOYER (if		
not Purchasing Business)		
EMPLOYER		
ADDRESS(ES) AND		
PHONE 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,		
inheritance, etc.)		
WHEN INTEREST WAS		
ACQUIRED AND FROM		
WHOM		
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SCHEDULE F: LIST OF SELLING BUSINESS EMPLOYEES HIRED BY PURCHASING BUSINESS

NAME	ADDRESS	TITLE	D.O.B.	SOC. SEC.#

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SCHEDULE G - PRICE BREAKDOWN BY ASSET

PORTION OF PURCHASE PRICE DESCRIPTION OF ASSET DESCRIPTION OF ASSET						
TOTAL OF TOTAL MICE	DESCRIPTION OF TROOPS					

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STOCK, NOTE, CASH, OTHER (SPECIFY)			19
PAYMENT (TERMS) CASH, OTHER (SPECIFY)			
LUMP SUM			
WHAT IS THE PAYMENT FOR (BREAKDOWN BY ASSET)			
TOTAL TO BE RECEIVED BY INDIVIDUAL			
IDENTIFY PARTIES WHO WILL RECEIVE A BENEFIT AS A RESULT OF SALE			Tax ID or SSN:

SCHEDULE H – BREAKDOWN OF PAYMENTS & TERMS BY INDIVIDUAL

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SCHEDULE I – BREAKDOWN OF FEES & TERMS BY INDIVIDUAL

STOCK, NOTE, CASH, OTHER (SPECIFY)				20	Rev. 2/20/10
TO BE WHAT IS THE LUMP SUM PERIODIC PAYMENT (TERMS)					
LUMP SUM					
WHAT IS THE FEE FOR					
TOTAL TO BE RECEIVED BY	INDIVIDUAL				pages
IDENTIFY PARTIES WHO WILL RECEIVE A	BENEFIT AS A RESULT OF SALE			Tax ID or SSN:	Page of pa

SCHEDULE J – CUSTOMERS PURCHASED

RATE					21	Rev. 2/20/10
MONTHLY CHARGE						
PHONE #						
ZIP						
CITY						
ADDRESS						ses
NAME					Tax ID or SSN:	Page of pages

SCHEDULE K – VEHICLES PURCHASED

TYPE OF VEHICLE	MANUFACTURER AND YEAR OF	VIN NUMBER	REGISTRATION NUMBER	LICENSE PLATE NO. &
VEINCEE	MANUFACTURE	NONDER	NONDER	STATE

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RELEASE AUTHORIZATION

Financial and other Such Institutions, and all local without exception both foreign and domest	Governmental Agencies – federal, state, or
Ι,	(individual's name), hereby
authorize you to release any and all information de	ocumentary or otherwise, pertaining to me, or
any company related to me, including	(business name),
as requested by any employee, agent, or representa	ative of the New York City Business Integrity
Commission ("BIC"), including New York City Po	olice Department member or employees.
I further expressly authorize the Business	Integrity Commission to review and/or audit
any books, records, or financial documents request	ed by BIC form the date of the closing of this
transaction to a date three years after the last payme	ent to anyone as a result of this transaction.
This authorization shall supersede and coun	ntermand any prior request or authorization to
the contrary. A photostatic copy of this authorization	on will be considered as effective and valid as
the original.	
	(Signature)
	(Typed or printed name)
Sworn and subscribed to Before me this day Of, 20	
Notary Public	
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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 TRADE 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: 1	that I am(title) of;
and attachr	that I have read and understood the questi ments, which consists of pages; and	ons contained in the attached application and its
in the	that to the best of my knowledge the info attachments is full, complete, and truthful;	ormation given in response to each question and and
	•	y Commission may, by any means they or each racy and truth of the statements made in this
	•	or audit of books, records, or any other financial m the date of the closing of this transaction to a as a result of this transaction; and
Integri	that all the information submitted is for ty Commission to permit the transaction as	the express purpose of inducing the Business outlined herein to proceed.
		(Signature of Party)
Before	and subscribed to me this day	
Notary	Public	
Tax ID	or SSN:	24
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