



Every officer and majority owner must complete a Personal History Statement. Answer all questions. Any false statement will disqualify you and subject you to prosecution under section 101.69 of the Texas Alcoholic Beverage Code and other criminal statutes.

**OWNER/APPLICANT**

1. Trade Name (Name of restaurant, bar, etc.)

2. Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Marital Status:  Single  Married  Divorced  Widowed

4. Full Legal Name (Last, First, Middle)

Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)
Race:	Gender:	Height:
		Weight:
		Hair Color:
		Eye Color:

Place of Birth (City, State, Country)

Email Address

**SPOUSE**

5. Full Legal Name (Last, First, Middle)

Social Security Number	Issuing State/ Driver License Number	Date of Birth (mm/dd/yyyy)
Race:	Gender:	Height:
		Weight:
		Hair Color:
		Eye Color:

Place of Birth (City, State, Country)

**OTHER RESIDENT**

6. Do you live with anyone over the age of 18, other than your spouse?  YES  NO  
 If "YES" please provide their information below: (If additional space is needed, please attach a page with information.)

Full legal name (Last, First, Middle)

Social Security Number	Issuing State/ Driver License No.	Date of Birth (mm/dd/yyyy)	Relationship
Race:	Gender:	Height:	Weight:
			Hair Color:
			Eye Color:

**RESIDENTIAL ADDRESSES**

7. List residential addresses for the past five (5) years starting with current address.  
 If you have not lived in Texas for the previous 12 months, you are required to provide TABC with an official copy of your criminal background check from the FBI or state police of any state where you lived during the previous five years.  
 (If additional space is needed, please attach a list with the required information below.)

Number and Street	City, State, ZIP	From (mm/yyyy)	To (mm/yyyy)
			PRESENT

8. Business Phone No. \_\_\_\_\_ Residential Phone No. \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

**RESIDENT STATUS**

9A. Are you a U.S. citizen?  YES  NO

B. If "YES" answer the following:  
 Native Born  Naturalized. If "Naturalized," Provide the "A" Number \_\_\_\_\_

C. If "NO" What is your legal status in the United States? Explain below, or attach a page with information.

D. Provide all documents such as Visa, Resident Alien, Employment Authorization Documents, etc.

TABC USE ONLY	APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO	SPOUSE (BE/BG ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
	CH - Date Entered / /	Supervisor's Signature	Destroy Date / /

## EMPLOYMENT HISTORY

**10.** List employment for the *past five (5) years* beginning with your current employer. If self-employed or retired, include the name of your company or company from which you retired, type of business owned or the position held prior to retirement. Include periods of unemployment. All periods of time must be accounted for during the past five years. (If additional space is needed, attach a separate sheet.)

Name of Employer/Company	Address (Street, City, State, ZIP)	Position Held/Business Type	From (mm/yyyy)	To (mm/yyyy)
				<b>PRESENT</b>

## INDIVIDUAL FINANCIAL INFORMATION

**11.** List the total amount of **your** personal investment in this location. Provide investment details including notes, loans, gifts, cash, services or equipment, and operating capital. Account for the original source of all investments (how acquired). Enter total dollar amount on the line of the amount invested column.  
(If additional space is needed, attach a separate sheet.)

**NOTE:** If investment is in the form of a loan or gift, attach name of lender or financial institution, address, terms and security and loan/gift documents. If from an individual, attach personal information for all individuals including: name, social security number, driver license number and state, date of birth, race, sex, etc.

Amount Invested	Original Source of Investment (loans, previous employment, etc).
\$	
\$	
\$	
\$	
\$	
\$	
<b>TOTAL AMOUNT OF PERSONAL INVESTMENT</b>	

## WARNING AND SIGNATURE

**WARNING:** Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who makes a false statement or false representation in an application for a permit or license or in a statement, report, or other instrument to be filed with the Commission and required to be sworn commits an offense punishable by imprisonment in the Texas Department of Criminal Justice for not less than 2 nor more than 10 years."

I hereby swear, under penalty of law, that I have read all information provided in this document, along with any attachments, and the information is true and correct. I also understand any false statement or representation in this application can result in my application being denied and/or criminal charges being filed against me. I authorize the Texas Alcoholic Beverage Commission to use all legal means to verify the information provided.

**PRINT  
NAME:** \_\_\_\_\_

**AUTHORIZED  
SIGNATURE:** \_\_\_\_\_

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the person whose name is signed to the foregoing document personally appeared and duly sworn by me, each states under oath that he or she has read the said document and that all facts therein set forth are true and correct.

**SIGN  
HERE:** \_\_\_\_\_

Notary Public

**( S E A L )**