

SCHEDULE A - INDIVIDUAL'S PERSONAL HISTORY



D6J003-D6L056

Application filled by Applicant - A, Stockholder/Partner - S : _____

I submit answers to the following questions under oath:

1. Name _____ Sex _____ Date of Birth _____

2. Home Address _____ Phone No. _____
Street City Zip

3. Are you a person of good moral character and reputation in your community? _____

4. Are you a (CITIZEN) or (PERMANENT RESIDENT ALIEN) of the United States? CIRCLE ONE
Social Security No. _____ Green Card No. _____

5. Are you a resident of the county in which application has been made? _____

If not, do you live within 35 miles of the premises to be permitted? _____

6. Have you ever been convicted of a felony? YES _____ NO _____ If so, give full information

7. Have you been convicted of any violation of any law relating to alcoholic beverages within the five (5) years preceding this application? YES _____ NO _____ If so, give full information _____

8. Have you had any alcoholic beverage permit issued to you revoked within the five (5) years preceding this application? YES _____ NO _____ If so, give full information _____

9. Do you presently hold or have you ever held an alcoholic beverage permit(s)? _____ If so, give name, place, and permit number(s)

10. Have you applied and been refused a permit at the applied for location within the last 12 months? _____ If so, give full information _____

11. Marital Status: Single () Married () Divorced () Separated () Other ()

12. Furnish complete information regarding members of immediate family:

Relationship Full Name Address Occupation



(a) Are any of the above to be connected with the operation of the outlet? _____

(b) If so, who and in what capacity? _____

13. Give your home address (city or town) and dates at each for the past five (5) years:

14. Covering the past five (5) years, give in detail the following:

<u>Your Business or Occupation</u>	<u>Name & Address of Employer</u>	<u>Dates of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby state on oath that I will not violate any law of this State or any regulation of the Alcoholic Beverage Control Division, nor will any agent or employee be allowed to violate any law or regulation. It is hereby consented that the licensed premises and its books and records shall be open at all times to all law enforcement officials without warrant or other legal process.

Applicant's Signature

STATE OF ARKANSAS

COUNTY OF _____

_____, being first duly sworn on oath deposes and says that he/she has read each of the questions to which he/she has made answer, and that his/her said answers in each instance are true and correct.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____