



## POLICE QUESTIONNAIRE

This form must be completed by each individual applicant and filed with the Alcoholic Beverage License Application.

- (1) (a) Applicant: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Maiden Name)
- (b) Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)
- (c) County: \_\_\_\_\_ (d) Length of Residence: \_\_\_\_\_ (e) Phone No.: \_\_\_\_\_
- (f) Date of Birth: \_\_\_\_\_ (g) Place of Birth: \_\_\_\_\_ (h) Citizenship: \_\_\_\_\_  
(City / State) (Country)
- (i) Social Security No: \_\_\_\_\_ (j) Driver's License Number & State: \_\_\_\_\_
- (k) Gender:  Male  Female (l) Race:  Black  White  Asian / Pacific Islander  Native American  Other
- (m) Height \_\_\_\_\_ Ft. \_\_\_\_\_ In. (n) Weight: \_\_\_\_\_ lbs. (o) Hair Color: \_\_\_\_\_ (p) Eye Color: \_\_\_\_\_

(2) List Any Address Used Within the Last 20 Years: *(In Chronological Order. Attach additional sheet(s), if needed.)*

<u>Date</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

(3) List Any Liquor Establishment You Have Been Connected With: *(Licensee, Employee, Financial Interest, etc.)*

<u>Establishment Name</u>	<u>Street Address</u>	<u>City / State / Zip</u>	<u>Connection</u>

- (4) (a) Present Employer: \_\_\_\_\_
- (b) Employer Address: \_\_\_\_\_  
(Street Address / City / State / Zip)
- (c) Employer Phone: \_\_\_\_\_ (d) Position / Title: \_\_\_\_\_ (f) Employed Since: \_\_\_\_\_

**(5) Previous Employment Within the Last 20 Years:** *(In Chronological Order. Attach Additional Sheet(s), if Needed.)*

<u>Date</u>	<u>Employer</u>	<u>Employer's Address</u>	<u>Phone No.</u>

**(6) List All Criminal Arrests, Citations, Summonses, etc.:** *(In Chronological Order. Attach Additional Sheet(s) if needed)*

<u>Date</u>	<u>Place</u>	<u>Charges</u>	<u>Disposition</u>

**(7) List Any and All Persons Not Listed on the License Application With a Substantial Financial Interest in Your Business:**

<u>Name</u>	<u>Address</u> <small>(Street Address / City / State / Zip)</small>	<u>Phone No.</u>	<u>Interest</u>
			%
			%
			%
			%
			%

**(8) Applicant Signature:** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, before me, a notary public of the State of \_\_\_\_\_, in and for \_\_\_\_\_ County,

personally appeared: \_\_\_\_\_, the **above-named** Applicant, and made oath in due form of law that the matters and facts contained in said questionnaire are true and correct.

Witness my hand and official seal:

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires: \_\_\_\_\_

SEAL