



CITY OF LILBURN

340 Main Street * Lilburn, Georgia 30047 * (770) 921-2210
Business Services Department

STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS: 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.

1. NAME: _____
Last First Middle

RESIDENCE: _____
Street No. Street Name

City State Zip Phone Number E-mail Address

- 2. Sole Owner Partner: General Limited Silent
- Direct Principal Stockholder (20% or more of stock)

3. TRADE NAME OF BUSINESS WHICH THIS STATEMENT IS FOR:

LOCATION: _____
Street No. Street Name

City State Zip Phone Number

4. STATE THE PERCENTAGE OF OWNERSHIP OR INTEREST, IF ANY, IN THIS BUSINESS:

5. DATE OF BIRTH: _____ PLACE OF BIRTH: _____
 SOCIAL SECURITY # _____ SEX _____ RACE _____
 COLOR OF HAIR _____ COLOR OF EYES _____
 HEIGHT _____ WEIGHT _____
 DRIVER'S LICENSE STATE _____ DRIVERS LICENSE # _____

6. U.S. CITIZEN LEGAL ALIEN OTHER, EXPLAIN

7. SINGLE MARRIED WIDOWED DIVORCED SEPARATED

IF MARRIED OR SEPARATED, PLEASE COMPLETE BELOW REQUESTED INFORMATION ON SPOUSE:

FULL NAME OF SPOUSE: _____ SOCIAL SEC. # _____

MAIDEN NAME _____ PLACE OF BIRTH _____

DATE OF BIRTH _____

8. STATE ANY OTHER NAMES WHICH YOU HAVE USED: MAIDEN NAME, NAMES BY FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES, NICKNAMES, ETC. SPECIFY WHICH, SHOW DATES, ETC. _____

9. 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 YES, GIVE NAMES AND LOCATIONS AND AMOUNT OF INTEREST IN EACH:

10. HAVE YOU EVER HAD ANY FINANCIAL INTEREST IN ANY ALCOHOLIC BEVERAGE BUSINESS WHICH WAS DENIED A LICENSE? _____ IF SO, GIVE DETAILS:

11. HAS ANY ALCOHOL BEVERAGE BUSINESS IN WHICH YOU HOLD, OR HAVE HELD, ANY FINANCIAL INTEREST OR ARE EMPLOYED, OR HAVE BEEN 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 _____

12. IF DURING THE PAST TEN YEARS YOU HAVE BOUGHT AND SOLD ANY ALCOHOLIC BEVERAGE BUSINESS GIVE DETAILS (Date, License Number, Persons and Considerations Involved): _____

13. HAVE YOU EVER BEEN ARRESTED, OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCES? (Do not include traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged, and disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

14. HAVE YOU EVER HAD ANY LICENSE ISSUED UNDER THE REGULATORY POWERS OF GWINNETT COUNTY OF CITY OF LILBURN DENIED, SUSPENDED OR REVOKED WITHIN TWO (2) YEARS PRIOR TO THE FILING OF THE APPLICATION? Yes / No
IF SO, GIVE DETAILS: _____

15. ATTACH PHOTOGRAPH (FRONT VIEW) TAKEN WITHIN THE PAST YEAR

(ATTACH HERE)

NOTE: BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH.

STATE OF GEORGIA, _____ COUNTY

I, _____, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT _____ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT DAIS STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

CONSENT FORM – FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION

I, _____, do hereby authorize the City of Lilburn to receive all records which may be in the files of any federal, state or local criminal justice agency (including criminal history) concerning myself, whether the said records are of a public, private or confidential nature.

I further authorize release of this information under the Open Records Act and certify that person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though a photocopy does not contain an original writing of my signature.

Signature _____ Date _____

Printed Name _____

Home Address _____

Date of Birth _____ SS# _____

Sex _____ Race _____

Notary _____ Date _____