



## LCBO Convenience Outlet Authorization Appendix C – Personal History Form

This Personal History Form to be completed in accordance with the instructions provided in Part III of the RFP.

- If the applicant is a Corporation, a separate Personal History Form must be submitted for each Director and Officer of the corporation.
- If the applicant is a Partnership, each partner must submit a separate Personal History Form.

Please ensure that all information is typed or clearly printed.

R.F.P. No.:	
Community	

1.	Full Name:		
2.	Home Address:		
3.	Mailing Address :		
4.	Cell Phone:		
5.	E-Mail Address:		
6.	Have you ever had a LCBO Convenience Outlet (formerly Agency Store) authorization cancelled or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Have you ever been refused a liquor licence from the Alcohol and Gaming Commission of Ontario (formerly the Liquor Board of Ontario) or had such liquor licence cancelled or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do you have any connection, financial or otherwise, with any manufacturer, distributor, bottler or importer of liquor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Have you any interest in or connection with any person or business which holds a liquor licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Are you a registered agent or representative of any manufacturer, distributor, bottler or importer of liquor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Are you or is any member of your family employed by the Liquor Control Board of Ontario or the Alcohol and Gaming Commission of Ontario?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Are you a member of the Board of Directors of the Liquor Control Board of Ontario or the Alcohol and Gaming Commission of Ontario?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Are you a member of the Legislature of Ontario, the Parliament of Canada or an employee or official of the Government of Ontario or Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Are there any civil court judgments, executions, liens or similar obligations outstanding against you at present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Have you ever been convicted of any criminal offences including absolute and conditional discharges and are there any outstanding charges against you in <b>any jurisdiction</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***If the answer to any of questions 6 through 14 inclusive is "Yes", please provide full details.***

Personal information on this form is collected under the authority of the *Liquor Control Act*, Sec. 3(1)(r), R.S.O. 1990 CL.18 for purposes of assessing the suitability of the applicant(s) to establish a LCBO Convenience Outlet. Information collected on this form may be verified through credit bureaus, banks, the Ministry of Finance and reference checks. For questions on the collection, use and disclosure of this personal information, please contact the Manager, LCBO Convenience Outlets, 100 Queens Quay E, Toronto, Ontario M5E 0C7

I hereby declare that the information provided by me on this form is true, complete and correct, to the best of my knowledge and belief. I understand that a false statement may be considered sufficient reason to withhold the authorization of the respondent named in the attached Application to establish and operate a government store or to cancel or suspend any such authorization if granted.

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 .

Signature

\_\_\_\_\_  
Name (please print)