



Alcohol and Gaming
Commission of Ontario
Liquor Licensing and Registration
90 SHEPPARD AVE E
SUITE 200
TORONTO ON M2N 0A4
Tel.: 416 326-8700
1 800 522-2876 (toll free in Ontario)

Personal History Report for Grocery Store Operators

Note: To be completed by each individual associated with the application as set out in Part A and B of the Application for an Authorization to Sell Beer and Wine OR Beer and Cider in a Grocery Store. Please ensure all sections are completed; enter N/A where applicable.

1 Last name (*Legal*) First name Second name

Street Number	Street Name	Street Type	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route		City/Town/Municipality		Postal Code
Home telephone number		Fax number	Email address	

2 Business/Establishment Name (as noted on the application) Licence/File number if known

Street Number	Street Name	Street Type	Direction	Suite/Floor/Apt.
Lot/Concession/Rural Route		City/Town/Municipality		Postal Code

3 What is your association with the business? (owner, partner, officer, director, or manager)

4 Give any other names and aliases you have used or by which you are known (i.e. birth name, married name, nickname).

5 <input type="checkbox"/> Male <input type="checkbox"/> Female	6 Date of birth __ / __ / __	7 Place of birth (<i>city, province, country</i>)	8 Driver's Licence Number
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9 Will you be involved in the day to day operations of the business? <input type="checkbox"/> No <input type="checkbox"/> Yes	10 If yes, what is your role?
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11 a) Have you ever been convicted of any offences including absolute and conditional discharges and are there any outstanding charges against you in any jurisdiction? **Failure to disclose any convictions or charges may result in refusal of the application.**
 No Yes List details below. If more space is required, attach a separate sheet.

Name of Individual Charged or Convicted	Date of Charge/ Conviction	Description of Charge/ Conviction	Outcome or Sentence	Court Location

b) Has any business which you owned or were employed with been convicted of any offence including absolute and conditional discharges and are there any outstanding charges against these businesses in any jurisdiction? **Failure to disclose any conviction may result in refusal of the application.** NOTE: You are or were associated with a business if you are or were a sole proprietor, partner, director, officer, shareholder or otherwise have had an interest, direct or indirect in the business.
 No Yes List details below. If more space is required, attach a separate sheet.

Name of Business Charged or Convicted	Date of Charge/ Conviction	Description of Charge/ Conviction	Outcome or Sentence	Court Location

12 Do you have any connection, financial or otherwise, to a manufacturer, importer or agent of beverage alcohol?
 No Yes (If Yes, provide details on a separate sheet.)

13 Are you an undischarged bankrupt in any jurisdiction?
 No Yes (If Yes, provide details and circumstances on a separate sheet.)

14 Have you either as an individual, a member of a partnership, an officer, director or shareholder of a corporation ever:

a) prior to this application, applied for or held a liquor licence in Ontario or elsewhere?
 No Yes (If Yes, list the liquor licence number, name of the business, address, applicable dates on a separate sheet.)

b) been refused a liquor licence in Ontario or by any other provincial liquor authority in Canada?
 No Yes (If Yes, list the file #, name of the business, address, applicable dates and circumstances on a separate sheet.)

c) had a liquor licence suspended or revoked in Ontario or by any other provincial authority in Canada?
 No Yes (If Yes, list the liquor licence number, name of the business, address, applicable dates and circumstances on a separate sheet.)

d) applied for or held a liquor delivery authorization from the Liquor Control Board of Ontario?
 No Yes (If Yes, list the name and address of the business and applicable dates on a separate sheet and attach a copy of the authorization.)

e) been refused a liquor delivery authorization from the Liquor Control Board of Ontario?
 No Yes (If Yes, list the name and address of the business, applicable dates and circumstances on a separate sheet.)

f) applied for or held a licence under the gaming laws of Ontario or any other gaming authority in Canada?
 No Yes (If Yes, list the registration #, name and address of the business and applicable dates on a separate sheet.)

g) had a licence or registration refused under the gaming laws of Ontario or any other gaming authority in Canada?
 No Yes (If Yes, list the name and address of the business, applicable dates and circumstances on a separate sheet.)

h) had a licence or registration suspended or revoked under the gaming laws of Ontario or any other gaming authority in Canada?
 No Yes (If Yes, list the registration #, name and address of the business, applicable dates and circumstances on a separate sheet.)

15 Have you completed a program in the responsible sale and service of beverage alcohol such as Smart Serve, Server Intervention Program (SIP) and Team?

No Yes (If Yes, provide the date the training was completed, where the course was held, the name of the training program and the certification number in a separate sheet.)

NOTIFICATION: FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The information on this form is collected pursuant to the *Liquor Licence Act*, R.S.O. 1990, Chapter L19 and the *Liquor Control Act*, R.S.O. 1990, C.L.18. I understand that the Alcohol and Gaming Commission of Ontario ("AGCO") intends that the principal purpose for which this information will be used is to consider my application for a liquor licence under the *Liquor Licence Act* or authorization under the *Liquor Control Act*.

CONSENT

I CONSENT to the AGCO collecting such additional information about me as may be necessary for the AGCO to verify the information contained on my application. The sources the AGCO may use are the financial institutions, credit bureaus and credit reporting agencies, regional and national banking and loans institutions. AND I ALSO CONSENT to the disclosure of any information sought by the AGCO including my police or criminal record, if any, and I hereby authorize the Chief of Police or other Officer in Charge to forward all relevant information to the AGCO. I hereby authorize the Ontario Provincial Police (the OPP) to release records of criminal convictions for which a pardon has not been granted, records of discharges which have not been removed from the CPIC system in accordance with the *Criminal Records Act*, and records of outstanding criminal charges of which the OPP is aware, to the AGCO. I hereby release and forever discharge Her Majesty the Queen in right of Ontario, the Commissioner of the OPP and all members and employees of the OPP from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by me as a result of the disclosure of information by the OPP to the above named organization.

LEGAL AUTHORITY FOR THE COLLECTION

Liquor Licence Act, R.S.O. 1990, Chapter L19 and *Liquor Control Act*, R.S.O. 1990, c. L.18.

Principal Purpose For Which the Personal Information is Intended To Be Used

I UNDERSTAND the Alcohol and Gaming Commission of Ontario will be using the information on the form:

- (1) to determine whether I am qualified to hold or manage, as the case may be, the licence or authorization being applied for on the attached application form; and
- (2) to use and disclose such information to parties, for purposes which are consistent with the purpose set out in the previous clause.

By signing this form I/we solemnly declare that all information provided in this application is true and correct.

Signature	Date :
Print Name	