

MISCELLANEOUS INFORMATION FORM

TO BE COMPLETED BY EACH PARTNER, CORPORATE OFFICER, AND ON-SITE MANAGER

BUSINESS OR ESTABLISHMENT NAME

YOUR NAME AND TITLE OR POSITION

ALL OTHER NAMES USED
(INCLUDING MAIDEN NAME AND PREVIOUS MARRIED NAME)

DATE OF BIRTH PLACE OF BIRTH
CITY STATE COUNTRY

MALE FEMALE HEIGHT WEIGHT HAIR EYES

DRIVER'S LICENSE# SOCIAL SECURITY NBR HOME PHONE

RESIDENCE ADDRESS
STREET CITY STATE ZIP CODE

ADDRESSES FOR LAST THREE (3) YEARS (USE REVERSE IF NECESSARY)

LIST BELOW **ALL** CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE WITHIN LAST 10 YEARS. IF THIS IS A RENEWAL, INCLUDE ONLY THOSE SINCE LAST APPLICATION. (USE REVERSE IF NECESSARY). IF THIS DOES NOT APPLY, PLEASE INDICATE N/A.

DATE	CHARGE	INVESTIGATING AGENCY	DISPOSITION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to having all required notices, unless otherwise specified, sent by U.S. Mail to the address given on this application.

Date _____

Signature _____

PLANNING DEPARTMENT

Approved Disapproved By _____ Date _____

FIRE DEPARTMENT

Approved Disapproved By _____ Date _____

SHERIFF'S DEPARTMENT

Approved Disapproved By _____ Date _____