

CORPORATIONS OR PARTNERSHIPS

CORPORATIONS: Include the following information for each Officer and Director, and for each person who has a financial interest in the corporation amounting to more than twenty-five percent (25%) of the authorized and issued shares.

PARTNERSHIPS: Include the following information for each partner, including limited partners.

LAST NAME	FIRST NAME	MIDDLE NAME
<input type="checkbox"/> ALIAS NAME <input type="checkbox"/> MAIDEN NAME		DATE OF BIRTH
CALIFORNIA DRIVER'S LICENSE /CALIFORNIA ID NUMBER	SOCIAL SECURITY NUMBER	<input type="checkbox"/> RESPONSIBLE MANAGING OFFICER (One Per Business) <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> STOCKHOLDER
RESIDENCE ADDRESS		
CITY	STATE	ZIP PHONE ()
BUSINESS ADDRESS (If different from address listed above)		
CITY	STATE	ZIP PHONE ()
LAST NAME	FIRST NAME	MIDDLE NAME
<input type="checkbox"/> ALIAS NAME <input type="checkbox"/> MAIDEN NAME		DATE OF BIRTH
CALIFORNIA DRIVER'S LICENSE /CALIFORNIA ID NUMBER	SOCIAL SECURITY NUMBER	<input type="checkbox"/> RESPONSIBLE MANAGING OFFICER (One Per Business) <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> STOCKHOLDER
RESIDENCE ADDRESS		
CITY	STATE	ZIP PHONE ()
BUSINESS ADDRESS (If different from address listed above)		
CITY	STATE	ZIP PHONE ()
LAST NAME	FIRST NAME	MIDDLE NAME
<input type="checkbox"/> ALIAS NAME <input type="checkbox"/> MAIDEN NAME		DATE OF BIRTH
CALIFORNIA DRIVER'S LICENSE /CALIFORNIA ID NUMBER	SOCIAL SECURITY NUMBER	<input type="checkbox"/> RESPONSIBLE MANAGING OFFICER (One Per Business) <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> STOCKHOLDER
RESIDENCE ADDRESS		
CITY	STATE	ZIP PHONE ()
BUSINESS ADDRESS (If different from address listed above)		
CITY	STATE	ZIP PHONE ()

Have any officers, Directors, Stockholders holding twenty-five percent (25%) or more of the stock in the corporation, or any Partners or limited Partners of the Partnership been convicted of any of the following Penal Code Sections? 314; 315; 316; 318; 647a; 647b, 647d; 647h; or any other crime which requires registration under California Penal Code Section 290, within five (5) years prior to the date of this application? YES NO If yes, describe who, types of offense, city and state of offense, and date of offense.

NAME	TYPE OF OFFENSE
CITY/STATE OF OFFENSE	DATE OF OFFENSE
NAME	TYPE OF OFFENSE
CITY/STATE OF OFFENSE	DATE OF OFFENSE
NAME	TYPE OF OFFENSE
CITY/STATE OF OFFENSE	DATE OF OFFENSE
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