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

Employment: 8.

9.

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 la any violation of Federal, State, County, or Municipal law, regulation, or ordi		
	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 CO.	A.

AUTHORITY TO RELEASE INFORMATION

Please print or type all information.								
Full Name:								
Alias or DBA:								
Residence:		City	State	Zip				
Business:		City	State	Zip				
Phone Number:		Fax Number:						
Social Security No:		Citizenship:						
Driver's License No.	State:	_ Date of Birth:						
*DPS No., if known:		_ *FBI No., if know	'n:					
*If DPS and/or FBI Numbers are not known, please give the following physical description:								
Race Sex:	Age:	Height	Weight					
Hair Color: Ey	ve Color:							
This release constitutes my consent and authority for the Texas Department of Banking to examine and obtain copies of records, statements, credit ratings, and information regarding my background. I hereby specifically authorize the release of records to the Texas Department of Banking pertaining to the following:								
Any local, state, federal, or international governmental records								
Employment information Past experience with a regulated entity								
Credit Information								
Tax Records, Federal or other jurisdictions								
Police and Criminal Records								

This authorization is given in connection with my application filed with the Texas Department of Banking.

Signature

Date