|  |  |  |
| --- | --- | --- |
|  | Licensing and Regulation  1025 Union Ave SE  PO Box 43098  Olympia, WA 98504-3098  Phone: 360-664-1600  FAX: 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: MALE  FEMALE | 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