

OFFICE USE ONLY
<input type="radio"/> Original <input type="radio"/> Amended      Date _____

**PERSONAL QUESTIONNAIRE**

- a. All principals to the license application must complete this questionnaire in full.  
(Lendors, donors, guarantors and managers must also complete this questionnaire.)
- b. If you are a **lender, donor or guarantor** you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

NAME OF APPLICANT

**1. STATEMENT OF IDENTIFICATION**

Print <b>YOUR</b> name:	Date of birth	Social Security Number
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Residence street address	County
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

City	State	Zip Code	Residence Telephone	Cellular Phone
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

E-mail Address (Required):	U.S. Citizen	If NOT U.S. citizen - country of citizenship
<input style="width: 95%; height: 25px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%; height: 25px;" type="text"/>

If ALIEN, registration number or VISA type	List any other names that you may have been known by (including maiden name)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

HEIGHT <input style="width: 80%; height: 20px;" type="text"/>  WEIGHT <input style="width: 80%; height: 20px;" type="text"/>  SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	HAIR COLOR <input style="width: 80%; height: 20px;" type="text"/>  EYE COLOR <input style="width: 80%; height: 20px;" type="text"/>	MARITAL STATUS <input style="width: 80%; height: 20px;" type="text"/>  SPOUSE NAME <input style="width: 80%; height: 20px;" type="text"/>  SPOUSE'S SOCIAL SECURITY #: <input style="width: 80%; height: 20px;" type="text"/>
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**2. Position (or interest) you will hold (check each):**

- |   |  |   |
|---|--|---|
| <input type="radio"/> President                     | <input type="radio"/> Director             | <input type="radio"/> Stockholder    ➔ <input style="width: 80px;" type="text"/> Number of shares owned |
| <input type="radio"/> Vice President                | <input type="radio"/> Manager              | <input type="radio"/> LLC Member    ➔ <input style="width: 80px;" type="text"/> Percentage of ownership |
| <input type="radio"/> Secretary                     | <input type="radio"/> Partner              | <input type="radio"/> LLC Manager   |
| <input type="radio"/> Treasurer                     | <input type="radio"/> General Partner      | <input type="radio"/> Lender*   |
| <input type="radio"/> Chairman                      | <input type="radio"/> Limited Partner      | <input type="radio"/> Donor*  |
| <input type="radio"/> Officer                       | <input type="radio"/> Sole Proprietor      | <input type="radio"/> Guarantor*  |
| <input type="radio"/> ABC Officer                   | <input type="radio"/> Joint Account Holder |   |
| <input checked="" type="radio"/> Other    Solicitor |  |   |

\*If Lender, Donor or Guarantor state your relationship to the applicant.

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Print **YOUR** Name

**3. RESIDENCE HISTORY**

**List your residence history for the past FIVE (5) years to the Present Date.**

Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>
Address	From (month/year)	To (month/year)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>

**4. EMPLOYMENT HISTORY**

**List your employment history for the past FIVE (5) years to the present date.**

**Also, list any employment history that shows experience in the alcohol industry.**

**Add additional sheets if necessary.**

From (month/year)	To (month/year)	Employer
<input style="width: 40%; height: 25px;" type="text"/>	<input style="width: 40%; height: 25px; text-align: center; value: Present;" type="text"/>	<input style="width: 95%; height: 25px; text-align: center; value: T. Elenteny Holdings, LLC dba T. Elenteny Imports;" type="text"/>
Position	Employer Address	
<input style="width: 95%; height: 25px; text-align: center; value: Solicitor;" type="text"/>	<input style="width: 95%; height: 25px; text-align: center; value: 285 West Broadway, Suite 500, New York, NY 10013;" type="text"/>	
Type of business		
<input style="width: 95%; height: 25px; text-align: center; value: NY Wholesaler -- Wine &amp; Liquor;" type="text"/>		
From (month/year)	To (month/year)	Employer
<input style="width: 40%; height: 25px;" type="text"/>	<input style="width: 40%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Position	Employer Address	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
Type of business		
<input style="width: 95%; height: 25px;" type="text"/>		
From (month/year)	To (month/year)	Employer
<input style="width: 40%; height: 25px;" type="text"/>	<input style="width: 40%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Position	Employer Address	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
Type of business		
<input style="width: 95%; height: 25px;" type="text"/>		

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**5. LICENSE HISTORY / AFFILIATIONS**

5(a) If you are an applicant (i.e. proprietor, partner, stockholder, officer or director) applicant's spouse, will you continue your present occupation or business?  Yes  No

5(b) Will you take an active part in the operation of the business to be licensed?  Yes  No

If YES, explain nature of activity and the hours you will devote to the business (hours, days, responsibilities):

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans?  Yes  No

If YES, provide information below:

Business name	Business address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Type of interest and date interest began	Serial Number
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Business name	Business address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Type of interest and date interest began	Serial Number
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Business name	Business address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Type of interest and date interest began	Serial Number
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

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5(d) Other than as itemized in 5c above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal?  Yes  No

If YES, provide information below:

Name of applicant	Address of premises	Date of filing
<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 380px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>

Serial Number	Disposition
<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 580px; height: 25px;" type="text"/>

Name of applicant	Address of premises	Date of filing
<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 380px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>

Serial Number	Disposition
<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 580px; height: 25px;" type="text"/>

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Serial Number	Disposition
<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 580px; height: 25px;" type="text"/>

5(e) Has a license or permit listed above been REVOKED, CANCELED or otherwise **Involuntarily Terminated**?  Yes  No

If YES, state action and date of action, and give details:

5(f) Are you a police commissioner or law enforcement/police officer?  Yes  No

If YES, provide details

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**6. CONVICTION RECORD AND PENDING CRIMINAL CASES**

(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualification) which would forbid a person to traffic in alcoholic beverages?

YOU	SPOUSE
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

**If YES, supply details**

(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor, driving while intoxicated (DWI), or driving while impaired (DWAI)?

YOU	SPOUSE
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

**If the applicant answers YES, attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.**

**If the Spouse answers YES to this question, submit a Personal Questionnaire for the Spouse along with a Certificate of Disposition.**

(c) If you have previously been approved for a license and had been convicted of any felony misdemeanor or other type of offense except minor traffic infractions, were all convictions reported to the Authority?

YOU	SPOUSE
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> Not Applicable	<input type="radio"/> Not Applicable

**If NO, attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.**

(d) **Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING** against you or your spouse - including driving while intoxicated or impaired?

YOU	SPOUSE
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

**IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.**

7. Do you have any relationship with the current/previous licensee or any of the principals of the licensee?  Yes  No

If YES, please state exactly what the relationship is (ie: family member, friend, employer, etc.)

8. Signature: \_\_\_\_\_

Dated \_\_\_\_\_