SECTION 3 – RELATED PARTY PERSONAL INFORMATION

This section must be completed for <u>each</u> person directly connected with the business, unless they are a current licensee.

1. Business Name (D/B/A)
The Example Bar

2. Full Name of Individual
Sample Owner

Social Security Number*	Home Telephone Number	Date of Birth
	5555550101	01/01/1980

Race	Sex	Height	Weight	Eye Color	Hair Color
Sample	Sample	5'0	000	Sample	Sample

3. Are you a U.S. citizen?
☐ Yes ☐ No
If no, immigration card number or passport number:

4. Home Address (Street and Number)
123 Example Street

City	State	Zip Code
Example City	FL	33701

5. Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club?
☐ Yes ☐ No
If yes, provide the information requested below. The location address should include the city and state.

Business Name (D/B/A)	License Number
The Example Bar	

Location Address

6. Have you had any type of **<u>alcoholic beverage</u>**, or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years?
☐ Yes ☐ No
If yes, provide the information requested below. The location address should include the city and state.

Business Name (D/B/A)	Date
The Example Bar	

Location Address

7. Have you been convicted of a **<u>felony</u>** within the past 15 years? ☐ Yes ☐ No
If yes, provide the information requested below and provide a **Copy of the Arrest Disposition**, as requested in the Application Requirements checklist.

Date	Location

Type of Offense

8. Have you been convicted of an offense involving **<u>alcoholic beverages or tobacco products</u>** anywhere within the past 5 years? ☐ Yes ☐ No
If yes, provide the information requested below and provide a **Copy of the Arrest Disposition**, as requested in the Application Requirements checklist.

Date	Location

Type of Offense

9.	Have you been arrested or issued a notice to appear in any state of the United States or its territories within the past 15 years? ☐ Yes ☐ No If yes, provide the information requested below and a **Copy of the Arrest Disposition.** **Attach additional sheet if necessary.**	
	Date	Location
	Type of Offense	
10.	Do you meet the standards of the moral character rule? ☐ Yes ☐ No	
11.	Are you an officer or employee of the Division of Alcoholic Beverages and Tobacco; are you a sheriff or other state, county, or municipal officer, including reserve or auxiliary officers, certified by the state as such, with arrest powers, whose certification is current and active? ☐ Yes ☐ No	

NOTARIZATION STATEMENT

"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in the Disclosure of Interested Parties of this application. I further swear or affirm that the foregoing information is true and correct."

STATE OF_____

COUNTY OF_____ _____
APPLICANT SIGNATURE

The foregoing was ( ) Sworn to and Subscribed OR ( ) Acknowledged Before me this _____Day

of_____, 20_____, By _____who is ( ) personally
(print name of person making statement)

known to me OR ( ) who produced _____as identification.

_____ Commission Expires: _____
Notary Public

(ATTACH ADDITIONAL COPIES AS NECESSARY)

***Social Security Number**
Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(I). This information is used to identify licensees for tax administration purposes. This information is used to identify licensees for tax administration purposes, and the division will redact the information from any public records request.