

PERSONAL INFORMATION FORM

STATE OF NORTH DAKOTA)
)
COUNTY OF _____)

- 1. Your Name: _____
- 2. Other names now or previously used: _____
- 3. Social Security Number / Federal Tax ID Number: _____
- 4. Present Address: _____
- 5. Telephone Number: _____
- 6. Name of licensed premises: _____
- 7. Country of Citizenship: _____ Date of Birth: _____
Place of Birth: _____
Name of Spouse: _____

8. List all places of residence during past ten years:

FROM-TO (Years)	STREET ADDRESS	CITY	STATE

9. State your employment (including part-time) for the past ten years:

FROM-TO (Years)	EMPLOYER	BUSINESS ADDRESS	REASON FOR LEAVING

10. Have you ever operated, had a financial interest in, or been employed with an alcoholic beverage establishment?

_____ If yes, list:

11. Have you been convicted of a crime (felony or misdemeanor) other than a minor traffic offense within the last five years? _____ If so, list all criminal convictions and the disposition:

DATE	OFFENSE	CITY/STATE	DISPOSITION	FELONY OR MISDEMEANOR
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12. Have you or any entity with which you have been or are associated had any license denied or revoked?

_____ If yes, give full details:

13. If business is being taken over or purchased from another person, partnership, or corporation, have all outstanding debts owed to beer and liquor distributors and other providers of supplies and inventory for the licensed premises been paid?

_____ If not, explain:

The undersigned swears that the information on this form is true and correct to the best of his/her knowledge, information and belief, and acknowledges that false or misleading information is sufficient grounds for denial or revocation of license or authorization.

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

(SEAL)

My Commission Expires _____