

FINANCIAL AFFIDAVIT

(Please type or print)

This form must be completed by individuals with ownership and/or investment interest in the business, whether direct or indirect. This form may be required of others at the discretion of the Commissioner as provided under Regulations 560-2-2-.09 and 560-2-7-.11. **EACH QUESTION MUST BE FULLY ANSWERED.** If additional space is required, attach an additional sheet of paper.

| | | | | | | |
|---|--|---|-----------|-------------------------|------------------------------|--------------------------|
| 1 | LAST NAME | | FIRST | MI | SOCIAL SECURITY NO. | |
| 2 | HOME ADDRESS (Actual Physical Location of Residence; Do Not Use P.O. Box) | | | | | |
| | CITY | | STATE | ZIP + 4 | DAY CONTACT NUMBER () | |
| 3 | LEGAL BUSINESS NAME | | | TRADE / DBA NAME | | |
| | ALCOHOL LICENSE NUMBER | TOTAL AMOUNT OF MONEY YOU HAVE INVESTED | | % OF OWNERSHIP INTEREST | | |
| 4 | FINANCIAL INVESTMENT (You <u>may</u> be requested to provide a detailed accounting for all monies invested and attach appropriate documentation from each source.) | | | | | |
| | TYPE | | SOURCE(S) | AMOUNT | DOCUMENTATION | |
| | LOAN | PERSONAL | | | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

SIGNATURE SECTION

BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY, COMPLETELY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHED SHEETS HERewith. STAMPED SIGNATURE IS NOT ACCEPTABLE.

I, _____, DO SOLEMNLY SWEAR, SUBJECT TO THE

PENALTIES OF FALSE SWEARING, THAT THE STATEMENT AND ANSWERS MADE BY ME IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT.

Signature

I HEREBY CERTIFY THAT _____ SIGNED HIS/HER NAME TO THE FORGOING AFFIDAVIT AFTER STATING TO ME UNDER OATH ADMINISTERED BY ME, THAT ALL STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS _____ DAY OF _____, _____, _____
NOTARY PUBLIC

AFFIX SEAL