

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.)
- 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. STATE OF IDENTIFICATION

Print **YOUR** name Date of Birth Social Security Number

Residence Street Address Gender Male Female

City State Zip Code Residence Telephone Cellular Telephone

E-mail Address U.S Citizen Yes No If NOT U.S. citizen - country of citizenship

Married Yes No If Married, Spouse Name Spouse Social Security Number

2. POSITION (or interest) you will hold (check each);

- | | | |
|---|---|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Director | <input type="checkbox"/> Stockholder -----> <input style="width: 100px; height: 25px;" type="text"/> Number of shares owned |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Manager | <input type="checkbox"/> LLC Member -----> <input style="width: 100px; height: 25px;" type="text"/> Percentage of ownership |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Partner | <input type="checkbox"/> LLC Manager |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> General Partner | <input type="checkbox"/> Lender* |
| <input type="checkbox"/> Chairman | <input type="checkbox"/> Limited Partner | <input type="checkbox"/> Donor* |
| <input type="checkbox"/> Officer | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Guarantor* |
| <input type="checkbox"/> ABC Officer | <input type="checkbox"/> Joint Account Holder | <input type="checkbox"/> Trustee |

Other (describe)

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

Print **YOUR** Name

3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years 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)

4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to PRESENT DATE.
 Also, list any employment history that shows experience in the alcohol industry.
 Add additional sheets if necessary.

From (mm/yyyy)	To (mm/yyyy)	Employer
	Present	T. Elenteny Holdings, LLC dba Elenteny Imports
Position		Employer Address
Solicitor		285 W Broadway, Room 500, New York, NY 10013
Type of Business		
NYS Wine & Spirits Wholesaler		

From (mm/yyyy)	To (mm/yyyy)	Employer
Position		Employer Address
Type of Business		

From (mm/yyyy)	To (mm/yyyy)	Employer
Position		Employer Address
Type of Business		

Print **YOUR** Name

5. LICENSE HISTORY / AFFILIATIONS

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or 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, please explain the 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, please provide information below:

<p>Business Name</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>Business Address</p> <input style="width: 95%; height: 25px;" type="text"/>
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<p>Type of Interest</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>Date Interest Began</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>License Serial Number</p> <input style="width: 95%; height: 25px;" type="text"/>
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<p>Business Name</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>Business Address</p> <input style="width: 95%; height: 25px;" type="text"/>
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<p>Type of Interest</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>Date Interest Began</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>License Serial Number</p> <input style="width: 95%; height: 25px;" type="text"/>
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<p>Business Name</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>Business Address</p> <input style="width: 95%; height: 25px;" type="text"/>
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<p>Type of Interest</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>Date Interest Began</p> <input style="width: 95%; height: 25px;" type="text"/>	<p>License Serial Number</p> <input style="width: 95%; height: 25px;" type="text"/>
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Print **YOUR** Name

5. LICENSE HISTORY / AFFILIATIONS

5(d) Other than as itemized in 5(c) 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, please provide information below:

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number

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

If YES, please provide information below:

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

If YES, please provide details:

