



PERSONAL HISTORY SHEET

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.

APPLICANT

1. Trade Name: _____

2. Location Address: _____

3. Applicant's Marital Status: Single Married Divorced Widowed

4. Applicant's Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)			
Applicant's Full Legal Name (Last, First, Middle)		Place of Birth (City, State, Country)			
Applicant's Email Address					
Race	Sex	Height	Weight	Hair Color	Eye Color

APPLICANT'S SPOUSE

5. Spouse's Social Security Number Issuing State/ Driver License Number Date of Birth (mm/dd/yyyy)

Spouse's Full Legal Name (Last, First, Middle) Place of Birth (City, State, **Country**)

Race	Sex	Height	Weight	Hair Color	Eye Color
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OTHER RESIDENT

6. Do you live with anyone over the age of 18, other than your spouse? **6.** YES NO

If "YES," please provide their information below: *(If additional space is needed, please attach a page with information.)*

Social Security Number	Issuing State/ Driver License No.	Date of Birth (mm/dd/yyyy)	Relationship
Full legal name (Last, First, Middle)		Race	Sex

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 state police or FBI of any state where you lived in the previous five years.
(If additional space is needed, please attach a list with the following information.)

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

8. Business Phone No. Residential Phone No. Mobile Phone No. (optional)

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," answer the following: 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. Indicate periods of unemployment or retirement, including dates. If retired, include name of company from which you retired and the position you held. Also indicate if not employed outside your home.
(If additional space is needed, attach a separate sheet.)

Name of Employer	Address (Street, City, State, ZIP)	Position Held	From (mm/yyyy)	To (mm/yyyy)
				PRESENT

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 and driver license numbers, date of birth, race, sex, etc.

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

SIGN AND NOTARIZE APPLICATION

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, under penalty of law, hereby swear that I have read all the information provided in this document and 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 filed against me. I also 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: _____

(S E A L)

Notary Public