



Form A-2

**To be completed by EACH owner, officer, member, director, and/or partner
of an Applicant for a liquor license**

Applicant (business entity name): _____

Applicant trade name: _____

Your name (please print): _____

Title (owner, officer, member, director, partner, etc.): _____

Home address: _____

Years residing in Delaware (if applicable): _____

Driver's license state and number: _____ Date of Birth: _____ Last 4 digits of SSN: _____

1. Have you ever been convicted of a crime:

In the State of Delaware? Yes or No

In any other state or territory? Yes or No

Under US Federal Law? Yes or No

If yes to any above, explain (use separate sheet if necessary):

2. Have you ever been convicted of a motor vehicle offense other than a routine moving violation (i.e. failure to stop at a stop sign) or a speeding violation under 15 miles of the posted speed limit:

In the State of Delaware? Yes or No

In any other state or territory? Yes or No

If yes to any above, explain (use separate sheet if necessary):

3. Are you a party to any active license(s) issued by the OABCC? Yes or No

If so, list any such license(s) (use separate sheet if necessary):

4. Do you have an interest, either directly or indirectly, as an owner, partner, stockholder, or in any other manner in a manufacturer, importer (wholesaler), or supplier of alcoholic beverages or any other interest prohibited by Title 4 section 506 of the Delaware Code? Yes or No

If yes, explain (use separate sheet if necessary):

5. Do you have any outstanding tax liability to the state of Delaware? Yes or No

If yes, explain (use separate sheet if necessary):

6. The undersigned will comply with the requirements of Title 4 of the Delaware Code and the Rules of the OABCC.

Signature: _____

Printed Name: _____

In addition to this form, you must submit a certified copy of your criminal history and driving record, and a tax certification letter from the DE Division of Revenue.¹

In accordance with OABCC Rules, any change to the information on this form must be reported by the licensee to the OABCC within seven business days.

STATE OF _____)
) ss.
_____ COUNTY)

ON THIS ____ day of _____, 20____, personally came before me the Subscriber, a Notary Public for the State and County aforesaid, _____, to me known to be the individual making this statement, who being duly sworn, did depose and say that the facts stated in the foregoing statement are true and correct.

GIVEN under my Hand and Seal of Office, the day and year aforesaid.

Notarial Officer
My Commission Expires: _____

¹IMPORTANT INSTRUCTIONS:

1. **Existing licensees of this Office** may submit an affidavit declaring no disqualifying changes to criminal or driving records and no state tax liability, in lieu of criminal history record, driving record, and tax certification letter.
2. Those holding an **ownership interest of less than 10%** in the Applicant business are not required to supply documents in addition to this form.
3. **If you do not live in Delaware**, you must submit official criminal history and driving records from the state in which you reside and submit an affidavit for the State of Delaware.
4. **If you've become a Delaware resident in the past 5 years**, you must submit the criminal history and driving records from the last state in which you resided along with Delaware records.
5. **All other Applicants** must submit certified copies from the Delaware State Police and the Delaware Division of Motor Vehicles even if you have no criminal record or motor vehicle violations.