rev-03292018	
NEW YORK STATE OF OPPORTUNITY. Authority	OFFICE USE ONLY
	Original Amended Date

Amended Date _____

PERSONAL QUESTIONNAIRE

a. All principals to the license application must complete this questionnaire in full.

(e.g., lenders, donors, guarantors and managers must also complete this questionnaire.)

e. Attach additional sheets is Name of Applicant	more space is needed.		
1. STATE OF IDENTIFICAT Print YOUR name Residence Street Address	ION	Date of Birth Social Security Nu Gender	
	State Zip Co U.S Citizer O Yes O ed, Spouse Name		ip
2. POSITION (or interest)	you will hold (check each);		
□ President	☐ Director	☐ Stockholder> Number of sl	hares owned
☐ Vice President	☐ Manager	☐ LLC Member> Percentage of	of ownership
☐ Secretary	☐ Partner	☐ LLC Manager	
☐ Treasurer	☐ General Partner	☐ Lender*	
☐ Chairman	☐ Limited Partner	□ Donor*	
☐ Officer	☐ Sole Proprietor	☐ Guarantor*	
☐ ABC Officer	☐ Joint Account Holder	☐ Trustee	
☑ Other (describe)	Solicitor / Sales Representative		
*If Lender, Donor, or Gua	rantor please state your rela	tionship to the applicant.	

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		14
Print YOUR Name		
3. RESIDENCE HISTORY		
List your residence history for the past FIVE (5) y	ears to the PRESENT DATE.	
Address		From (mm/yyyy) To (mm/yyyy)
Address		From (mm/yyyy) To (mm/yyyy)
Address		From (mm/yyyy) To (mm/yyyy)
Address		From (mm/yyyy) To (mm/yyyy)
List your employment history for the past FIVE Also, list any employment history that shows e Add additional sheets if necessary. From (mm/yyyy) To (mm/yyyy) Employer Present T. Elenteny Holdings, LLC	xperience in the alcohol indust	: ry.
Position	Employer Address	
Solicitor	285 W Broadway, Room 500, Ne	w York, NY 10013
Type of Business		
NYS Wine & Spirits Wholesaler		
	_	
From (mm/yyyy) To (mm/yyyy) Employer		
Position Processing Contract C	Fuendamen Address	
Position	Employer Address	
Type of Business		
Type of Business	7	
	J	
From (mm/yyyy) To (mm/yyyy) Employer		
Position	Employer Address	
Type of Business		

		OFFICE US	ONLY]	
	Original		Date			1
Print YOUR Name						_
5. LICENSE HISTORY / A	FFILIATIONS					
5(a) If you are an app or applicant's sp	,	oprietor, partner, st continue your prese			· UITES	S O No
5(b) Will you take an	active part in t	the operation of the	e busine:	ss to be licensed?	O Yes	S O No
If YES, please exp (hours, days, res		e of activity and the	e hours y	ou will devote to t	he business	
5(c) Do you have any			-	· · · · · · · · · · · · · · · · · · ·		
	•	ness where any alco le or retail whether		-		Yes O No
directors, mortga any other means	_	or ownership of anns?	y real or	personal property	, or by	
If YES, please pro						
Business Name			Ducin	ess Address		
Busiliess Name			Busin	ess Address		
Type of Interest				Date Interest Beg	gan License	Serial Number
Business Name			Busin	ess Address		
Type of Interest				Date Interest Beg	gan License	Serial Number
L					[
Business Name			Ducin	acc Addracc		
Dusiness Maine			Dusin	ess Address		
Type of Interest				Date Interest Beg	gan License	Serial Number

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	OFFICE Original Amended	USE ONLY Date	
Print YOUR Name			
or anywhere for a	mized in 5(c) above, have you a license or permit to traffic in	ever applied in New York State alcoholic beverages, including ership, limited liability entity or	O Yes O No
If YES, please pro	ovide information below:		
Name of Applica	ant	Address of Premises	
Disposition		Date of Filing	License Serial Number
Name of Applica	nt	Address of Premises	
Disposition		Date of Filing	License Serial Number
Name of Applica	nt	Address of Premises	
Disposition		Date of Filing	License Serial Number
Name of Applica	nt	Address of Premises	
Disposition		Date of Filing	License Serial Number
Involuntarily Ter		OKED, CANCELLED or otherwise	O Yes O No
7.1			
5(f) Are you a police o	commissioner or law enforcemide details:	nent / police officer?	O Yes O No

OFFICE USE ONLY Original Amended Date		
Print YOUR Name		1
6. CONVICTION RECORD AND PENDING CRIMINAL CASES		
6(a) Have you or your spouse ever been convicted of a crime addressed by provisions of Section 126 of the ABC Law (see instructions for statute disqualifications) which would forbid a person to traffic in alcoholic by	ory Spouse	○ Yes ○ No ○ Yes ○ No
If YES, please provide details	, evel ages	
6(b) Have you or your spouse ever been CONVICTED (including pleas of g suspended sentences) of any felony, misdemeanor, driving while int (DWI), or driving while ability impaired (DWAI)? If the applicant answers YES, please attach a Certificate of Disposition is clerk for each case. If convicted of a felony, please submit a Certificate of from Disabilities, if available. Please submit an Affidavit explaining all of	toxicated YOU by the court SPOUSE of Relief	O Yes O No O Yes O No
If the Spouse answers YES to this question, please submit a Personal Que for the Spouse along with a Certificate of Disposition.	estionnaire	
6(c) If you have previously been approved for a license and had been con of any felony, misdemeanor or other type of offense except minor t infractions, were all convictions reported to the Authority?	raffic YOU	○ Yes ○No Not Applicable
If NO, please attach a Certificate of Disposition by the court clerk for ea If convicted of a felony, please submit a Certificate of Relief from Disable available. Please submit an affidavit explaining all details.	ch case. SPOUSI	Yes O No Not Applicable
6(d) Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING aga your spouse - including driving while intoxicated or impaired?	ainst you or YOU SPOUSE	O Yes O No
If YES, please provide a copy of the Accusatory Instrument.	3F003E	O Yes O No
7. Do you have any relationship with the current / past owner of the buat this location?		O Yes O No
If YES, please state exactly what the relationship is. (e.g., family m	SPOUSE ember, friend, employ	

8. Signature:

Date: ____