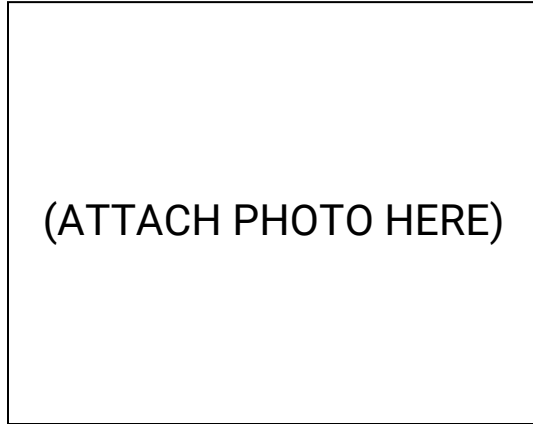


8. HAVE YOU HAD ANY LICENSE UNDER THE REGULATORY POWERS OF GWINNETT COUNTY DENIED, SUSPENDED OR REVOKED WITHIN TWO (2) YEARS PRIOR TO THE FILING OF THIS APPLICATION?

YES NO

IF YES, GIVE DETAILS: _____

9. ATTACH PASSPORT STYLE (FRONT VIEW) PHOTO TAKEN WITHIN THE PAST YEAR:



STATEMENT OF PERSONAL HISTORY DECLARATION

NOTE: Before signing this statement, check all answer 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 included all attachments submitted herewith.

I, _____ do solemnly swear, subject to the penalties of false swearing, that the statement and answers made by me as the applicant and forgoing personal statement are true and correct. Further, as part of the process resulting from my application for background investigation, for a alcohol beverage license, I hereby authorize personal Gwinnett County Police Department to receive, verify, and disseminate any criminal history information which may be in the files in any local, state, federal criminal justice agency for investigative purposes, denial, or appeals. Additionally, authorization is given to Gwinnett County to verify, in any manner it deems appropriate, any and all items indicated on this statement.

Applicant signature: _____ Date: _____

SEAL

For notary use only

Subscribed and sworn before me on

this the _____ day of _____, 20_____

Notary Public

Date my commission expires