



PERSONAL HISTORY SHEET

Answer all questions. Any false statement will disqualify you and subject you to prosecution under section 101.69 of the Texas Alcoholic Beverage Code and other criminal statutes.

FORM L-40.2 (6/2009)

APPLICANT	1. Trade Name: _____						
	2. Location Address: _____						
	3. Applicant's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
	4. Applicant's Social Security Number - -		Issuing State/ Driver's License No		Date of Birth (mm/dd/yyyy) / /		
Applicant's Full Legal Name (Last, First, Middle)				Place of Birth (City, State, Country)			
Race		Sex	Height	Weight	Hair Color	Eye Color	
APPLICANT'S SPOUSE	5. Spouse's Social Security Number - -		Issuing State/ Driver's License No		Date of Birth (mm/dd/yyyy) / /		
	Spouse's Full Legal Name (Last, First, Middle)				Place of Birth (City, State, Country)		
	Race		Sex	Height	Weight	Hair Color	Eye Color
	6. Do you live with anyone over the age of 18, other than your spouse? 6. <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please provide their information below: (If additional space is needed, please attach a page with information.)						
Social Security Number - -		Issuing State/ Driver's License No		Date of Birth (mm/dd/yyyy) / /	Relationship		
Full legal name (Last, First, Middle)				Race	Sex		
RESIDENTIAL ADDRESSES	7. List residential addresses for the past five (5) years starting with current address. If you have not lived in Texas for the previous 12 months, you are required to provide TABC with a certified copy of your criminal background check from the state police or FBI of any state where you lived in the previous five years. (If additional space is needed, please attach a list with the following information.)						
	Number and Street		City, State, ZIP		From (mm/yyyy)	To (mm/yyyy)	
					/	PRESENT	
					/	/	
					/	/	
8. Area Code + Business Phone No. () -		Area Code + Residential Phone No. () -		Area Code + Mobile Phone No. (optional) () -			
RESIDENT STATUS	9A. Are you a U.S. citizen? 9A. <input type="checkbox"/> YES <input type="checkbox"/> NO						
	B. If "YES," answer the following: <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized. If "Naturalized," please provide the "A" Number here. A: _____						
	C. If "NO," answer the following: What is your legal status in the United States? Explain below, or attach a page with information. _____ _____						
	D. Provide all documents such as Visa, Resident Alien, Employment Authorization Documents, etc. (If additional space is needed, please attach a page with information.) _____						
DISTRICT OFFICE	APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO SPOUSE <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO						
	CH - Date Entered / /		ID #		Date Verified / /	ID#	Location Check
	Supervisor's Signature				Destroy Date / /	#	

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EMPLOYMENT HISTORY

10. List employment for the *past five (5) years* beginning with your current employer. Indicate periods of unemployment or retirement, including dates. If retired, include name of company from which you retired and the position you held. Also indicate if not employed outside your home. (If additional space is needed, attach a separate sheet.)

Name of Employer	Address (Street, City, State, ZIP)	Position Held	From (mm/yyyy)	To (mm/yyyy)
			/	PRESENT
			/	/
			/	/
			/	/
			/	/
			/	/

INDIVIDUAL FINANCIAL INFORMATION

11. This section is for you to list the total amount of your personal investment in this location. Include notes, loans, gifts, cash, services or equipment, and operating capital. Provide investment details. Account for the original source of all investments (how acquired). Enter total dollar amount on the line of the amount invested column. (If additional space is needed, attach a separate sheet.)

NOTE: If investment is in the form of a loan or gift, attach name of lender or financial institution, address, terms and security and loan/gift documents. If from an individual, attach personal information for all individuals including: Name, Social Security and Driver's License Numbers, date of birth, race, sex, etc.

Amount Invested	Original Source of Investment (loans, previous employment, etc).
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	TOTAL AMOUNT OF PERSONAL INVESTMENT

SIGN AND NOTARIZE APPLICANT OATH

SIGN AND NOTARIZE

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who makes a false statement or false representation in an application for a permit or license or in a statement, report, or other instrument to be filed with the Commission and required to be sworn commits an offense punishable by imprisonment in the penitentiary for not less than 2 nor more than 10 years."

I, under penalty of law, hereby swear that I have read all the information provided in this document and any attachments and the information is true and correct. I also understand any false statement or representation in this application can result in my application being denied and/or criminal charges filed against me. I also authorize the Texas Alcoholic Beverage Commission to use all legal means to verify the information provided.

PRINT NAME: _____
AUTHORIZED SIGNATURE: _____

BEFORE ME, the undersigned authority, on this _____ day of _____, 20____ the person whose name is signed to the foregoing document personally appeared and duly sworn by me, each states under oath that he or she has read the said document and that all facts therein set forth are true and correct.

SIGN HERE: _____

(S E A L)

Notary Public or TABCC Agent