



## ADDITIONAL OWNER/OPERATOR INFORMATION FOR CORPORATIONS, LIMITED LIABILITY COMPANIES, AND LIMITED LIABILITY PARTNERSHIPS

**INSTRUCTIONS:** Use a separate copy of this form for each corporation, limited liability company, or limited liability partnership that has been identified as an owner, operator, partner or controlling person of the facility on the **General Information Form**. For each of these business entities, all officers, directors, partners, members, or others that have a right to control or in fact control management of the business entity or the selection of officers, directors or managers of the business entity must be listed below. If more space is needed, attach a separate piece of paper with the required information.

**NAME OF BUSINESS ENTITY:** \_\_\_\_\_

Check one or both:

Name of Owner

Name of Operator

**Officer/Member 1:**

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

Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Officer/Member 2:**

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

Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Officer/Member 3:**

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

Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Officer/Member 4:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**Officer/Member 5:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_