



SPOUSE PERSONAL QUESTIONNAIRE
(Completed by spouses of all owners holding 10% or more)

First/Middle/Last: _____

Alias/Maiden Name: _____

Current Home Address: _____

Provide Home Address(s) for last five years:

Home Phone Number: _____ Cell or Work Phone Number: _____

Employment History (past five years):
From(M/YY) To(M/YY) Job Title Company Name, City

Social Security Number: _____ Driver's License No: _____ State Issued: _____

US Citizen: Yes No Place of Birth: _____ Date of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Marital Status: _____ Spouse Full Name: _____

Marriage Date(M/D/Y): _____ Marriage Place (city, state): _____

Do you have (or have you ever had) any direct or indirect interest in an alcoholic beverage license? If yes, please provide license number and your involvement. No Yes (please attach brief explanation)

Have you (or any company you were/are involved in) had an alcoholic beverage license revoked, suspended or denied? If yes, please provide license number, your involvement and explanation of infraction?
 No Yes (please attach brief explanation)

Have you ever been arrested, charged, convicted or placed on probation? If yes, please provide detailed explanation.
 No Yes (please attach brief explanation)