PERSONAL INFORMATION FORM
(ALCOHOLIC BEVERAGE LICENSE)

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN10866 (09-2013)

License Number (Office Use Only)

Name			* Social Security Number
Do You Now or Have You in the Past Used Any Name(s) Other Than the One Listed on the line above? ☐ Yes ☐ No			
If "Yes", List the Name(s) Now or Previously Used (Be Sure to Include any Maiden Name)			
Present Home Address	City	State	ZIP Code
Present Mailing Address (if different from home address)	City	State	ZIP Code
Country of Citizenship	Date of Birth		
Place of Birth			
Name of Spouse			
Name of Premises to be Licensed			
City Where Premises are Located:			

List all Places of Residence During the Past Ten Years: (Including present date and present address)

Years (From - To)	Street Address	City	State
Years (From - To)	Street Address	City	State
Years (From - To)	Street Address	City	State
Years (From - To)	Street Address	City	State

State Your Employment (Including Part-Time) for the Past Ten Years:

Years (From - To)	Employer	Business Address	Reason For Leaving
Years (From - To)	Employer	Business Address	Reason For Leaving
Years (From - To)	Employer	Business Address	Reason For Leaving
Years (From - To)	Employer	Business Address	Reason For Leaving

Have You Ever Operated, Had a Financial Interest in, or Been Employed with an Alcoholic Beverage Establishment? ☐ Yes ☐ No If So List Below

Years (From - To)	Name of Establishment	Address	Your Involvement
Years (From - To)	Name of Establishment	Address	Your Involvement

(OVER)

Have You been **Charged** with or Convicted of a Crime (Felony or Misdemeanor) Within the Last Five Years? ☐ Yes ☐ No
If so, List all Criminal charges, Convictions, and the Disposition: (This includes all crimes, including nonsufficient funds checks, no account checks, and DUI's)

Date	Offense	City	State	Disposition	Felony or Misdemeanor
Date	Offense	City	State	Disposition	Felony or Misdemeanor
Date	Offense	City	State	Disposition	Felony or Misdemeanor
Date	Offense	City	State	Disposition	Felony or Misdemeanor
Date	Offense	City	State	Disposition	Felony or Misdemeanor

Have You or any Entity with which You have been or are Associated had any License Denied or Revoked? ☐ Yes ☐ No

If Yes, Give Full Details

The undersigned swears that the information on this form is true and correct to the best of his/her knowledge, information, and belief, and acknowledges that false or misleading information is sufficient grounds for denial or revocation of license or authorization.

Return To: Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329

Signature

State of

County of

Subscribed to and sworn before me

Date

Notary Stamp

Signature of Notary Public

Commission Expiration Date

Licensing Use Only

*** PRIVACY ACT NOTIFICATION**

Your social security number is requested to permit the North Dakota Attorney General to properly conduct a background investigation pursuant to N.D.C.C. section 5-02-02 and N.D.A.C. section 10-08-01-02 before the issuance of a state retail alcohol beverage license. Disclosure of your social security number is voluntary. However, not providing this information may result in a delay in the issuance of a license due to misidentification or criminal records check requirements of other state, local, or federal agencies.