

PERSONAL QUESTIONNAIRE

- ◆ All principals to the license application must complete this questionnaire in full. ◆ Make duplicate blank forms as necessary.
 ◆ Answer all questions below. ◆ Attach additional sheets if more space is needed.

NAME OF APPLICANT: _____

1. Statement of Identification

Print YOUR name:		Date of birth:
Residence street address of above:		Social Security number:
County:		E-mail address:
City, State, Zip:		Telephone number (residence):
U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NOT U.S. citizen - country of citizenship:	If Alien, registration # or Visa type:

List any other names that you have been known by (including maiden name):

Height _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Weight _____	Hair Color _____ Eye color _____	Marital Status _____ Spouse Name _____ Spouses Social Security #: _____
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2. Residences for the past TEN years. (If more space is required, attach additional sheets):

Address	From (month/year) To (month/year)

3. Your occupation for the past TEN years. (If more space is required, attach additional sheets).

From/To (month/year)	Employer	Address	Type of Business	Position

4. Position (or interest) you will hold in the license application (check each):

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> President | <input type="checkbox"/> Director | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Stockholder | <input type="checkbox"/> Lender |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Partner | <input type="checkbox"/> Donor |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> General Partner | <input type="checkbox"/> Guarantor |
| <input type="checkbox"/> Chairman | <input type="checkbox"/> Limited Partner | <input type="checkbox"/> LLC Manager |
| <input type="checkbox"/> Officer | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> LLC Member |
| <input type="checkbox"/> OTHER _____ | | |

5. LICENSE HISTORY / AFFILIATIONS

Section M

If you are an applicant (i.e.: proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business?

YES NO

If YES, list hours you will devote to business sought to be licensed:

Will you take an active part in the operation of the business to be licensed?

YES NO

If YES, explain nature of activity (hours, day, week):

Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans?

YES NO

If YES, provide information below:

Business Name	Business Address	Date Interest Began	Liquor License No.
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Other than as itemized in the above, have you ever applied in New York State, or Anywhere for a license or permit to traffic in alcoholic beverages, including Any application as a partnership or corporation in which you are/were a principal?

YES NO

If YES, provide information below:

Name of applicant	Address of premises	Date of filing	License No.	Disposition
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Has a license or permit listed above been REVOKED, CANCELED Or otherwise **Involuntarily Terminated**?

YES NO

If YES, state action and date of action, and give details:

Are you a police commissioner, other police official, subordinate of any police Department, a Sheriff, Deputy, Under-Sheriff or any Peace Officer?

YES NO

If YES, provide details?

6. CONVICTION RECORD & PENDING CRIMINAL CASES

Section M

(a) Have you or your spouse (or any officer, director, shareholder or partner listed in this application or the spouse of such person) been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualification) which would forbid a person to traffic in alcoholic beverages?

YES

NO

If YES, supply details (attach additional pages as necessary):

(b) Have you or your spouse (or any officer, director, shareholder or partner Listed in this application or the spouse of such person) ever been CONVICTED (including pleas of guilty or suspended sentences of any felony, misdemeanor (including driving while intoxicated or impaired) or any other type of offense EXCEPT MINOR TRAFFIC INFRACTIONS?

YES

NO

(c) If YES, attach a **Certificate of Disposition** by the court clerk for each case
And a Certificate of Relief from disabilities if available and submit an Affidavit explaining all details. If you have reported all convictions to this Authority and were subsequently approved for a license, check here:

Approved:

(d) Are there any **ARRESTS, INDICTMENTS or SUMMONSES** other than minor traffic infractions PENDING against you or your spouse (or any officer, director, shareholder or partner listed in this application or the spouse of such person) – including driving while intoxicated or impaired?

YES

NO

(e) IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.

(f) If you are an applicant (i.e. proprietor, partner, stockholder, officer or Director), would any of the above questions require a YES answer if asked of your spouse?

YES

NO

7. INFORMATION CONCERNING AVAILABILITY OF PREMISES

Explain how you became aware of the availability of the proposed premises.

8. FINANCES

Section M

IMPORTANT: Submit any and all records, documents and affidavits that you feel may assist you in explaining the source of monies you will provide the applicant as per instruction sheet.

State TOTAL AMOUNT OF MONEY you are providing the applicant: \$ _____

Type of Investment <i>(Investment Loan, Contract Debt)</i>	Type of Investment Dollar (\$) Amount	Source of Funds <i>(Accounts, Loans, Gifts, Asset Sales, etc.)</i> <i>(enter identification numbers for accounts)</i>

If you are guaranteed a loan as a co-signer or putting up something of value as collateral.

Identify Co-Signer or Collateral	Identify Loan/Describe Collateral

I understand that the information I submit will be relied upon by the State Liquor Authority and a false statement or misrepresentation will constitute cause for the disapproval of the application or revocation of any license for which this application is submitted.

I verify that statements made herein are true and if any change occurs prior to the receipt of the license, I will notify the Authority by registered or certified mail within 48 hours or if change occurs after the receipt of the license, I will notify the Authority similarly within 10 days. I understand that failure to give the required notice will violate the Alcoholic Beverage Control Law and may result in revocation of the license.

Signature of Applicant

Date