



PRINCE EDWARD ISLAND
THE LIQUOR CONTROL ACT
REGULATIONS

PERSONAL HISTORY REPORT

This form is to be completed by an individual applicant, by each member of a partnership and by all officers of the corporation and such employees of the applicant as may be required by the Commission. On completion it is to be attached to the enclosed "Application for License(s)" and will form part of the application form.

(This form must be completed by typewriter or other legible means)

1. Name of establishment for which this report is submitted

Blank lines for name of establishment

Location form with fields: STREET ADDRESS, PLACE, POSTAL CODE, PHONE NUMBER

2. Name in full form with fields: SURNAME, CHRISTIAN NAME

Blank lines for name in full

Place of residence during past one year

Blank lines for place of residence

3. Are you over the age of 19 years?

4. Have you been convicted during the last ten years for any offence (other than minor traffic offences) ? — If answer is yes, give details of each conviction.

Table with 4 columns: Date, Place, Charge, Disposition

5. Are there any unsatisfied judgments against you?

If so, give details

Blank line for details of judgments

6. Have you, in your personal capacity or in your association with any group, company or corporation, ever been the subject of bankruptcy proceedings? — If so, give details

Blank line for details of bankruptcy

7. Have you ever applied for a license for sale of liquor in Canada, or elsewhere, either as an individual, a member of a partnership, or as an officer or director of a corporation?

Blank line for details of license applications

If so, give details

Table with 3 columns: Date of Application, Name of Establishment, Location

Table with 2 columns: Type of License, Disposition

8. Have you any interest, direct or indirect, in any business where alcoholic beverages are manufactured or sold? _____

If so, give details _____

9. Will you take any part in the business for which application is to be made? _____

If so, state in what capacity _____

If you are to take any active part in the business, give details of any disability or illness which might affect the performance of your duties _____

10. State other business interests, if any _____

11. State educational qualifications including any special courses taken _____

12. Give details of employment over the past ten years including present occupation —

Date from	To	Occupation	Name and address	Employer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STATUTORY DECLARATION

I, _____ do solemnly declare that the particulars furnished by me hereinbefore set out are true and correct statements of fact and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same effect as if made under oath and by virtue of The Canada Evidence Act.

SWORN before me at _____

of _____ In the Province of

Prince Edward Island this _____ day of _____

SIGNATURE

_____ A.D. 19 _____

DATE

A COMMISSIONER FOR OATHS IN AND FOR THE PROVINCE OF PRINCE EDWARD ISLAND