State of Minnesota<br>Alcohol \& Gambling Enforcement Division<br>445 Minnesota Street, Suite 1600 St. Paul, MN 55101-5133<br>651-201-7507

## Personal History Statement

Name: $\qquad$

Other names used (include alias, maiden names, and/or previous married names)
Date of Birth: $\qquad$ 1 1 Social Security Number: $\qquad$
Place of Birth: (City) $\qquad$ (County) $\qquad$ (State) $\qquad$
Driver License \# $\qquad$ State of Issue: $\qquad$
Position(s) you hold with the applicants business: $\qquad$

## Current Address:

Home:

(use additional sheets if necessary)
(Please provide the following information)
PHYSICAL DESCRIPTION:

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HEIGHT:
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HAIR COLOR: \(\qquad\)
CIRCLE ONE: Male Female
WEIGHT:
EYE COLOR: \(\qquad\)
CITIZEN: U.S. \(\qquad\) Other: \(\qquad\)

\section*{CRIMINAL HISTORY:}
\begin{tabular}{llll} 
A. Have you ever been issued a citation, summons or ticket to appear in court? & Yes & No \\
Have you ever been arrested or detained by any type of law enforcement? & Yes & No \\
Have you ever been convicted of a crime? & Yes & No \\
Have you ever been the subject of an indictment? & Yes & No \\
Have you ever been pardoned for any criminal offense? & Yes & No \\
Are you currently on trial or awaiting a trial, or waiting for sentencing? & Yes & No
\end{tabular}

(use additional sheets if necessary)

\section*{PREVIOUS ALCOHOLIC BEVERAGE HISTORY AND LICENSES:}
A. Have you ever been involved with manufacturing, distributing, or retail sales of alcohol (to include working in any portion of the alcohol industry)? (circle) YES NO
B. Have you ever been licensed or denied a license by any government agency for the purpose of the manufacture, import wholesale or retail sale of alcoholic beverages?
(circle)
YES
NO

If answered "yes", provide the following information:

(use additional sheets if necessary)
C. Have you been fingerprinted for any purpose?
(circle) YES NO

If answered "yes" provide the following information:

(use additional sheets if necessary)

PREVIOUS EMPLOYMENT: (Include current employer)
Please provide the following information concerning your employment history. This information is required for all employers in the last \(\mathbf{1 0}\) years.

(use additional sheets if necessary)

\section*{OTHER LICENSING:}

Have you ever failed to file Federal or State income tax records? YES no
Have you ever had a sales or use tax permit revoked? YES NO
Have you ever had any other license or permit revoked, denied or cancelled? YES No
Have you ever failed to submit reports or pay taxes to any government agency? YES NO
Please completely explain any "yes" answers below.
\(\qquad\)

Financial Interest in other alcoholic beverage licenses:
Please indicate by answering the following questions whether or not you have financial interest in any other alcoholic beverage license or business activity:
A. Types of interest held: (Circle Answer)
yes no 1.) Invested or loaned money, have an option to purchase, or have a contract for service to any other alcoholic beverage license holder.
yes no 2.) Have ownership interest in equipment being leased or otherwise provided to any alcoholic beverage licensed facilities.
yes no 3.) Have an investment or ownership in any business involved in any of the activities listed in A. 1 or A.2.
yes no 4.) Do you receive any revenue or payments or money from any person who is involved in the activities listed in question A.1 or A.2.

Please completely explain all "yes" answers:
\(\qquad\)
(use additional sheets if necessary)

I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge and belief and are made by me in good faith.

\section*{State of Minnesota \\ Department of Public Safety \\ Alcohol \& Gambling Enforcement Division}

\section*{AUTHORITY TO RELEASE INFORMATION}

I, \(\qquad\) , authorize and grant my consent to permit Name
any law enforcement agency, and any other person, business or agency deemed necessary, to release any information requested by any identified law enforcement officer of the Minnesota Department of Public Safety, Alcohol and Gambling Enforcement Division.

This information is for the express purpose of determining my eligibility for a liquor license issued under the authority of Minnesota State Statutes.

Any statements determined to be false on this document are grounds for disqualification of the licensing process

NAME:

Signature: \(\qquad\) Title: \(\qquad\) (If a corporation, signer must be a corporate officer)

Date: \(\qquad\)

Sworn and subscribed before me this
\(\qquad\) Day of \(\qquad\) 20 Notary \(\qquad\)
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