



D6J003-D6L056

SCHEDULE A - INDIVIDUAL'S PERSONAL HISTORY FOR WHOLESALE/RETAIL LIQUOR PERMIT

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>
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15. Have you ever engaged in the sale of intoxicating liquors? _____ Where and When? _____

16. Give names and addresses of each person responsible for the financing of this business, by loan or otherwise:

17. Do you or your spouse presently have any interest in another off premises retail liquor permit? _____

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: _____