

BIOGRAPHICAL DATA (EXHIBIT A)

All Biographical Data forms must be printed or typed. Questions must be answered completely and may not be left blank. If an answer is "no," "none," or "not applicable," so state. If an item of information is unknown to you, so state. To the extent possible, questions should be answered in the spaces provided; additional pages may be inserted, if necessary. Information on insert pages should be keyed by individual name, number and letter to appropriate question.

(This form is to be completed by each principal owner, partner, or officer, with at least a 25% controlling interest of the business.)

1. Name: _____

Name of Spouse, including maiden name: _____

2. Home Address: _____

City, State, Zip: _____

Previous Address, if less than 3 years: _____

City, State, Zip: _____

3. Date of Birth: _____

4. Place of Birth (City, State, Country): _____

5. Social Security Number: _____

6. Citizenship: _____

7. List information regarding each professional license or similar certificate you now hold or have held.
(Examples: Licensed Funeral Director, Insurance Agent, Attorney, C.P.A., Teaching Certificate, etc.)

License Type/No.	Issued By	Date Issued	Amount of Time Devoted to this activity:	Expiration Date or Date Revoked and Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Employment:
Provide the following information in chronological order regarding your employment, self-employment, or period of unemployment during the past five (5) years. Use additional sheets if necessary.

Name of Employer: _____

Employer Mailing Address: _____

Name and Title of Supervisor: _____

Description of Business: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Title and Job Description: _____

9. Have you ever been discharged or asked to resign from employment? Yes No

If yes, give general description: _____

10. Have you ever been charged or convicted by Federal, State, or any other law enforcement authorities for any violation of Federal, State, County, or Municipal law, regulation, or ordinance? Yes No

If yes, describe: _____

11. Have you ever been in any military service? Yes No

If yes, give dates and branch of services: _____

Type of discharge: _____

12. Discuss the role you will have in organizing or operating the organization applying for the permit or COA.
