|  |  |  |
| --- | --- | --- |
|   | Licensing and Regulation1025 Union Ave SEPO Box 43098Olympia, WA 98504-3098Phone: 360-664-1600FAX: 360-753-2710[www.lcb.wa.gov](http://www.lcb.wa.gov)  |       |
| License Number |
|       |
| UBI Number |
|       |
| Trade Name |

# Personal/Criminal History Statement

|  |
| --- |
| BUSINESS NAME: *(DBA or trade name)*      |
| BUSINESS LOCATION ADDRESS: *Street or Route*      | *City*      | *County*      | *State or Country*      | *Zip Code*      |

**I AM A**: SOLE PROPIETOR CORPORATE OFFICER STOCKHOLDER FIANCIER LLC MEMBER/MANAGER

*Check all the apply)* SPOUSE PARTNER MANAGER Title: \_\_\_ 10% or more OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| NAME: *(Last, First, Middle)*      | *Maiden*      | SOCIAL SECURITY NUMBER:      |
| HOME MAILING ADDRESS: *(Street or PO Box)*      | *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: *(Month, Day and Year)*      | SEX: MALEFEMALE | RACE:      | DRIVER’S LICENSE NUMBER & STATE OF ISSUE:      |
| SPOUSE’S NAME: *(Last, First, Middle)*      | *Maiden*      | DATE OF MARRIAGE: *(Month, Day and Year)*      |
| **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?
2. Been charged with a crime?
3. Been convicted?
4. Been Jailed?
5. Been placed on probation?
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 at- tach 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.**

**CERTIFICATION**

****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFENSE DATE** | **OFFENSE** | **CITY** | **COUNTY** | **STATE** | **DISPOSITION AND DATE** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

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: *(City, County and State)*      |
| SIGNATURE:**X** |
| PRINT NAME:      | DATE SIGNED:      | PLACE SIGNED: *(City, County and State*)      |

LIQ-1460 PERS/CRIM HISTORY (1/20/22) PAGE 1 OF 2

# Personal/Criminal History Statement (Page 2)

LICENSE NUMBER

UBI NUMBER

**ADDITIONAL PERSONAL HISTORY**

|  |  |  |
| --- | --- | --- |
| PLACE OF BIRTH: *City*      | County      | *State or Country*      |
| OTHER NAMES USED:      | PREVIOUS SOCIAL SECURITY NUMBER:      |
| PLACE OF MARRIAGE: *City*      | *County*      | *State or Country*      | *Zip Code*      |
| MILITARY SERVICE: *(Branch and dates of service)*      | 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: *(Street or Route)*      | *City*      | *County*      | *State or Country*      | *Zip Code*      |
| Dates From - To:      | TITLE:      | SUPERVISOR:      |
| EMPLOYER/SCHOOL:      |
| ADDRESS: *(Street or Route)*      | *City*      | *County*      | *State or Country*      | *Zip Code*      |
| Dates From - To:      | TITLE:      | SUPERVISOR:      |
| EMPLOYER/SCHOOL:      |
| ADDRESS: *(Street or Route)*      | *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:      |

LIQ1460 PERS/CRIM HISTORY (1/20/22) PAGE 2 OF 2