OFFICE USE ONLY
◯ Original ◯ Amended Date _____

PERSONAL QUESTIONNAIRE

a. All principals to the license application must complete this questionnaire in full.
(Lendors, donors, guarantors and managers must also complete this questionnaire.)
*b. If you are a **lender,donor or guarantor** you must state your relationship to the applicant.*
c. Make duplicate blank forms as necessary.
d. Answer all questions below.
e. Attach additional sheets if more space is needed.

NAME OF APPLICANT

1. STATEMENT OF IDENTIFICATION

Print **YOUR** name:

Date of birth

Social Security Number

Residence street address

County

City

State

Zip Code

Residence Telephone

Cellular Phone

E-mail Address (Required):

U.S. Citizen
◯ Yes ◯ No

If NOT U.S. citizen - country of citizenship

If ALIEN, registration number or VISA type

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

HEIGHT

WEIGHT

SEX ◯ MALE ◯ FEMALE

HAIR COLOR

EYE COLOR

MARITAL STATUS

SPOUSE NAME

SPOUSE'S SOCIAL SECURITY #:

2. Position (or interest) you will hold (check each):

◯ President
◯ Vice President
◯ Secretary
◯ Treasurer
◯ Chairman
◯ Officer
◯ ABC Officer
◯ Other

◯ Director
◯ Manager
◯ Partner
◯ General Partner
◯ Limited Partner
◯ Sole Proprietor
◯ Joint Account Holder

◯ Stockholder ⇨ Number of shares owned
◯ LLC Member ⇨ Percentage of ownership
◯ LLC Manager
◯ Lender*
◯ Donor*
◯ Guarantor*

*If Lender, Donor or Guarantor state your relationship to the applicant.

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Print **YOUR** Name

3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the Present Date.

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

4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to the present date.
Also, list any employment history that shows experience in the alcohol industry.
Add additional sheets if necessary.

From (month/year) To (month/year) Employer

Position Employer Address

Type of business

From (month/year) To (month/year) Employer

Position Employer Address

Type of business

From (month/year) To (month/year) Employer

Position Employer Address

Type of business

continued on next page

Print Form

Print **YOUR** Name

5. LICENSE HISTORY / AFFILIATIONS

5(a) If you are an applicant (i.e. proprietor, partner, stockholder, officer or director) applicant's spouse, will you continue your present occupation or business? ◯ Yes ◯ No

5(b) Will you take an active part in the operation of the business to be licensed? ◯ Yes ◯ No

If YES, explain nature of activity and the hours you will devote to the business (hours, days, responsibilities):

5(c) 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
Type of interest and date interest began	Serial Number

Business name	Business address
Type of interest and date interest began	Serial Number

Business name	Business address
Type of interest and date interest began	Serial Number

continued on next page

Print Form

Print **YOUR** Name

5(d) Other than as itemized in 5c 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, limited partnership, limited liability entity 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

Serial Number	Disposition

Name of applicant	Address of premises	Date of filing

Serial Number	Disposition

Name of applicant	Address of premises	Date of filing

Serial Number	Disposition

Name of applicant	Address of premises	Date of filing

Serial Number	Disposition

5(e) 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:

5(f) Are you a police commissioner or law enforcement/police officer? ◯ Yes ◯ No

If YES, provide details

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◯ Original ◯ Amended Date _____

Print **YOUR** Name

6. CONVICTION RECORD AND PENDING CRIMINAL CASES

(a) Have you or your spouse ever 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?

YOU	SPOUSE
◯ Yes	◯ Yes
◯ No	◯ No

If YES, supply details

(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor, driving while intoxicated (DWI), or driving while impaired (DWAI)?

If the applicant answers YES, attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.

YOU	SPOUSE
◯ Yes	◯ Yes
◯ No	◯ No

If the Spouse answers YES to this question, submit a Personal Questionnaire for the Spouse along with a Certificate of Disposition.

(c) If you have previously been approved for a license and had been convicted of any felony misdemeanor or other type of offense except minor traffic infractions, were all convictions reported to the Authority?

If NO, attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.

YOU	SPOUSE
◯ Yes	◯ Yes
◯ No	◯ No
◯ Not Applicable	◯ Not Applicable

(d) **Are there any ARRESTS, INDICTMENTS or SUMMONSES** PENDING against you or your spouse - including driving while intoxicated or impaired?

IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.

YOU	SPOUSE
◯ Yes	◯ Yes
◯ No	◯ No

7. Do you have any relationship with the current/previous licensee or any of the principals of the licensee? ◯ Yes ◯ No

If YES, please state exactly what the relationship is (ie: family member, friend, employer, etc.))

8. Signature: _____ Dated

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