



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	
Location No.:	

1.	Full Name:		
2.	Home Address:		
3.	Mailing Address :		
4.	Telephone:		
5.	Have you ever had a LCBO Convenience Outlet (formerly Agency Store) authorization cancelled or suspended?	Yes	No
6.	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?	Yes	No
7.	Do you have any connection, financial or otherwise, with any manufacturer, distributor, bottler or importer of liquor?	Yes	No
8.	Have you any interest in or connection with any person or business which holds a liquor licence?	Yes	No
9.	Are you a registered agent or representative of any manufacturer, distributor, bottler or importer of liquor?	Yes	No
10.	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?	Yes	No
11.	Are you a member of the Board of Directors of the Liquor Control Board of Ontario or the Alcohol and Gaming Commission of Ontario?	Yes	No
12.	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?	Yes	No
13.	Are there any civil court judgments, executions, liens or similar obligations outstanding against you at present?	Yes	No
14.	Have you ever been convicted of any criminal offences including absolute and conditional discharges and are there any outstanding charges against you in any jurisdiction ?	Yes	No

If the answer to any of questions 5 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, 55 Lake Shore Blvd. E., Toronto, Ontario M5E 1A4 (Tel.: 416-365-5942).

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)