

SPOUSE PERSONAL QUESTIONNAIRE

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

First/Middle/Last:			
Current Home Address:			
Provide Home Address(s			
Home Phone Number: _		Cell or Work Phone	e Number:
Employment History (pa From(M/YY) To(M/	YY) Job Title	1 , ,	ity
Social Security Number:Driver's I			
US Citizen: Yes	No Place of Birth:		Date of Birth:
Height:	Weight:	Eye Color:	Hair Color:
Marital Status:	Spouse Full Nam	e:	
Marriage Date(M/D/Y):		Marriage Place (city, sta	ate):
	u ever had)any direct or ind and your involvement.		cholic beverage license? If yes, please ch brief explanation)
	ovide license number, your		erage license revoked, suspended or nation of infraction?
Have you ever been arres	. 3 .	placed on probation? I	f yes, please provide detailed explanation.

CONSULTING . LICENSING . REPORTING

P 707 529 7843 • F 707 657 0365

PO BOX 1124 WINDSOR CA 95492

drea@dhwinecompliance.com | www.dhwinecompliance.com