

PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full.
(e.g., lenders, 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. STATE OF IDENTIFICATION

Print YOUR name	Date of Birth	Social Security Number
Residence Street Address		Gender Male Female
City	State Zip Code	Residence Telephone Cellular Telephone
E-mail Address	U.S Citizen Yes No	If NOT U.S. citizen - country of citizenship
Married Yes No	If Married, Spouse Name	Spouse Social Security Number

2. POSITION (or interest) you will hold (check each);

President	Director	Stockholder ----->	Number of shares owned
Vice President	Manager	LLC Member ---->	Percentage of ownership
Secretary	Partner	LLC Manager	
Treasurer	General Partner	Lender*	
Chairman	Limited Partner	Donor*	
Officer	Sole Proprietor	Guarantor*	
ABC Officer	Joint Account Holder	Trustee	
Other (describe)			

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

Print **YOUR** Name

3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the PRESENT DATE.

Address From (mm/yyyy) To (mm/yyyy)

Address From (mm/yyyy) To (mm/yyyy)

Address From (mm/yyyy) To (mm/yyyy)

Address From (mm/yyyy) To (mm/yyyy)

4. EMPLOYMENT HISTORY

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

From (mm/yyyy) To (mm/yyyy) **Employer**

Position Employer Address

Type of Business

From (mm/yyyy) To (mm/yyyy) **Employer**

Position Employer Address

Type of Business

From (mm/yyyy) To (mm/yyyy) **Employer**

Position Employer Address

Type of Business

Print **YOUR** Name

5. LICENSE HISTORY / AFFILIATIONS

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or 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, please explain the 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, please provide information below:

Business Name

Business Address

Type of Interest

Date Interest Began

License Serial Number

Business Name

Business Address

Type of Interest

Date Interest Began

License Serial Number

Business Name

Business Address

Type of Interest

Date Interest Began

License Serial Number

Print **YOUR** Name

5. LICENSE HISTORY / AFFILIATIONS

5(d) Other than as itemized in 5(c) 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, please provide information below:

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number
Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number
Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number
Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise **Involuntarily Terminated?** Yes No

If YES, please provide information below:

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

If YES, please provide details:

Print **YOUR** Name _____

6. CONVICTION RECORD AND PENDING CRIMINAL CASES

6(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 disqualifications) which would forbid a person to traffic in alcoholic beverages?	YOU	Yes	No
	SPOUSE	Yes	No

If YES, please provide details _____

6(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 ability impaired (DWA)?	YOU	Yes	No
<i>If the applicant answers YES, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an Affidavit explaining all details.</i>	SPOUSE	Yes	No

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

6(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?	YOU	Yes	No
		Not Applicable	
<i>If NO, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.</i>	SPOUSE	Yes	No
		Not Applicable	

6(d) Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING against you or your spouse - including driving while intoxicated or impaired?	YOU	Yes	No
	SPOUSE	Yes	No

If YES, please provide a copy of the Accusatory Instrument.

7. Do you have any relationship with the current / past owner of the business at this location?	YOU	Yes	No
	SPOUSE	Yes	No

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

8. Signature: _____ Date: _____