



# CITY OF LILBURN

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

## STATEMENT OF PERSONAL HISTORY

**Any party with 20% or more interest in the business must complete this form and be fingerprinted.**

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 T 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 SAID 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