STATE OF NEW JERSEY

DEPARTMENT OF HEALTH AND SENIOR SERVICES

PERSONAL HISTORY DISCLOSURE FORM

FORM 1
PERSONAL HISTORY DISCLOSURE FORM 1 INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of the ATC entity’s request for permit.

b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate “Does Not Apply” in response to that question. If there is nothing to disclose in response to a particular question, indicate “None” in response to that question. Failure to provide a response to every question may result in the denial of the ATC entity’s request for permit.

c. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your disclosure form is not legible, it will not be accepted.

d. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page, and clearly identify which question you are answering. The blank page on page 3 may be used to provide this additional information.

e. If you make any modification to the pre-printed questions or information contained in this form, the ATC entity’s request for permit may be rejected. Once your disclosure form is accepted, it becomes the property of the Department of Health and Senior Services and will not be returned.

II. BE SURE TO:

a. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 7.

b. Sign the Statement of Truth form on page 3 in the presence of a notary public, justice of the peace, or other person legally authorized to notarize your signature.

c. Sign the Release Authorization on page 4 in the presence of a notary public or other person legally authorized to notarize your signature.

d. Sign the Waiver of Liability on page 5 in the presence of a notary public or other person legally authorized to notarize your signature.

e. Schedule and complete an appointment to have your fingerprints taken by MorphoTrak. The ATC entity’s permit request will not be processed if the fingerprint appointment is incomplete.

III. BEFORE YOU SUBMIT THIS FORM, BE SURE THAT:

a. You have included all required attachments listed in this form.

b. The Statement of Truth form, Release Authorization and Waiver of Liability are notarized on the original application.

c. Every question has been answered completely.

d. You retain a completed copy of your application package for your own records.
STATEMENT OF TRUTH

STATE/PROVINCE OF ________________________________:

SS:

COUNTY/DISTRICT OF ________________________________:

I, _______________________________________, being duly sworn according to law, on my oath, under penalties of perjury, depose and say:

1. I am the individual who is submitting this personal history disclosure form.

2. I personally supplied the information contained in this form.

3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.

4. Any document accompanying this Personal History Disclosure Form that is not an original document is a true copy of the original document.

5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: ____________________________ (LEGAL SIGNATURE)

(Signature of Applicant)

Subscribed and sworn to before me this ____________________________ day of ____________________________, ________

________________________________________________

NOTARY PUBLIC, JUSTICE OF THE PEACE/COMMISSIONER FOR DECLARATIONS OR OTHER PERSON AUTHORIZED TO TAKE DECLARATIONS

Print Name
RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies - federal, state and local, without exception, both foreign and domestic.

I, ______________________________________________________   have authorized

(Print Name)

the New Jersey Department of Health and Senior Services (“DHSS”) to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of DHSS, provided that he or she certifies to you that I have submitted a disclosure form to DHSS.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

DATED: _______________                     ____________________________ (LEGAL SIGNATURE)

(Signature of Applicant)

Subscribed and sworn to

before me this ____________________________ day

of ____________________________, 20 ______

_____________________________________________

NOTARY PUBLIC

_____________________________________________

Print Name
WAIVER OF LIABILITY

I, ________________________________ hereby waive liability, as to the
(Print Name)

State of New Jersey, the Department of Health and Senior Services, and their instrumentalities and agents, for any
damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or
publication, of any material or information acquired during the permitting process or during any inquiries, investigations
or hearings.

_________________________ ______________________________
DATE SIGNATURE

Subscribed and sworn to
before me this _______day
of ____________________, 20____.

_________________________
NOTARY PUBLIC

_________________________
Print Name
PERSONAL HISTORY DISCLOSURE FORM

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

PERSONAL DATA

<table>
<thead>
<tr>
<th>NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE)</th>
<th>FIRST</th>
<th>MIDDLE</th>
</tr>
</thead>
</table>

MAILING ADDRESS/POSTAL ADDRESS:
NUMBER AND STREET
APT #
CITY/TOWN
STATE/PROVINCE
ZIP/POSTAL CODE

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)
NUMBER AND STREET
APT #
CITY/TOWN
STATE/PROVINCE
ZIP/POSTAL CODE

PRESENT BUSINESS ADDRESS:
NUMBER AND STREET
APT #
CITY/TOWN
STATE/PROVINCE
ZIP/POSTAL CODE

HOME TELEPHONE NUMBER:
(AREA CODE)
(NUMBER)
CURRENT BUSINESS TELEPHONE NO. AT PLACE OF EMPLOYMENT:
(AREA CODE)
(NUMBER)
(EXTENSION)
FAX NUMBER:
(AREA CODE)
(NUMBER)

DATE OF BIRTH: (MO)(DAY)(YEAR)
E-MAIL ADDRESS (OPTIONAL):

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES ☐ NO ☐ IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)

________________________________________________________________________________________

SEX
COLOR OF EYES
COLOR OF HAIR
HEIGHT
_____FT _____IN
WEIGHT
_______LBS
IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY MAY RESULT IN DENIAL OF THE ATC ENTITY’S REQUEST FOR PERMIT.

AFFIX A COLOR PHOTOGRAPH HERE THAT WAS TAKEN WITHIN THE PAST SIX MONTHS.

PRINT YOUR NAME UNDERNEATH THE FRONT BOTTOM BORDER OF THE PHOTOGRAPH AFTER ATTACHING IT.
1. Of what country are you a citizen? __________________________________________________________

Please indicate:

Date of birth: _____________________________________________________________________

Place of birth: ____________________________________________________________________

Country of birth: ___________________________________________________________________

2. Have you ever been issued a passport? Yes ☐ No ☐

If yes, provide the following information about your passport(s):

<table>
<thead>
<tr>
<th>PASSPORT NUMBER</th>
<th>COUNTRY OF ISSUE</th>
<th>PLACE ISSUED</th>
<th>DATE ISSUED</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8
RESIDENCE DATA

3. Begin with your current residence(s) and work back in time to provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past ten (10) years.

<table>
<thead>
<tr>
<th>DATES</th>
<th>ADDRESS</th>
<th>OWN OR RENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM: (MO/yr)</td>
<td>TO: (MO/yr)</td>
<td>(NO., STREET, APT#, CITY/TOWN, STATE/PROVINCE, COUNTRY &amp; ZIP/POSTAL CODE)</td>
</tr>
</tbody>
</table>
FAMILY/SOCIAL DATA

4. Are any members of your family (including spouse or civil union partner, children, parents and/or siblings) associated with or employed by any Alternative Treatment Center in New Jersey?  
   Yes ☐ No ☐

If yes, provide the following information:

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>RELATIONSHIP</th>
<th>NAME, ADDRESS, AND TELEPHONE NUMBER OF ALTERNATIVE TREATMENT CENTER</th>
<th>DATES OF EMPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. Are any members of your family (including spouse or civil union partner, children, parents or siblings) associated with or employed by any company, either for-profit or nonprofit, licensed to cultivate or dispense marijuana for any purpose in any jurisdiction?  

Yes ☐  No ☐

If yes, provide the following information:

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>RELATIONSHIP</th>
<th>NAME, ADDRESS AND TELEPHONE NUMBER OF MARIJUANA BUSINESS</th>
<th>BUSINESS TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MILITARY SERVICE DATA

6. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?  
   Yes ☐ No ☐

   If yes, provide the following information:
   Country of Service: ____________________________________________________________
   Branch of Service: ___________________________ Service Serial #: __________________
   Highest Rank Held: ___________________________
   Period(s) of Active Service: 
   From: _______________________ To: _____________________
   From: _______________________ To: _____________________

7. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):
   Date of each discharge/separation: ____________________________
   Type of discharge(s): _______________________________________

   Attach a copy of your military records* labeled as Exhibit 7M. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your military records* labeled as Exhibit 7M. If in reserves, please attach a copy of your discharge papers.

8. Have you ever been tried by military court martial or have you had charges** filed against you?  
   Yes ☐ No ☐

   If yes, provide the following information:

<table>
<thead>
<tr>
<th>NATURE OF CHARGE OR ARREST</th>
<th>DATE AND LOCATION OF CHARGE OR ARREST</th>
<th>NAME OF MILITARY ORGANIZATION FILING CHARGES</th>
<th>DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.)</th>
<th>SENTENCE</th>
</tr>
</thead>
</table>

*In the United States, a military record is called a DD214. If you have served in the U.S. military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

** Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction. In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain’s mast, company punishment, etc.)
EDUCATIONAL DATA

9. Beginning with secondary school (high school), provide the information requested below with respect to each school, college, graduate or post graduate school you have attended.

<table>
<thead>
<tr>
<th>DATES</th>
<th>NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.</th>
<th>DESCRIPTION OF EDUCATION PROGRAM</th>
<th>LIST ANY DEGREE OR CERTIFICATION ATTAINED</th>
<th>GRADUATED YES OR NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM:</td>
<td>TO:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(MO/YR)</td>
<td>(MO/YR)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### OFFICES AND POSITIONS

10. List all offices, trusteeships, directorships, and fiduciary positions (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership and/or other business entity. Begin with the most recent and work back in time to provide the following information.

<table>
<thead>
<tr>
<th>DATES</th>
<th>TITLE OF OFFICE OR POSITION HELD</th>
<th>NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP, NON-PROFIT ENTITY, FAMILY TRUST AND OTHER BUSINESS ENTITY</th>
<th>COMPENSATION RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM: (MO/YR)</td>
<td>TO: (MO/YR)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. List all government positions and offices, whether salaried or unsalaried, held by you. Begin with the most recent and work back in time to provide the following information.

<table>
<thead>
<tr>
<th>DATES</th>
<th>TITLE OF OFFICE OR POSITION HELD</th>
<th>NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM: (MO/YR)</td>
<td>TO: (MO/YR)</td>
<td></td>
</tr>
</tbody>
</table>
EMPLOYMENT AND LICENSING DATA

12. Have you ever been employed by any company, either for-profit or nonprofit, licensed to dispense marijuana for medical purposes in any jurisdiction?

Yes [ ] No [ ]

If yes, provide the following information:

<table>
<thead>
<tr>
<th>NAME OF ORGANIZATION AND COUNTRY/STATE WHERE YOU WERE EMPLOYED</th>
<th>NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF EMPLOYER(S)</th>
<th>DATES</th>
<th>TITLE/POSITION HELD AND DESCRIPTION OF DUTIES</th>
<th>NAME OF SUPERVISOR</th>
<th>REASON FOR LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FROM: (MO/YR)</td>
<td>TO: (MO/YR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. Please provide the following information regarding your employment for the past twenty (20) years or from age 18, whichever is less. Begin with your present job and work back in time. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service.

<table>
<thead>
<tr>
<th>DATES</th>
<th>NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)</th>
<th>TITLE/POSITION HELD AND DESCRIPTION OF DUTIES</th>
<th>NAME OF SUPERVISOR</th>
<th>REASON FOR LEAVING/ COMPENSATION AT DEPARTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM: (MO/YR)</td>
<td>TO: (MO/YR)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. (Cont.)

<table>
<thead>
<tr>
<th>DATES</th>
<th>NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)</th>
<th>TITLE/POSITION HELD AND DESCRIPTION OF DUTIES</th>
<th>NAME OF SUPERVISOR</th>
<th>REASON FOR LEAVING/COMPENSATION AT DEPARTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM: (MO/YR)</td>
<td>TO: (MO/YR)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If additional space is needed, please provide an attachment.
14. With regard to the previous question concerning employment:

   a. Were you ever discharged, suspended or asked to resign from employment?  
      Yes ☐  No ☐

   b. Were you ever charged with any infraction in relation to any employment which
      was the subject of any disciplinary action?  
      Yes ☐  No ☐

   If yes to either question, provide the following information as to each such time you were discharged, suspended, asked to resign or disciplined:

<table>
<thead>
<tr>
<th>DATE OF DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION</th>
<th>NAME AND ADDRESS OF EMPLOYER</th>
<th>NAME OF SUPERVISOR</th>
<th>REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION</th>
</tr>
</thead>
</table>
15. a. Have you ever sought and been denied a position as a trustee or other fiduciary officer?  
   Yes ☐  No ☐  
   b. Have you ever been suspended or removed from a position as a trustee or other fiduciary officer?  
   Yes ☐  No ☐  
If yes to either question, provide the following information:

<table>
<thead>
<tr>
<th>DATE</th>
<th>CAPACITY</th>
<th>NATURE OF TRUST OR OTHER OFFICE</th>
<th>REASON FOR DENIAL, SUSPENSION OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20
16. Have you ever made application for, or held, any professional or occupational license, permit or certification, in any jurisdiction, including, but not limited to, the following: real estate broker or salesman, accountant, attorney, medical, securities broker, contractor, pilot, insurance, or any other type of professional license?

If yes, provide the following information:

<table>
<thead>
<tr>
<th>NAME ON LICENSE</th>
<th>TYPE OF LICENSE</th>
<th>DATES</th>
<th>NAME AND ADDRESS OF LICENSING AGENCY/ORGANIZATION</th>
<th>DISPOSITION OF THE APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FROM: (MO/YR)</td>
<td>TO: (MO/YR)</td>
<td></td>
</tr>
</tbody>
</table>

Yes ☐ No ☐
17. Have any of the licenses, permits or certifications applied for, or held by you, as identified in the previous question, ever been denied, suspended, revoked or subject to any conditions in any jurisdiction?  

    Yes □  No □

    If yes, provide the following information as to each denial, suspension, revocation or conditions:

<table>
<thead>
<tr>
<th>TYPE OF LICENSE, PERMIT OR CERTIFICATE</th>
<th>NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION</th>
<th>DATE OF DENIAL, SUSPENSION, REVOCATION OR CONDITION</th>
<th>REASON(S) FOR DENIAL SUSPENSION OR REVOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
18. Has any entity in which you were a director, officer, partner or an owner ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?  

Yes ☐  No ☐

If yes, provide the following information as to each denial, suspension or revocation:

<table>
<thead>
<tr>
<th>POSITION HELD BY YOU</th>
<th>TYPE OF LICENSE, PERMIT OR CERTIFICATE</th>
<th>TYPE OF ACTION TAKEN</th>
<th>NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION TAKING ACTION</th>
<th>DATE OF ACTION</th>
<th>REASON(S) FOR ACTION</th>
</tr>
</thead>
</table>
19. List any group, firm, partnership, corporation and all other businesses in which you currently hold or in the past have held an ownership interest. (Do not include publicly traded corporations in which you own(ed) stock.)

<table>
<thead>
<tr>
<th>DATES</th>
<th>NAME(S) AND ADDRESS(ES) OF BUSINESS(ES)</th>
<th>CURRENT STATUS OF BUSINESS(ES)</th>
<th>% INTEREST HELD BY YOU</th>
<th>NAME(S) OF OTHER OWNERS</th>
<th>ADDRESS(ES) OF OTHER OWNERS</th>
<th>STATE/PROVINCE AND COUNTRY OF ORGANIZATION OR INCORPORATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM: (MO/YR)</td>
<td>TO: (MO/YR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24
CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

Prior to answering this question, carefully review the definitions which follow.

DEFINITIONS: For purposes of this question:

A. “Arrest” includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged commission of any “offense.”

B. “Charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”

C. “Offense” includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent 10 year period are also included within the definition of “offense.”

IMPORTANT

The Department of Health and Senior Services will make inquiries to establish whether you have had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity.
20. a. Have you ever been arrested or charged with any offense in any jurisdiction?  
   Yes ☐  No ☐

   b. Did the arrest or charge involve any controlled dangerous substance or controlled dangerous substance analog in violation of N.J.S.A. 2C:35-1 et. seq., any similar law of the United States or any other state (including, but not limited to, unlawful possession of a controlled dangerous substance and possession of a controlled dangerous substance with intent to manufacture, distribute, or dispense)?
   Yes ☐  No ☐

   If yes, provide the following information:

<table>
<thead>
<tr>
<th>NATURE OF CHARGE OR OFFENSE/LOCATION OF WHERE INCIDENT OCCURRED</th>
<th>DATE OF CHARGE OR OFFENSE</th>
<th>NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED</th>
<th>DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, EXPUNGED, ETC.)</th>
<th>SENTENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
21. Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, county, state, federal, etc.), other than in response to a traffic summons?

Yes ☐ No ☐

If yes, provide the following information:

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF COURT OR OTHER AGENCY</th>
<th>NATURE OF PROCEEDING OR INVESTIGATION</th>
<th>WAS TESTIMONY GIVEN?</th>
<th>DATE ON WHICH TESTIMONY WAS GIVEN</th>
<th>APPROXIMATE TIME PERIOD OF INVESTIGATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. a. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, county, state, federal, etc.) in any jurisdiction, other than in response to a traffic summons?

Yes ☐ No ☐

b. Have you ever been subpoenaed to appear or testify: i) before a federal, state, or county grand jury; ii) in connection with any criminal investigatory agency or body, any board or commission; or iii) in any civil, criminal or administrative proceeding or hearing?

Yes ☐ No ☐
If yes to either question, provide the following information:

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF COURT OR OTHER AGENCY/ORGANIZATION</th>
<th>NATURE OF PROCEEDING OR INVESTIGATION</th>
<th>WAS TESTIMONY GIVEN?</th>
<th>DATE ON WHICH TESTIMONY WAS GIVEN</th>
<th>APPROXIMATE TIME PERIOD OF INVESTIGATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. Have you ever received a pardon, or has any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense?

If yes, provide the following information:

<table>
<thead>
<tr>
<th>DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERRAL</th>
<th>TYPE OF ACTION TAKEN</th>
<th>NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL, SUSPENSION OR DEFERRAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24. Have you as an individual, member of a partnership, or as an owner, director, or officer of a corporation, ever been a party to a lawsuit, as either a plaintiff or defendant, or an arbitration as either a claimant or defendant? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bankruptcies, etc.)

Yes ☐ No ☐
If yes, provide the following information:

<table>
<thead>
<tr>
<th>DATE FIL ED</th>
<th>NAME AND ADDRESS OF COURT</th>
<th>DOCKET/CASE NUMBER</th>
<th>OTHER PARTIES TO SUIT</th>
<th>NATURE OF SUIT</th>
<th>DISPOSITION</th>
<th>DATE OF DISPOSITION</th>
</tr>
</thead>
</table>

25. Has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director, principal or partner, been a party to a lawsuit, arbitration or bankruptcy?

If yes, provide the following information:

<table>
<thead>
<tr>
<th>NAME OF ENTITY</th>
<th>TYPE OF ENTITY</th>
<th>APPROXIMATE DATE(S) OF LAWSUIT/ARBITRATION/BANKRUPTCY</th>
<th>WHERE ACTION FILED (CITY/TOWN, STATE/PROVINCE, COUNTY)</th>
</tr>
</thead>
</table>

Yes ☐ No ☐
26. Have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, county, state, provincial, federal or national government other than a motor vehicle violation?

Yes ☐ No ☐

If yes, provide the following information:

<table>
<thead>
<tr>
<th>GOVERNMENTAL AGENCY/ORGANIZATION</th>
<th>NATURE OF CHARGE</th>
<th>DATE</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
27. Have any individual, local, city, county, provincial, state, federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?  

If yes, provide the following information:

<table>
<thead>
<tr>
<th>NATURE OF LIEN/DEBT</th>
<th>WHEN FILED</th>
<th>WHERE FILED</th>
<th>CURRENT STATUS</th>
</tr>
</thead>
</table>

28. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?

Yes ☐ No ☐
If yes, provide the following information:

<table>
<thead>
<tr>
<th>DATE FILED</th>
<th>DOCKET/CASE NUMBER</th>
<th>NAME AND ADDRESS OF COURT</th>
<th>NAME AND ADDRESS OF TRUSTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29. Has any business entity in which you held an ownership interest, or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

If yes, provide the following information:

<table>
<thead>
<tr>
<th>DATE FILED</th>
<th>DOCKET/CASE NUMBER</th>
<th>NAME AND ADDRESS OF COURT</th>
<th>NAME AND ADDRESS OF FILING PARTY</th>
<th>NAME AND ADDRESS OF TRUSTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes ☐ No ☐
30. Have you as an individual, member of a partnership, or as an owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring?

Yes [ ] No [ ]

If yes, provide the following information:

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF BUSINESS ENTITY</th>
<th>YOUR RELATIONSHIP TO BUSINESS ENTITY</th>
<th>DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.</th>
<th>REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.</th>
<th>PRESENT STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten year period?

Yes [ ] No [ ]

If yes, provide the following information:

<table>
<thead>
<tr>
<th>DATE FILED</th>
<th>DOCKET/CASE NUMBER</th>
<th>NAME AND ADDRESS OF COURT</th>
<th>NATURE OF OBLIGATION</th>
<th>AMOUNT OF OBLIGATION</th>
<th>NAME AND ADDRESS OF HOLDER OF OBLIGATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
32. List all bank accounts, both domestic and foreign, that you have right of ownership in, control over and/or interest in (including, but not limited to, any accounts you hold as trustee, receiver, executor(trix), administrator(trix), manager or as any other fiduciary).

Please provide the following information:

<table>
<thead>
<tr>
<th>DATES</th>
<th>NAME AND ADDRESS OF INSTITUTION HOLDING ACCOUNT</th>
<th>ACCOUNT NUMBER</th>
<th>NAME AND ADDRESS OF EACH PERSON/ENTITY APPEARING ON THE ACCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM: (MO/YR)</td>
<td>TO: (MO/YR)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

34
33. Do you own, manage or control any assets, or are you responsible for any liabilities either domestic or foreign (excluding any bank accounts identified previously)?

<table>
<thead>
<tr>
<th>DESCRIPTION OF ASSET/LIABILITY</th>
<th>LOCATION OF ASSET/LIABILITY</th>
</tr>
</thead>
</table>

If yes, provide the following information:

Yes □ No □
34. During the last ten (10) year period, have you **received** any personal loans over $10,000 or any business loans?  

If yes, provide the following information:

<table>
<thead>
<tr>
<th>DATE RECEIVED LOAN</th>
<th>NAME AND ADDRESS OF LENDER</th>
<th>NAME OF BORROWER AND ALL CO-SIGNERS</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>INTEREST RATE (%)</th>
<th>TERMINATION DATE OF LOAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

35. During the last ten year period, have you **made** any personal loans over $10,000 or any business loans?  

If yes, provide the following information:

<table>
<thead>
<tr>
<th>DATE OF LOAN</th>
<th>NAME AND ADDRESS OF BORROWER</th>
<th>ALL CO-PARTIES TO LOAN</th>
<th>NAME OF LENDER</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>INTEREST RATE (%)</th>
<th>TERMINATION DATE OF LOAN</th>
<th>SECURITY PLEDGED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
36. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Family members include spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

**REFERENCE ONE**

Name ________________________________ Business Address ____________________________

Address ____________________________________ _______________________________________

______________________________________________________________________________

______________________________________________________________________________

Telephone No. ____________________________ Occupation ____________________________

How long have you known the reference? ____________________________________________

**REFERENCE TWO**

Name ________________________________ Business Address ____________________________

Address ____________________________________ _______________________________________

______________________________________________________________________________

______________________________________________________________________________

Telephone No. ____________________________ Occupation ____________________________

How long have you known the reference? ____________________________________________

**REFERENCE THREE**

Name ________________________________ Business Address ____________________________

Address ____________________________________ _______________________________________

______________________________________________________________________________

______________________________________________________________________________

Telephone No. ____________________________ Occupation ____________________________

How long have you known the reference? ____________________________________________
37. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size, and identify these pages with corresponding numbers and letters.

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

USE ADDITIONAL PAGES IF NECESSARY