



10. If married, give spouses Full Name: \_\_\_\_\_

Date and place of marriage: \_\_\_\_\_

Name of spouse's employer: \_\_\_\_\_

Have you ever used or been known by any other name? \_\_\_\_\_

11. State maiden name, names by former marriages, former names changed legally or otherwise, aliases or nicknames. Fore each, list the time period during which you were known by this name: \_\_\_\_\_

\_\_\_\_\_

14. Are you a register voter in the State of Georgia? \_\_\_\_\_

Name of County where registered: \_\_\_\_\_

Number of years registered to vote: \_\_\_\_\_

15. For the last calendar year, did you file and pay any County property tax? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Name of County: \_\_\_\_\_

16. For the last calendar year, did you file and pay any City property tax? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Name of City: \_\_\_\_\_

17. Employment record for the past ten (10) year: (give most recent experience first, if self employee give details): \_\_\_\_\_

From Month/Year	To Month/Year	Employed By	City/State
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(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

Occupation and Description  
of duties performed

Reason for Leaving

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

18. List, with your most recent place of residence first, all of your residences for the past ten (10) years:

Dates From/To	Street	City	State
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\_\_\_\_\_

\_\_\_\_\_

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19. Have you ever been in Military Service? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
List your Serial Number: \_\_\_\_\_ Branch of Service: \_\_\_\_\_  
Period of Service: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_  
Type of Discharge received: \_\_\_\_\_

20. 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 Ordinance? All charges must be included, even if they were dismissed.)

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21. State the full name of dealer and trade name if any, submitting application of which this personnel statement is a part:

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22. State the position of applicant in dealer's business: \_\_\_\_\_

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23. Does applicant have an ownership or profit sharing interest in this business? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
Describe same: \_\_\_\_\_

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24. Do you have any financial interest in any bar, lounge, tavern, restaurant or other place of business where alcoholic beverages are sold and consumed on the business premises? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
If yes, give details: \_\_\_\_\_

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25. State you telephone number: \_\_\_\_\_  
State your business telephone number: \_\_\_\_\_  
State the name and telephone number of someone who can be contacted in an emergency situation on your behalf: Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

26. Do you have any financial interest or are you employed in any wholesale or retail liquor business other than the business submitting the license application of which this personnel statement is a part?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, give names and locations and amount of interest in each:

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28. Do you have any financial interest or are you employed in any business engaged in distilling, bottling, rectifying or selling (wholesale or retail) alcoholic beverages in this State or outside this State which has not been otherwise disclosed in this statement? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Have you ever had any financial interest in a liquor business, which was denied a liquor permit?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Has any liquor business in which you hold or have held any financial interest or have been employed ever been cited for any violation for the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of distilled spirits? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Are you related by blood, marriage or adoption to any persons engaged in any business handling alcoholic beverages, whiskeys or liquors in the State of Georgia? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
If yes, state the name, relationship and location for each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Personal References. Give three (2) personal references, not relatives, former employers, fellow employees or school teachers who are responsible adults, business or professional men or women who have known you well during the past five years. (For each state the name, residence, business address and number of years known.)

Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Number of Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Number of Years Known: \_\_\_\_\_

33. Of those persons identified before in the preceding question and those persons identified as you employers in your employment record state which, if any, are engaged in any business handling alcoholic beverages as an owner, stockholder or employee and the name of such business:

Name:	Name of Business:
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_____	_____
_____	_____
_____	_____

- 34. Attach two (2) passport-size photographs (front-view). Write name on back of photographs and also the name of dealer submitting a license application.
- 35. There must be submitted with this personnel statement the fingerprints of applicant on two (2) fingerprint cards which will be furnished by the City of Forest Park. Initial here that such fingerprint cards are attached hereto: \_\_\_\_\_

**NOTE:** Before signing this statement, check all answers 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 includes all attached sheets submitted herewith.

**VERIFICATION**

I, \_\_\_\_\_, applicant for license do solemnly swear, subject to criminal penalties for false swearing, that the statement and answers made by me to the foregoing questions in this application for a City of Forest Park license as a dealer in alcoholic beverages and liquors are true and no false or fraudulent statement or answer is made therein to procure the granting of such license.

\_\_\_\_\_  
Applicant's Signature  
(Full name in ink)

\_\_\_\_\_  
Applicant's Name  
(Print or type)

I certify that \_\_\_\_\_  
(the above-named applicant)  
is personally known to me and that he signed his name to the foregoing statements and answers made therein and under oath actually administered by me has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL: