

State of Minnesota Alcohol & Gambling Enforcement Division

445 Minnesota Street, Suite 1600 St. Paul, MN 55101-5133 651-201-7507

Personal History Statement

Name:			
(LAST)	(FIRST)	(FULL	L MIDDLE)
Other names used (inclu	ude alias, maiden name	es, and/or previous n	narried names)
Date of Birth: /	Social Secu	rity Number:_	
Place of Birth: (City)	(County)		(State)
Driver License #		_ State of Issue	e:
Position(s) you hold with the a	applicants busine	ess:	
Current Address: Home:			
(Street) (C	City)	(State)	(Zip)
Telephone # Home: ()	-	_ Work: (
Past Residences: List of past residences in the last 10 year	rs (list below)		
Address City	County	State	From & To Month/Year
(use additional sheets i	f necessary)	
(Please provide the following inform PHYSICAL DESCRIPTION: HEIGHT:HAIR COLOR:	WEI	IGHT:	
CIRCLE ONE: Male Female	CIT	IZEN: U.S	Other:

RIMIN	NAL HISTORY:			
		ation, summons or ticket to	appear in court? Y	es No
-		detained by any type of law		es No
Have	you ever been convicted o	f a crime?		es No
Have	Y	es No		
	you ever been pardoned f			es No
Are yo	ou currently on trial or av	vaiting a trial, or waiting fo	r sentencing? Y	es No
If "yes" to	o any of the above question City and State	ns, provide the following in	formation: Order of th	ne Court
Jaie	City and State	Nature of Offense	Oruer or a	le Court
		(use additional sheets if necess	ary)	
А. Н	Iave you ever been invo- alcohol (to include w (circle) Y Iave you ever been licen purpose of the manu- beverages?	EVERAGE HISTORY olved with manufacturing vorking in any portion of ES NO nsed or denied a license bufacture, import wholesal	g, distributing, or reta the alcohol industry) by any government ag	? ency for the
T.O.				
lf answei	red "yes", provide the f	ollowing information:		
Date	Establishment	Type of License	City and State	Agency
		Type of Electise	City and State	rigency
		Type of Electise	City and State	rigency
		Type of Electise	City and State	rigency
		Type of Electise	City and State	пусксу
		Type of Electric	City and State	rigency
		Type of Electise	City and State	rigency

(use additional sheets if necessary)

	(circle)	YES	NO					
	If answered '	'yes'' provide	the follow	ving informat	ion:			
Date		Agency		Rea	son for Fingerp	orinting		
		(u	se additional	sheets if necessa	ry)			
				urrent emplo				
_		_		ncerning you		nt history	•	
I'his inf	formation is <u>r</u>	<u>equired</u> for a	ıll employe	ers in the last	10 years.			
Position	1	Employer		Employer's	address		(MO/YR)	
		1 /		1 7				
		(-h4- :6				
		(u	se additional	sheets if necessa	ry)			
ОТНЕ	R LICENSI	NG:						
_			al or State	income tax re	ecords?		YES	NO
	ou ever had a						YES	NO
				nit revoked, d	enied or can	celled?	YES	NO
Have yo	ou ever failed	to submit re	ports or pa	ay taxes to any	governmen	nt agency	? YES	NO
	Please completel	ly explain any "	ves'' answers	below.				
			, 03 4115 11 01 5	DOIO III				
			go additional	sheets if necessa				

C. Have you been fingerprinted for any purpose?

Finai	Pleas	terest in other alcoholic beverage licenses: se indicate by answering the following questions whether or not you have acial interest in any other alcoholic beverage license or business activity:			
	A. T	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	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.				
Pleas	se comp	letely explain all "yes" answers:			
		(use additional sheets if necessary)			
	•	all statements made by me in this document are true, complete and correct to ny knowledge and belief and are made by me in good faith.			
Signa	ature of	the Applicant Date Signed			

State of Minnesota Department of Public Safety Alcohol & Gambling Enforcement Division

AUTHORITY TO RELEASE INFORMATION

Name any law enforcement agency, and any other release any information requested by any ic Department of Public Safety, Alcohol and C	, authorize and grant my consent to permit person, business or agency deemed necessary, to dentified law enforcement officer of the Minnesota Gambling Enforcement Division. of determining my eligibility for a liquor license					
issued under the authority of Minnesota Sta						
Any statements determined to be false on this document are grounds for disqualification of the licensing process						
NAME:						
Signature:	Title: officer)					
Date:						
	Sworn and subscribed before me this Day of, 20					