GWINNETT COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT

LICENSING AND REVENUE SECTION ALCOHOL BEVERAGE UNIT STATEMENT OF PERSONAL HISTORY

Instructions: Complete and notarize, each question must be fully answered. If space provided is not sufficient, answer on a separate sheet and indicate the question that is being answered.

1.	CHECK: Sole Owner/Proprietor Partner: General Limited Silent Principal Stockholder (20% or more) Manager		
2.	BUSINESS NAME (DBA):		
	LOCATION:		
3.	NAME: Last First Middle		
	ADDRESS:		
	PHONE: EMAIL:		
4.	DATE OF BIRTH: PLACE OF BIRTH:		
	SSN: SEX: MALE FEMALE RACE:		
	COLOR OF HAIR: COLOR OF EYES:		
5.	U.S. CITIZEN PERMANENT RESIDENT – LIST ALIEN NUMBER:		
6.	STATE ANY OTHER NAMES WHICH YOU HAVE USED (MAIDEN NAME, NAMES BY FORME MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES, NICKNAMES, ETC):		
7.	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, location and disposition. If no arrest, write "NO ARREST". After last arrest is listed, please write "NO OTHER ARRESTS"):		
	1		
	2		
	3		
	4		

- 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: _	
	For notary use o	only
	Subscribed and sworn before me on	
SEAL	this the day of	, 20
-	Notary Public	Date my commission expires