## APPLICANT INFORMATION FORM COUNTY OF KENDALL LIQUOR COMMISSION

Note to Applicant:

In order for your application for a liquor license to be processed as swiftly as possible, it is necessary that you complete the following form. Please fill in all blanks if applicable. If certain blanks do not apply to you, answer "DNA". Please type or use a black ballpoint pen for your answers.

NAME Last First Middle  PRESENT RESIDENCE ADDRESS Number & Street City  SINCE HOME TELEPHONE #  SOCIAL SECURITY # DRIVERS LICENSE #  SEX HEIGHT WEIGHT WEIGHT  HAIR COLOR EYE COLOR  PREVIOUS RESIDENCE ADDRESS Number Street City Sta  FROM TO  PRESENT EMPLOYER Name of Firm POSI  Address  LIST ANY ADDITIONAL EMPLOYER IN THE PAST TEN (10) YEARS ON THE RIMARITAL STATUS PLACE OF BIRTH  IF NATURALIZED, WHERE AND WHEN NAME OF SPOUSE  ARE YOU A HIGH SCHOOL GRADUATE? DATE:  NAME & LOCATION OF SCHOOL  HAVE YOU EVER BEEN FINGERPRINTED? IF SO, WHERE  FOR INTERIOR TO THE PAST TEN (10) TO THE PAST GRADUATE?  DATE:  DATE:  DOT NOTE:  NOTE:  TO DESCRIPTION OF SCHOOL  IF SO, WHERE  FOR INTERIOR TO THE PAST TEN (10) THE PAST GRADUATE?  DATE:  DATE		
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HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A TRAFFIC CH	ARGE?	
LIST BELOW, WHERE AND WHEN ARRESTED AND OUTCOME OF THE ARREST		
DATE SIGNED		