

Stericycle, Inc.

2355 Waukegan Rd., Bannockburn, IL 60015

Dan Haman, Director, Indirect Tax

Date: December 2, 2021

Application Facts:

Industry	Service
NAICS	562211
Type of App	New
Location	Storey County
RDA	EDAWN, Stan Thomas

Company Profile

Stericycle, Inc. (Stericycle) is considering a project to construct a medical waste incinerator in the Tahoe Reno Industrial Center (TRIC) in Storey County. This new facility will service vital healthcare facilities in a network that spans the entire state of Nevada as well as California, Washington, Oregon, Arizona, New Mexico, Colorado, Idaho, Montana, Utah, Wyoming, and Western Canada. Certain designated regulated medical waste will be incinerated at the facility. This includes pharmaceutical, pathological, and trace chemotherapy waste. Stericycle was founded in 1989 in response to the syringe tide in the late 1980s, in which significant amounts of medical waste washed up on beaches in the Northeast – posing a threat to the health and safety of communities. Thirty-two years later, the company's mission remains to protect your health and well-being in a safe, responsible, and sustainable way. In 2020, Stericycle treated 1.5 billion pounds of medical waste, safely disposed of 40 million pounds of unused pharmaceutical waste and diverted 104 million pounds of plastics from landfills. Additionally, as part of Stericycle's Secure Document Destruction services, 1.1 billion pounds of paper were recycled in 2020. Additionally, Although construction has not yet started in NV, Stericycle has already begun forming invaluable partnerships with local community organizations. *Source: Stericycle, Inc.*

Tax Abatement Requirements:

	<u>Statutory</u>	<u>Company Application</u>	<u>Meeting Requirements</u>
Job Creation	10	38	Yes No
Average Wage	\$26.67	\$22.71	(Meets the statutory criteria to receive reduced abatements if county unemployment is over 7%)
Equipment Capex (SU & MBT)	\$1,000,000	\$25,235,000	Yes
Equipment Capex (PP)			

Additional Requirements:

Health Insurance	65%	85%	Yes
Revenues generated outside NV	51%	85%	Yes
Business License	<input checked="" type="checkbox"/> Current	<input type="checkbox"/> Pending	<input type="checkbox"/> Will comply

Total Tax Liability (without tax abatements)

Direct (company)

\$2,353,350

Total

\$6,543,566

Tax Abatements

Contract Terms

Estimated Tax Abatement

Sales Tax Abmt.	4.6% for 2 years	\$757,050
Modified Business Tax Abmt.	25% for 4 years	\$19,687
Personal Property Tax Abmt.	25% for 10 years	\$198,058

Total Estimated Tax Abatement over 10 yrs.

\$974,795

Net New Tax Revenues

Direct

Indirect

Taxes after Abatements

Local Taxes

Property	\$2,708,839	\$48,879	\$2,757,718
Sales	\$1,329,510	\$7,709	\$1,337,219
Lodging	\$0	\$72,139	\$72,139

State Taxes

Property	\$139,941	\$126,255	\$266,196
Sales	\$745,200	\$137,663	\$882,863
Modified Business	\$204,226	\$45,599	\$249,825
Lodging	\$0	\$2,811	\$2,811

Total Estimated New Tax Revenue over 10 yrs.

\$5,568,771

Economic Impact over 10 yrs.

Direct

Construction

Total

Total Jobs Supported	50	143	193
Total Payroll Supported	\$22,203,738	\$7,639,759	\$29,843,497
Total Economic Value	\$52,596,485	\$23,231,711	\$75,828,196

IMPORTANT TERMS & INFORMATION

Tax Abatements are reduction or discount of tax liability and companies do not receive any form of payment.

Total Estimated Tax Abatement is a tax reduction estimate. This estimated amount will be discounted from total tax liability.

Estimated New Tax Revenue is amount of tax revenues local and state government will collect after the abatement was given to applying company.

Economic Impact is economic effect or benefits that this company and it's operations will have on the community and state economy measured by total number of jobs, payroll and created output.

November 2, 2021

Mr. Michael Brown
Executive Director
Governor's Office of Economic Development
808 West Nye Lane
Carson City, NV 89703

Re: Stericycle

Dear Michael;

EDAWN hereby supports the application of Stericycle for the Sales and Use Tax Abatement, Modified Business Tax Abatement, and Personal Property Tax Abatement incentives.

Best known for its core service lines of medical waste management and secure information destruction, Stericycle addresses the needs of businesses large and small, healthcare providers, manufacturers, and government agencies.

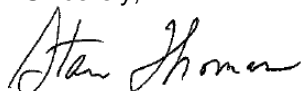
The company seeks to build a new flagship processing facility in Nevada that will support clients in more than eleven states and Canada. The incineration of specific regulated medical waste will take place at this site. Construction of an 80,000sf facility is planned to be operational by February 2023.

Stericycle will be creating 38 jobs by the end of Y2 with an average wage of \$22.71 per hour. Capital equipment investments are estimated to be \$25,235,000.

85% of the employee medical benefits are covered by Stericycle and commences on the first day of the month, after 30 days of employment. Compensation includes overtime, PTO/Sick/Vacation, merit increases, COLA, retirement plan/profit sharing/401K, tuition assistance, and bonus.

EDAWN supports this application as the company meets three of the three requirements. Your consideration and support of the incentive application for Stericycle is a significant factor in their pending decision to expand in northern Nevada and speaks favorably to the State's business-friendly environment.

Sincerely,



Stan Thomas
EDAWN, Executive Vice-President, Business Development



We protect what matters.

July 23, 2021

Michael Brown
Executive Director
Nevada Governor's Office
of Economic Development
555 E. Washington Ave,
Suite 5400 Las Vegas, NV 89101

Dear Mr. Brown:

On behalf of Stericycle, we thank you for the opportunity to work with you and for reviewing our application for economic incentives for our McCarran, Nevada, project to construct a medical waste incinerator in the Tahoe Reno Industrial Center located in Storey County. The abatements that we have applied for in the attached application were some of many significant factors we considered when making our decision to relocate to the Nevada area. Specifically, leveraging these abatements will allow us to further invest in state-of-the-art equipment and provide continued benefits for employees, the community, and the environment.

Stericycle was founded in 1989 in response to the syringe tide in the late 1980s, in which significant amounts of medical waste washed up on our beaches in the Northeast – posing a threat to the health and safety of our communities. Thirty-two years later, our mission remains to protect your health and well-being in a safe, responsible, and sustainable way. In 2020, Stericycle treated 1.5 billion pounds of medical waste, safely disposed of 40 million pounds of unused pharmaceutical waste and diverted 104 million pounds of plastics from landfills. Additionally, as part of our Secure Document Destruction services, 1.1 billion pounds of paper were recycled in 2020.

Today, we employ more than 15,000 team members across the organization, doing business in the US and 16 other countries. Our core service lines include regulated medical waste management and secure information destruction. These services provide critical business support functions to our customers who face significant potential liability for non-compliance of regulations. While our focus is on healthcare providers, we also support a wide range of businesses large and small, including manufacturers, financial services, professional services, retail, and government agencies.

The McCarran facility will service vital healthcare facilities in a network that spans the entire state of Nevada as well as California, Washington, Oregon, Arizona, New Mexico, Colorado, Idaho, Montana, Utah, Wyoming, and Western Canada. Certain designated regulated medical waste will be incinerated at the facility. This includes pharmaceutical, pathological, and trace chemotherapy waste. Construction of the facility is expected to begin in Q3 of 2021 with an opening date still to be determined but estimated in Q1 of 2023. As a flagship location for Stericycle, this facility will be an approximately 80,000 square foot building on 20 acres of land and will employ at least 30 full-time and locally hired positions with an average wage of \$47,240 annually.

Stericycle is always looking for opportunities to be an active community partner. Although construction has not yet started, we have already begun forming invaluable partnerships with local community organizations, including the American Wild Horse Campaign (AWHC). We have been working with them to create safety protocols and training curriculum for Stericycle drivers to create awareness and a focus on driver safety when encountering wild horses in the industrial park. We intend to share this training with AWHC to provide education for other industrial users in the park as well as part of our commitment to protect what matters.



We protect what matters.

Stericycle would like to formally request the consideration of our application for incentives with the Nevada Governor's Office of Economic Development. Should you have any questions, please do not hesitate to reach out. We would be happy to discuss our application in detail.

Sincerely,

Kristen M Marshall

Kristen Marshall
Vice President Global Facility Engineering
Stericycle, Inc.

ECONOMIC DEVELOPMENT

Incentive Application

Company is an / a: (check one)

- New location in Nevada
- Expansion of a Nevada company

Company Name: Stericycle, Inc.

Date of Application: August 5, 2021

Section 1 - Type of Incentives

Please check all that the company is applying for on this application:

- Sales & Use Tax Abatement
- Modified Business Tax Abatement
- Personal Property Tax Abatement
- Sales & Use Tax Deferral
- Recycling Real Property Tax Abatement
- Other: _____

Section 2 - Corporate Information

COMPANY NAME (Legal name under which business will be transacted in Nevada) <u>Stericycle, Inc.</u>		FEDERAL TAX ID # <u>36-3640402</u>	
CORPORATE ADDRESS <u>2355 Waukegan Rd.</u>	CITY / TOWN <u>Bannockburn</u>	STATE / PROVINCE <u>IL</u>	ZIP <u>60015</u>
MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above)	CITY / TOWN	STATE / PROVINCE	ZIP
TELEPHONE NUMBER <u>(847)607-2086</u>	WEBSITE <u>www.stericycle.com</u>		
COMPANY CONTACT NAME <u>Dan Haman</u>	COMPANY CONTACT TITLE <u>Director, Indirect Tax</u>		
E-MAIL ADDRESS <u>dhaman@stericycle.com</u>	PREFERRED PHONE NUMBER <u>(847)607-2086</u>		

Has your company ever applied and been approved for incentives available by the Governor's Office of Economic Development? Yes No

If Yes, list the program awarded, date of approval, and status of the accounts (attach separate sheet if necessary):

Section 3 - Program Requirements

Please check two of the boxes below; the company must meet at least two of the three program requirements:

- A capital investment of \$1,000,000 in eligible equipment in urban areas or \$250,000 in eligible equipment in rural areas are required. This criteria is businesses. In cases of expanding businesses, the capital investment must equal at least 20% of the value of the tangible property owned by the business.
- New businesses locating in urban areas require fifty (50) or more permanent, full-time employees on its payroll by the eighth calendar quarter in which the abatement becomes effective. In rural areas, the requirement is ten (10) or more. For an expansion, the business must increase employees on its payroll by 10% more than its existing employees prior to expansion, or by 25 (urban) or 6 (rural) employees, whichever is greater.
- In urban areas, the average hourly wage that will be paid by the business to its new employees is at least 100% of the average statewide hourly in rural areas, the average hourly wage will equal or exceed the lesser of the county-wide average hourly wage or statewide average hourly wage.

Note: Criteria is different depending on whether the business is in a county where the population is 100,000 or more or a city where the population is 60,000 or more "urban" area), or if the business is in a county where the population is less than 100,000 or a city where the population is less than 60,000 (i.e., "rural" area).

Section 4 - Nevada Facility

Type of Facility:

- Headquarters
- Technology
- Back Office Operations
- Research & Development / Intellectual Property
- Service Provider
- Distribution / Fulfillment
- Manufacturing
- Other: Processing Facility

PERCENTAGE OF REVENUE GENERATED BY THE NEW JOBS CONTAINED IN THIS APPLICATION FROM OUTSIDE NEVADA <u>85%</u>	EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) <u>Feb-2023</u>		
NAICS CODE / SIC <u>562211</u>	INDUSTRY TYPE <u>Waste Management</u>		
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS <u>Waste Processing Facility</u>			
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS <u>1855 Milan Dr</u>	CITY / TOWN <u>McCarran</u>	COUNTY <u>Storey County</u>	ZIP <u>89434</u>
WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP? <u>None</u>			

Section 5 - Complete Forms (see additional tabs at the bottom of this sheet for each form listed below)

Check the applicable box when form has been completed.

- 5 (A) Equipment List
- 5 (B) Employment Schedule
- 5 (C) Evaluation of Health Plan, with supporting documents to show the employer paid portion of plan meets the minimum of 65%.
- 5 (D) Company Information Form

Section 6 - Real Estate & Construction (Fill in either New Operations/Startup or Expansion, not both.)

New Operations / Start Up - Plans Over the Next <u>Ten</u> Years	Expansions - Plans Over the Next <u>10</u> Years
<p>Part 1. Are you currently/planning on leasing space in Nevada? <u> No </u></p> <p>If No, skip to Part 2. If Yes, continue below:</p> <p style="padding-left: 40px;">What year(s)? _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p> <p style="padding-left: 40px;">Annual lease cost of space: _____</p> <p>Do you plan on making building tenant improvements? _____</p> <p>If No, skip to Part 2. If Yes *, continue below:</p> <p style="padding-left: 40px;">When to make improvements (month, year)? _____</p> <hr style="border-top: 1px dashed black;"/> <p>Part 2. Are you currently/planning on buying an owner occupied facility in Nevada? <u> No </u></p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p style="padding-left: 40px;">Purchase date, if buying (month, year): _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p> <p>Do you plan on making building improvements? _____</p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p style="padding-left: 40px;">When to make improvements (month, year)? _____</p> <hr style="border-top: 1px dashed black;"/> <p>Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? <u> Yes </u></p> <p>If Yes *, continue below:</p> <p style="padding-left: 40px;">When to break ground, if building (month, year)? <u> Oct-2021 </u></p> <p style="padding-left: 40px;">Estimated completion date, if building (month, year): <u> Feb-2023 </u></p> <p style="padding-left: 40px;">How much space (sq. ft.)? <u> 80,000SF </u></p>	<p>Part 1. Are you currently leasing space in Nevada? _____</p> <p>If No, skip to Part 2. If Yes, continue below:</p> <p style="padding-left: 40px;">What year(s)? _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p> <p style="padding-left: 40px;">Annual lease cost at current space: _____</p> <p>Due to expansion, will you lease additional space? _____</p> <p>If No, skip to Part 3. If Yes, continue below:</p> <p style="padding-left: 40px;">Expanding at the current facility or a new facility? _____</p> <p style="padding-left: 80px;">What year(s)? _____</p> <p style="padding-left: 40px;">How much expanded space (sq. ft.)? _____</p> <p style="padding-left: 40px;">Annual lease cost of expanded space: _____</p> <p>Do you plan on making building tenant improvements? _____</p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p style="padding-left: 40px;">When to make improvements (month, year)? _____</p> <hr style="border-top: 1px dashed black;"/> <p>Part 2. Are you currently operating at an owner occupied building in Nevada? _____</p> <p>If No, skip to Part 3. If Yes, continue below:</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p> <p style="padding-left: 40px;">Current assessed value of real property? _____</p> <p>Due to expansion, will you be making building improvements? _____</p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p style="padding-left: 40px;">When to make improvements (month, year)? _____</p> <hr style="border-top: 1px dashed black;"/> <p>Part 3. Do you plan on building or buying a new facility in Nevada? _____</p> <p>If Yes *, continue below:</p> <p style="padding-left: 40px;">Purchase date, if buying (month, year): _____</p> <p style="padding-left: 40px;">When to break ground, if building (month, year)? _____</p> <p style="padding-left: 40px;">Estimated completion date, if building (month, year): _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p>
<p>* Please complete Section 7 - Capital Investment for New Operations / Startup.</p>	<p>* Please complete Section 7 - Capital Investment for Expansions below.</p>

BRIEF DESCRIPTION OF CONSTRUCTION PROJECT AND ITS PROJECTED IMPACT ON THE LOCAL ECONOMY (Attach a separate sheet if necessary):

[See attached PowerPoint](#)

Section 7 - Capital Investment (Fill in either New Operations/Startup or Expansion, not both.)

New Operations / Start Up	Expansions
How much capital investment is planned? (Breakout below):	How much capital investment is planned? (Breakout below):
Building Purchase (if buying): <u> \$0 </u>	Building Purchase (if buying): _____
Building Costs (if building / making improvements): <u> \$18,500,000 </u>	Building Costs (if building / making improvements): _____
Land: <u> \$1,963,940 </u>	Land: _____
Equipment Cost: <u> \$25,235,000 </u>	Equipment Cost: _____
Total: <u> \$45,698,940 </u>	Total: <u> \$0 </u>
	Is the equipment purchase for replacement of existing equipment? _____
	Current assessed value of personal property in NV: _____
	(Must attach the most recent assessment from the County Assessor's Office.)

Section 8 - Employment (Fill in either New Operations/Startup or Expansion, not both.)

New Operations / Start Up	Expansions
How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of new operations?: <u> 38 </u>	How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of expanded operations?: _____
Average hourly wage of these <u>new</u> employees: <u> \$22.71 </u>	Average hourly wage of these <u>new</u> employees: _____
	How many FTE employees prior to expansion?: _____
	Average hourly wage of these <u>existing</u> employees: _____
	Total number of employees after expansion: _____

* FTE represents a permanent employee who works an average of 30 hours per week or more, is eligible for health care coverage, and whose position is a "primary job" as set forth in NAC 360.474.

OTHER COMPENSATION (Check all that apply):

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Overtime | <input checked="" type="checkbox"/> Merit increases | <input checked="" type="checkbox"/> Tuition assistance | <input checked="" type="checkbox"/> Bonus |
| <input checked="" type="checkbox"/> PTO / Sick / Vacation | <input checked="" type="checkbox"/> COLA adjustments | <input checked="" type="checkbox"/> Retirement Plan / Profit Sharing / 401(k) | <input type="checkbox"/> Other: _____ |

BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND ELIGIBILITY REQUIREMENTS (Attach a separate sheet if necessary):
See attached brochures

Section 9 - Employee Health Insurance Benefit Program

Is health insurance for employees and is an option for dependents offered? Yes (**attach health plan and quote or invoice**) No

Package includes (check all that apply):

- Medical Vision Dental Other: Dental and Vision coverage offered under separate plans

Qualified after (check one):

- Upon employment Three months after hire date Six months after hire date Other: 1st of the month following 30 days of employment

Health Insurance Costs:	Percentage of health insurance premium by (min 65%):
Plan Type: <u>High-Deductible PPO</u>	
Employer Contribution (annual premium per employee): <u> \$ 4,802.52 </u>	Company: <u> 85% </u>
Employee Contribution (annual premium per employee) <u> \$ 843.36 </u>	Employee: <u> 15% </u>
Total Annual Premium: <u> \$ 5,645.88 </u>	

[SIGNATURE PAGE FOLLOWS]

Section 10 - Certification

I, the undersigned, hereby grant to the Governor's Office of Economic Development access to all pertinent and relevant records and documents of the aforementioned company. I understand this requirement is necessary to qualify and to monitor for compliance of all statutory and regulatory provisions pertaining to this application.

Being owner, member, partner, officer or employee with signatory authorization for the company, I do hereby declare that the facts herein stated are true and that all licensing and permitting requirements will be met prior to the commencement of operations. In addition, I and /or the company's legal counsel have reviewed the terms of the GOED Tax Abatement and Incentives Agreement, the company recognizes this agreement is generally not subject to change, and any material revisions have been discussed with GOED in advance of board approval.

Kristen Marshall
Name of person authorized for signature


Signature

Vice President Global Facility Engineering
Title

September 27, 2021
Date

Nevada Governor's Office of Economic Development
555 E. Washington Ave., Ste 5400 • Las Vegas, Nevada 89101 • 702.486.2700 • (Fax) 702.486.2701 • www.diversifynevada.com

Site Selection Factors

Company Name: Stericycle, Inc.

County: Storey

Section I - Site Selection Ratings

Directions: Please rate the select factors by importance to the company's business (1 = very low; 5 = very high). Attach this form to the Incentives Application.

Availability of qualified workforce:	<u>4</u>	Transportation infrastructure:	<u>5</u>
Labor costs:	<u>3</u>	Transportation costs:	<u>5</u>
Real estate availability:	<u>5</u>	State and local tax structure:	<u>4</u>
Real estate costs:	<u>5</u>	State and local incentives:	<u>5</u>
Utility infrastructure:	<u>5</u>	Business permitting & regulatory structure:	<u>5</u>
Utility costs:	<u>4</u>	Access to higher education resources:	<u>2</u>

Please summarize the importance of the abatement program to your decision (please include at least a paragraph summary):

The abatement program is important to Stericycle as it will allow for additional financial resources to be put back into the project to improve infrastructure, work processes and environment and sustainability. The presence of an active abatement program also demonstrates a pro-business culture that is actively spurring business development to the area.

5(A) Capital Equipment List

Company Name: Stericycle, Inc.

County: Storey

Section I - Capital Equipment List

Directions: Please provide an estimated list of the equipment [columns (a) through (c)] which the company intends to purchase over the two-year allowable period. For example, if the effective date of new / expanded operations begins April 1, 2015, the two-year period would be until March 31, 2017. Add an additional page if needed. For guidelines on classifying equipment, visit: tax.nv.gov/LocalGovt/PolicyPub/ArchiveFiles/Personal_Property_Manuals. Attach this form to the Incentives Application.

(a) Equipment Name/Description	(b) # of Units	(c) Price per Unit	(d) Total Cost
Rotary Kiln/SCC	2	\$5,000,000.00	\$10,000,000.00
Boiler	2	\$1,600,000.00	\$3,200,000.00
Baghouse	2	\$1,000,000.00	\$2,000,000.00
DSI System	2	\$300,000.00	\$600,000.00
Absorber	2	\$750,000.00	\$1,500,000.00
Carbon Bed/HEPA System	2	\$1,200,000.00	\$2,400,000.00
CEMS	2	\$300,000.00	\$600,000.00
ID Fan	2	\$300,000.00	\$600,000.00
SNCR System	2	\$150,000.00	\$300,000.00
Surveillance System/Security	1	-	\$150,000.00
Robotics (container dump)	1	-	\$75,000.00
Tub Washers	2	\$650,000.00	\$1,300,000.00
Conveyance systems	1	-	\$250,000.00
Ash Bins	6	\$10,000.00	\$60,000.00
MCC system controls	1		\$1,000,000.00
Generator	1	-	\$1,200,000.00
TOTAL EQUIPMENT COST			\$25,235,000.00

Is any of this equipment* to be acquired under an operating lease? Yes No

*Certain lease hold equipment does not qualify for tax abatements

5(B) Employment Schedule

Company Name: Stericycle

County: Storey

Section 1 - Full-Time Equivalent (FTE) Employees

Directions: Please provide an estimated list of full time employees [columns (a) through (d)] that will be hired and employed by the company by the end of the first eighth quarter of new / expanded operations. For example, if the effective date of new / expanded operations is April 1, 2015, the date would fall in Q2, 2015. The end of the first eighth quarter would be the last day of Q2, 2017 (i.e., June 30, 2017). Attach this form to the Incentives Application. A qualified employee must be employed at the site of a qualified project, scheduled to work an average minimum of 30 per week, if offered coverage under a plan of health insurance provided by his or her employer, is eligible for health care coverage, and whose position of a "primary job" as set forth in NAC 360.474.

Please use the Bureau of Labor Statistics Standard Occupational Classification System (SOC) link to populate section (b):

https://www.bls.gov/soc/2018/major_groups.htm#11-0000

(a) New Hire Position Title/Description	(b) Position SOC Code	(c) Number of Positions	(d) Average Hourly Wage	(e) US Bureau of Labor Statistics Average Hourly Wage	(f) Average Weekly Hours	(g) Annual Wage per Position	(h) Total Annual Wages
General and Operations Managers	11-1021	1	\$48.27	\$59.56	40	\$100,401.60	\$100,401.60
First-Line Supervisors of Mechanics, Installers, and Repairers	49-1011	1	\$32.44	\$35.20	40	\$67,475.20	\$67,475.20
First-Line Supervisors of Production and Operating Workers	51-1011	4	\$29.48	\$32.03	40	\$61,318.40	\$245,273.60
Maintenance Workers, Machinery	49-9043	5	\$22.85	\$23.13	40	\$47,528.00	\$237,640.00
Plant and System Operators, All Other	51-8099	6	\$28.07	\$29.74	40	\$58,385.60	\$350,313.60
First-line Supervisors of Transportation and Material Moving Workers, Except Aircraft Cargo Handling Supervisors	53-1048	1	\$31.60	\$27.59	40	\$65,728.00	\$65,728.00
Material Moving Workers, All Other	53-7199	14	\$15.50	\$19.96	40	\$32,240.00	\$451,360.00
Transportation, Storage, and Distribution Managers	11-3071	1	\$44.45	\$43.27	40	\$92,456.00	\$92,456.00
Sales Representatives, Services, All Other	41-9099	1	\$26.23	\$20.43	40	\$54,558.40	\$54,558.40
Dispatchers, Except Police, Fire, and Ambulance	43-5032	1	\$18.98	\$21.08	40	\$39,478.40	\$39,478.40
Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	43-6014	1	\$17.11	\$21.76	40	\$35,588.80	\$35,588.80
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	37-2011	2	\$13.19	\$14.75	40	\$27,435.20	\$54,870.40
TOTAL		38	\$22.71	\$25.26			\$1,795,144.00

Section 2 - Employment Projections

Directions: Please estimate full-time job growth in Section 2, complete columns (b) and (c). These estimates are used for state economic impact and net tax revenue analysis that this agency is required to report. The company will not be required to reach these estimated levels of employment. **Please enter the estimated new full time employees on a year by year basis (not cumulative)**

(a) Year	(b) Number of New FTE(s)	(c) Average Hourly Wage	(d) Payroll
3-Year	4	\$26.50	\$220,480.00
4-Year	0	\$0.00	\$0.00
5-Year	0	\$0.00	\$0.00

* Column (e) determines if wage is commensurate to current wage ranges in the region the company plans to locate/is located. For these purposes the mean average hourly wage for the location has been used.

U = Unknown / data set for region is not currently available.

Source: US Bureau of Labor Statistics

5(C) Evaluation of Health Plans Offered by Companies

Company Name: Stericycle, Inc. County: Storey

Total Number of Full-Time Employees: 38

Average Hourly Wage per Employee \$22.71
 Average Annual Wage per Employee (implied) \$47,240.63

COST OF HELATH INSURANCE

Annual Health Insurance Premium Cost: \$5,645.88
 Percentage of Premium Covered by:
 Company 85%
 Employee 15%

HEALTH INSURANCE PLANS:

Base Health Insurance Plan*:	HSA Basic
Deductible - per employee	\$ 3,500
Coinsurance	80% / 20%
Out-of-Pocket Maximum per employee	\$ 6,550
Additional Health Insurance Plan*:	HSA Enhanced
Deductible - per employee	\$ 1,750
Coinsurance	80% / 20%
Out-of-Pocket Maximum per employee	\$ 4,250
Additional Health Insurance Plan*:	Traditional PPO
Deductible - per employee	\$ 1,000
Coinsurance	80% / 20%
Out-of-Pocket Maximum per employee	\$ 4,500

*Note: *Please list only "In Network" for deducatable and out of the pocket amounts .*

Generalized Criteria for Essential Health Benefits (EHB)

[following requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022]

Covered employee's premium not to exceed 9.5% of annual wage	2.1%	MMQ
Annual Out-of-Pocket Maximum not to exceed \$7,900 (2019)	\$6,550	MMQ


Minimum essential health benefits covered (Company offers PPO):

- (A) Ambulatory patient services
- (B) Emergency services
- (C) Hospitalization
- (D) Maternity and newborn care
- (E) Mental health/substance use disorder/behavioral health treatment
- (F) Prescription drugs
- (G) Rehabilitative and habilitative services and devices
- (H) Laboratory services
- (I) Preventive and wellness services and chronic disease management
- (J) Pediatric services, including oral and vision care

No Annual Limits on Essential Health Benefits

I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached a qualified plan with information highlighting where our plan reflects meeting the 65% minimum threshold for the employee paid portion of the plan for GOED to independently confirm the same.

Scott McNiece
 Name of person authorized for signature


 Signature

Benefits Manager
 Title

12/3/2020
 Date

5(D) Company Information

Company Name: Stericycle, Inc.

County: Storey

Section I - Company Interest List

Directions: Please provide a detailed list of owners and/or members of the company. *The Governor's Office of Economic Development strives to maintain the highest standards of integrity, and it is vital that the public be confident of our commitment. Accordingly, any conflict or appearance of a conflict must be avoided. To maintain our integrity and credibility, the applicant is required to provide a detailed list of owners, members, equity holders and Board members of the company.*

(a) Name	(b) Title
Robert S. Murley	Chairman - Board of Directors
Brian P. Anderson	Board of Directors
Lynn D. Bleil	Board of Directors
Thomas F. Chen	Board of Directors
J. Joel Hackney, Jr.	Board of Directors
Veronica M. Hagen	Board of Directors
Stephen C. Hooley	Board of Directors
James J. Martell	Board of Directors
Cindy J. Miller	Board of Directors
Kay G. Priestly	Board of Directors
James J. Welch	Board of Directors
Miks S. Zafirovski	Board of Directors

Section 2 - Company Affiliates and/or Subsidiaries

Are there any subsidiary or affiliate companies sharing tax liability with the applicant company? No Yes

If Yes, continue below:

Directions: In order to include affiliates/subsidiaries, under the exemption letter, they must to be added to the Contract. Per standard practice GOED requires a corporate schematic to understand the exact relationships between the companies. Please populate the below table to show the exact relationships between the companies and include:

1. The names as they would read on the tax exemption letter.
2. Which entity(ies) will do the hiring?
3. Which entity(ies) will be purchasing the equipment?

Name of Subsidiary or Affiliate Entity, Role and Legal Control Relationship
None

Please include any additional details below:

ENTITY INFORMATION

STERICYCLE, INC.	Entity Name:
C12726-1997	Entity Number:
Foreign Corporation (80)	Entity Type:
Active	Entity Status:
06/17/1997	Formation Date:
NV19971196820	NV Business ID:
Perpetual	Termination Date:
6/30/2022	Annual Report Due Date:
Delaware	Domicile Name:
	Jurisdiction: