



Personal/Criminal History Statement

(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Licenses)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of License(s) you are applying for: *(You must provide a copy of this form to each of the agencies you checked below.)*

LIQUOR
 LOTTERY
 GAMBLING
 CIGARETTE/TOBACCO Wholesaler/Retailer

BUSINESS NAME: <i>(DBA or trade name)</i>				
BUSINESS LOCATION ADDRESS: <i>Street or Route</i>	City	County	State or Country	Zip Code

I AM A:
 SOLE PROPRIETOR
 CORPORATE OFFICER
 STOCKHOLDER
 FINANCIER
 LLC MEMBER/MGR
 SPOUSE
(Check all that apply)
 PARTNER
 Title: _____ 10% or more
 MANAGER
 OTHER: _____

NAME: <i>(Last, First, Middle)</i>		Maiden	SOCIAL SECURITY NUMBER:	
HOME MAILING ADDRESS: <i>(Street or PO Box)</i>		City	County	
State or Country:	Zip Code:	HOME PHONE:	WORK/CELL PHONE:	
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
BIRTHDATE: <i>(Month, Day and Year)</i>	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: <i>(Month, Day and Year)</i>
SPOUSE'S NAME: <i>(Last, First, Middle)</i>		Maiden	DATE OF MARRIAGE: <i>(Month, Day and Year)</i>	

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

CRIMINAL HISTORY STATEMENT

Have you EVER:
 1. Been arrested or cited?
 3. Been convicted?
 5. Been placed on probation?
 2. Been charged with a crime?
 4. Been Jailed?
 6. Forfeited bail or paid a fine over \$25 (Include traffic fines)?
 YES NO

You must answer "YES" if any of the above have occurred, **even if charges were dismissed, deferred or changed**. Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. **You must include events that occurred while you were a juvenile.**

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE: X		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: <i>(City, County and State)</i>
<i>If applying for gambling license, elected chief executive officer or employer must also sign this form.</i>		
SIGNATURE: X		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: <i>(City, County and State)</i>

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LICENSE NUMBER _____

UBI NUMBER _____

Page 2 to be completed by applicants applying for Liquor, Gambling, Cigarette and Tobacco wholesaler/retailer Licenses.

ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: <i>City</i>	County	State or Country		
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:		
PLACE OF MARRIAGE: <i>City</i>	County	State or Country	Zip Code	
MILITARY SERVICE: <i>(Branch and dates of service)</i>	COUNTRY OF MILITARY SERVICE:		TYPE OF DISCHARGE:	
E-MAIL ADDRESS:		FAX NUMBER:		

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code

RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

CERTIFICATION

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE:		
X	DATE SIGNED:	PLACE SIGNED: <i>(City, County and State)</i>
PRINT NAME:		

APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM

LIQUOR CONTROL BOARD
PO BOX 43098
OLYMPIA WA 98504-3098

LOTTERY COMMISSION
PO BOX 43027
OLYMPIA WA 98504-3027

GAMBLING COMMISSION
PO BOX 42400
OLYMPIA WA 98504-2400

CIGARETTE/TOBACCO
PO BOX 43098
OLYMPIA WA 98504-3098