

## INDIVIDUAL PERSONAL QUESTIONNAIRE

(Completed by officers, directors, LLC managers and all owners holding 10% or more)

First/Middle/Last:		
Current Home Address:		
Provide Home Address(s) for last five		
Home Phone Number:	Cell or Work Ph	one Number:
	bb Title Company Name,	City
		State Issued:
		Date of Birth:
		Hair Color:
Marriage Date(M/D/Y): Marriage Place (city, state):		
Do you have (or have you ever had)an provide license number and your invo		lcoholic beverage license? If yes, please attach brief explanation)
		everage license revoked, suspended or planation of infraction?   No Yes
Have you ever been arrested, charged, ☐ No ☐ Yes (please attach brief ex		? If yes, please provide detailed explanation.
PERSONAL REFERENCE		
Name: Phone:		
Address:		
FINANCIAL CONTRIBUTION Investment Amount: \$ In	vestment Type: Savings from 6	earnings Loan Other(inheritance, gift)
Bank Name:	Acco	unt Number:
Bank Address:		

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P 707 529 7843 • F 707 657 0365

PO BOX 1124 WINDSOR CA 95492