## CITY OF BUFORD BUSINESS LICENSE OFFICE ALCOHOL BEVERAGE UNIT

2300 Buford Highway Buford, GA 30518 (Mailing and Location)

(770) 945-6761

## STATEMENT OF PERSONAL HISTORY

Instruction: This statement must be executed under oath. Each question must be fully answered. If space provided is not sufficient, answer on a separate sheet and indicate in the space provided that a separate sheet is attached.

| Last                        | ]                  | First                               | Middle               |
|-----------------------------|--------------------|-------------------------------------|----------------------|
| RESIDENCE:                  |                    |                                     |                      |
|                             | treet Number       |                                     |                      |
| City                        | State              | Zip Code                            | Phone Numbe          |
| CHECK ONE:                  |                    |                                     |                      |
| [ ] Director [ ] Registere  | d Agent [ ]        | Principal Stockholder (<br>Officer: | (10 % or more)       |
| [ ] Manager                 | [ ] 1              | Employee:                           |                      |
| TRADE NAME                  | OF BUSINESS FOR WI | HICH THIS STATEME                   | ENT IS FOR:          |
|                             |                    |                                     |                      |
| LOCATION:                   |                    |                                     |                      |
|                             | TREET NUMBER       | STREET NAM                          | E                    |
| P.O. BOX                    | CITY               | STATE                               | ZIP CODE             |
| PHONE NUMBE                 | ER                 | _                                   |                      |
|                             | RCENTAGE OF OWNE   | ERSHIP OR INTERES                   |                      |
|                             |                    |                                     |                      |
|                             | D AND AMOUNT OF    | COMPENSATION, IF                    | ANY, DIRECTLY OR     |
| INDIRECTLY: _               | D AND AMOUNT OF    | COMPENSATION, IF                    | ANY, DIRECTLY OR     |
| INDIRECTLY: _ DATE OF BIRTI | D AND AMOUNT OF    | COMPENSATION, IF PLACE OF BIRTI     | ANY, DIRECTLY OR  H: |
| INDIRECTLY: _ DATE OF BIRTI | D AND AMOUNT OF (  | COMPENSATION, IF PLACE OF BIRTI     | ANY, DIRECTLY OR     |

| 8. [   SINGLE   | 7.       | [ ]U.S. CITIZEN                     | [ ] LEGA                              | LALIEN                     | [ ] OTHER, EXPLAIN:                   |  |  |
|---|----------|-------------------------------------|---------------------------------------|----------------------------|---------------------------------------|--|--|
| FULL NAME OF SPOUSE:  | 3.       |                                     |                                       |                            | ] WIDOWED                             |  |  |
| MAIDEN NAME:  |          | IF MARRIED OR SEE                   | PARATED, COMPLI                       | ETE BELOW IN               | FORMATION:                            |  |  |
| 9. STATE ANY OTHER NAMES WHICH YOU HAVE USED: MAIDEN NAME, NAMES BY FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OF OTHERWISE, ALIASES, NICKNAMES, ETC. SPECIFY WHICH, SHOW DATES ETC.  10. GIVE NAME AND ADDRESSES OF ALL CHILDREN AND STEPCHILDREN (REGARDLESS OF AGE):  FULL NAME ADDRESS AGE PLACE OF BIRTH  11. GIVE NAMES AND ADDRESSES OF ALL IMMEDIATE LIVING RELATIVES:  NAME ADDRESS AGE PLACE OF BIRTH  FATHER  MOTHER       | FULL     | NAME OF SPOUSE: _                   |                                       |                            | SSN:                                  |  |  |
| 9. STATE ANY OTHER NAMES WHICH YOU HAVE USED: MAIDEN NAME, NAMES BY FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OF OTHERWISE, ALIASES, NICKNAMES, ETC. SPECIFY WHICH, SHOW DATES ETC.  10. GIVE NAME AND ADDRESSES OF ALL CHILDREN AND STEPCHILDREN (REGARDLESS OF AGE):  FULL NAME  ADDRESS  AGE  PLACE OF BIRTH  11. GIVE NAMES AND ADDRESSES OF ALL IMMEDIATE LIVING RELATIVES:  NAME  ADDRESS  AGE  PLACE OF BIRTH  FATHER  MOTHER | MAID     | DEN NAME:                           | PL                                    | ACE OF BIRTH               | :                                     |  |  |
| NAMES BY FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OF OTHERWISE, ALIASES, NICKNAMES, ETC. SPECIFY WHICH, SHOW DATES ETC.  10. GIVE NAME AND ADDRESSES OF ALL CHILDREN AND STEPCHILDREN (REGARDLESS OF AGE):  FULL NAME ADDRESS AGE PLACE OF BIRTH  11. GIVE NAMES AND ADDRESSES OF ALL IMMEDIATE LIVING RELATIVES:  NAME ADDRESS AGE PLACE OF BIRTH  FATHER  MOTHER  | DATE     | E OF BIRTH:                         | NAME AND AD                           | DRESS OF SPO               | USE'S EMPLOYER:                       |  |  |
| (REGARDLESS OF AGE):  FULL NAME ADDRESS AGE PLACE OF BIRTH  11. GIVE NAMES AND ADDRESSES OF ALL IMMEDIATE LIVING RELATIVES:  NAME ADDRESS AGE PLACE OF BIRTH  FATHER  MOTHER  | Э.       | NAMES BY FORMER<br>OTHERWISE, ALIAS | R MARRIAGES, FOI<br>SES, NICKNAMES, I | RMER NAMES<br>ETC. SPECIFY | CHANGED LEGALLY OR WHICH, SHOW DATES, |  |  |
| 11. GIVE NAMES AND ADDRESSES OF ALL IMMEDIATE LIVING RELATIVES:  NAME ADDRESS AGE PLACE OF BIRTH  FATHER  MOTHER  | 10.      |                                     |                                       |                            |                                       |  |  |
| 11. GIVE NAMES AND ADDRESSES OF ALL IMMEDIATE LIVING RELATIVES:  NAME ADDRESS AGE PLACE OF BIRTH  FATHER  MOTHER  |          | FULL NAME                           | ADDRESS                               | AG                         | SE PLACE OF BIRTH                     |  |  |
| NAME ADDRESS AGE PLACE OF BIRTH  FATHER  MOTHER   |          |                                     |                                       |                            |                                       |  |  |
| FATHER  MOTHER  | 11.      | GIVE NAMES AND A                    | ADDRESSES OF AL                       | L IMMEDIATE                | LIVING RELATIVES:                     |  |  |
| MOTHER  |          | NAME                                | ADDRESS                               | AGE                        | PLACE OF BIRTH                        |  |  |
|   | FATH     | IER                                 |                                       |                            |                                       |  |  |
| BROTHER/SISTER  | MOTI     | HER                                 |                                       |                            |                                       |  |  |
|   | BROT     | ΓHER/SISTER                         |                                       |                            |                                       |  |  |
|   |          |                                     |                                       |                            |                                       |  |  |
| FATHER-IN-LAW   | <br>FATH | HER-IN-LAW                          |                                       |                            |                                       |  |  |

| 12.           | EMPLOYMENT RECORD FOR THE PAST TEN YEARS: (GIVE THE MOST RECENT EXPERIENCE FIRST)  |  |        |  |          |                    |  |  |
|---------------|--|--|--------|--|----------|--------------------|--|--|
| From<br>mo/yr |  | Occupation a Duties perform  |        |  | Employer | Reason for leaving |  |  |
|               |  |  |        |  |          |                    |  |  |
| 13.           |  | LIST IN REVERSE CHRONOLOGICAL ORDER ALL OF YOUR RESIDENCES FOR THE PAST TEN YEARS: |        |  |          |                    |  |  |
|               | From   | То   | Street |  | City     | State              |  |  |
|               |  |  |        |  |          |                    |  |  |
|               |  |  |        |  |          |                    |  |  |
|               |  |  |        |  |          |                    |  |  |
| 14.           | DO YOU HAVE ANY FINANCIAL INTEREST, OR ARE YOU EMPLOYED IN ANY OTHER WHOLESALE OR RETAIL BUSINESS ENGAGED IN DISTILLING, BOTTLING, RECTIFYING OR SELLING ALCOHOLIC BEVERAGES?  |  |        |  |          |                    |  |  |
|               | IF YOUR ANSWER IS YES TO NUMBER 14, GIVE NAMES AND LOCATIONS AND AMOUNT OF INTEREST IN EACH:   |  |        |  |          |                    |  |  |
| 15.           | HAVE YOU EVER HAD ANY FINANCIAL INTEREST IN AN ALCOHOLIC BEVERAGE BUSINESS WHICH WAS DENIED A LICENSE?   |  |        |  |          |                    |  |  |
|               | IF SO, GIVE DETAILS:   |  |        |  |          |                    |  |  |
| 16.           | HAS ANY ALCOHOLIC BEVERAGE BUSINESS IN WHICH YOU HOLD, OR HAVE HELD, ANY FINANCIAL INTEREST OF, OR EMPLOYED, OR HAVE BEED EMPLOYED, EVER BEEN CITED FOR ANY VIOLATION OF THE RULES AND REGULATIONS OF THE STATE REVENUE COMMISSIONER RELATING TO THE SALE AND DISTRIBUTION OF ALCOHOLIC BEVERAGES? |  |        |  |          |                    |  |  |
|               | IF SO, GIVE DETAILS:   |  |        |  |          |                    |  |  |

|                             | CONT).  |
|-----------------------------|---|
| ALC                         | URING THE PAST TEN YEARS YOU HAVE BOUGHT OR SOLD ANY COHOLIC BUSINESS, GIVE DETAILS. (DATE, LICENSE NUMBER, PERSON CONSIDERATIONS INVOLVED):  |
|                             | /E YOU EVER BEEN DENIED BOND BY A COMMERCIAL SECURITY MPANY?  |
| IF S0                       | O, GIVE DETAILS:  |
| ARE                         | E YOU A REGISTERED VOTER? IN WHAT STATE?  |
| IN W                        | VHAT COUNTY?  |
| OTH<br>FED<br>OR (<br>inclu | YE YOU EVER BEEN ARRESTED, OR HELD BY FEDERAL, STATE OR HER LAW ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY ERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION ORDINANCES? (Do not include traffic violations. All other charges must be used even if they were dismissed. Give reason charged or held, date, place where ged and disposition. If no arrest, write no arrest. After last arrest is listed, please e no other arrest.) |
| 1                           |   |
| 2                           |   |
| 3                           |   |
| 4                           |   |
| COM<br>GIV<br>BE C          | T BELOW FOUR REFERENCES (PERSONAL AND BUSINESS). GIVE MPLETE ADDRESS AND PHONE NUMBER INCLUDING AREA CODE. IF ING A BUSINESS REFERENCE, NAME A PERSON AT THAT LOCATION TO CONTACTED. DO NOT INCLUDE RELATIVES OR EMPLOYERS OR LOW EMPLOYEES OF PARTICULAR BUSINESS.   |
| 1                           |   |
| -                           |   |
|                             |   |

21 (CONT).

|      | 3  |   |   |
|------|--|---|---|
|      | 4  |   |   |
| 22.  | GWINNETT<br>YEARS PRIC                           | COUNTY DENIED, SO<br>OR TO THE FILING O | UNDER THE REGULATORY POWERS OF USPENDED OR REVOKED WITHIN TWO (2) F THIS APPLICATION? IF SO, GIVE   |
| 23.  | АТТАСН РЬ  | IOTOGRAPH (FRONT                        | VIEW) TAKEN WITHIN THE PAST YEAR.   |
|      |  | (Attach here                            |   |
| answ | ered all question<br>ct to the penaltie          | s fully and correctly. T                | all answers and explanations to see that you have this statement is to be executed under oath and it includes all attachments submitted herewith. |
|      |  | ·                                       |   |
|      | STATEMEN   | O THE PENALTIES<br>NTS AND ANSWERS      | , DO SOLEMNLY SWEAR, OF FALSE SWEARING, THAT THE MADE BY ME AS THE APPLICANT IN THE TEMENT ARE TRUE AND CORRECT.                                  |
|      |  |   | APPLICANT'S SIGNATURE   |
|      | SIGNED HI<br>THAT HE/S<br>ANSWERS I<br>ADMINISTI | HE KNEW AND UND<br>MADE THEREIN, AN     | IE FOREGOING APPLICATION STATING DERSTOOD ALL STATEMENTS AND ND, UNDER OATH ACTUALLY WORN THAT SAID STATEMENTS AND                                |
|      | THIS   | DAY OF                                  |   |
|      |  |   |   |
|      | (SEAL)   |   | NOTARY PUBLIC   |