



PRINCE EDWARD ISLAND

THE LIQUOR CONTROL ACT

REGULATIONS

PERSONAL HISTORY REPORT

Form 16

This form is to be completed by an individual applicant, by each member of a partnership and by all officers of the corporation and cash employees of the applicant as may be required by the Commission. On completion it is to be attached to the enclosed “Application for License(s) “ and will form part of the application form.

(This form must be completed by typewriter or other legible means)

1. Name of establishment for which this report is submitted \_\_\_\_\_

Location \_\_\_\_\_

STREET ADDRESS	PLACE	POSTAL CODE	PHONE NUMBER
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2. Name in full \_\_\_\_\_

SURNAME	CHRISTIAN NAME
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STREET ADDRESS	PLACE	POSTAL CODE	PHONE NUMBER
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STREET ADDRESS	PLACE	POSTAL CODE	PHONE NUMBER
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3. Are you over the age of 19 years? \_\_\_\_\_

4. Have you been convicted during the last ten years for any offence (other than minor traffic offences) ? \_\_\_\_\_ If answer is yes, give details of each conviction.

Date	Place	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

5. Are there any unsatisfied judgments against you? \_\_\_\_\_

If so, give details

\_\_\_\_\_

6. Have you, in your personal capacity or in your association with any group, company or corporation, ever been the subject of bankruptcy proceedings? \_\_\_\_\_ If so, give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you ever applied for a license for sale of liquor in Canada, or elsewhere, either as an individual, a member of a partnership, or as an officer or director of a corporation? \_\_\_\_\_

If so, give details \_\_\_\_\_

Date of Application	Name of Establishment	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of License	Disposition
_____	_____
_____	_____
_____	_____

8. Have you any interest, direct or indirect, in any business where alcoholic beverages are manufactured or sold? \_\_\_\_\_  
\_\_\_\_\_  
If so, give details\_\_\_\_\_  
\_\_\_\_\_
9. Will you take any part in the business for which application is to be made?  
\_\_\_\_\_  
If so, state in what capacity \_\_\_\_\_  
If you are to take any active part in the business, give details of any disability or illness which might affect the performance of your duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. State other business interests, if any  
\_\_\_\_\_  
\_\_\_\_\_
11. State educational qualifications including any special courses taken  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Give details of employment over the past ten years including present occupation

Date from	To	Occupation	Name and address	Employer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STATUTORY DECLARATION

I, \_\_\_\_\_ do solemnly declare that the particulars furnished by me hereinbefore set out are true and correct statements of fact and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same effect as if made under oath and by virtue of The Canada Evidence Act.

SWORN before me at the \_\_\_\_\_  
of \_\_\_\_\_ in the Province of Prince  
Edward Island this \_\_\_\_\_  
day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

SIGNATURE

DATE

\_\_\_\_\_  
A COMMISSIONER FOR OATHS IN AND FOR  
THE PROVINCE OF PRINCE EDWARD ISLAND