GWINNETT COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT LICENSING AND REVENUE SECTION

P. O. Box 1045 Lawrenceville, GA 30046 (MAILING) (678) 377-4100

446 W. Crogan St., Lawrenceville, GA 30046 (LOCATION)

STATEMENT OF PERSONAL HISTORY

Instruction: This statement must be typed or <u>neatly</u> printed and executed in duplicate, under oath. Each question must be fully answered. If space provided is not sufficient, answer on a separate sheet and indicate in the space if a separate sheet is attached.

NAME:								
	Last	First			Midd	le		
RESIDENCE	E:							
	Street Num	ber	S	Street Name	e			
City		State	Z	Zip Code		Te	lephone	Number
CHECK:								
_	ole Owner/Proprietor	Partner:	General		Limited		Silent	
=	Director	Principal S						
	Registered Agent	Officer:						
N	M anager	Employee:						
TDADE NAN	ME OF BUSINESS FOR	WHICH THIS STA	TEMENT	IS EOD.				
INAUL NAIV	TE OF BOSINESS FOR	WINCII IIIIS STA	A I LIVILIA I	ISTOIN.				
NAME OF B	USINESS:							
LOCATION:	Street Num							
	Street Nun	nber		Stre	eet Name			
City	Sta	te	Zip Code	 e		Te	 lephone	e Number
STATE TH	E PERCENTAGE C	F OWNERSHIP	OR INT	TEREST,	IF ANY,	IN	THIS	BUSINESS
DATE OF BII	RTH:	PI AC	F OF BIRT	H·				
		SEX: MAL						
COLOR OF H				OF EYES:				

MARRIED WEPARATED, COMEPOUSE: HER NAMES WHER NAMES CISHOW DATES, ET ADDRESS OF ALL ME ECORD FOR THE	PLETE INFOR PLETE INFOR PLETE INFOR PLETE INFOR	MATION LIS	STED BELOW: SSN#: TH: OF SPOUSE'S MAIDEN N OTHERWISE,	EMPLOYER: NAME, NAM ALIASES, NI ALIASES OF	IES BY FOR ICKNAMES
HER NAMES WHERMER NAMES CHOW DATES, ET ADDRESS OF ALL ME ECORD FOR THE	NAME AND HICH YOU H HANGED LEG CC.: CHILDREN A ADDRESS	ADDRESS (MAIDEN NOTHERWISE,	EMPLOYER: NAME, NAM ALIASES, NI ARDLESS OF	ICKNAMES
RMER NAMES CHESHOW DATES, ET ADDRESS OF ALL ME ECORD FOR THE	CHILDREN A	SALLY OR (OTHERWISE, ———————————————————————————————————	ALIASES, NI	ICKNAMES - AGE):
ECORD FOR THE	ADDRESS		•		,
	PAST TEN	(10) YEARS.			
Occup D/Yr Duties	pation & s Performed	Salary Received	Employ	MOST RECE ver ess Name)	Reason
	AL ODDED A	II. OF VOI	ID DECIDENCE	TO FOR THE	DACT TO
		CHRONOLOGICAL ORDER A			CHRONOLOGICAL ORDER ALL OF YOUR RESIDENCES FOR THE Street City State

1.		
2.	 	
3.		
4.		
	(ATTACH BHOTO HEDE)	
	(ATTACH PHOTO HERE)	