



Entity Name: \_\_\_\_\_ Address: \_\_\_\_\_ License #: LB- \_\_\_\_\_

**PERSONAL INFORMATION FORM**

Please provide the following information:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Your title as it relates to the business/license: \_\_\_\_\_

Place of current employment: \_\_\_\_\_

Employment for the last five years:

Dates	Position	Employer	Employer Address

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_