

SECTION 4 – PERSONNEL FULL LEGAL NAMES AND ADDRESSES

The following must be completed by **all** individuals who will be listed on the license. You must provide **full legal names** of all individuals. Each individual must sign the certification under penalty of perjury. *(The definition of "perjury" is telling a lie while under oath.)*

9a. PERSONNEL FULL LEGAL NAME last		first	middle	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS number/street only – NO P.O. boxes			city	state	ZIP code	DRIVER LICENSE #
TITLE OR POSITION (check only one)					RESIDENCE PHONE NUMBER	
<input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Corporate Officer - Title(s) _____					()	
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.						
Date	Signature			Printed Name		

9b. PERSONNEL FULL LEGAL NAME last		first	middle	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS number/street only – NO P.O. boxes			city	state	ZIP code	DRIVER LICENSE #
TITLE OR POSITION (check only one)					RESIDENCE PHONE NUMBER	
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Corporate Officer - Title(s) _____					()	
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.						
Date	Signature			Printed Name		

9c. PERSONNEL FULL LEGAL NAME last		first	middle	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS number/street only – NO P.O. boxes			city	state	ZIP code	DRIVER LICENSE #
TITLE OR POSITION (check only one)					RESIDENCE PHONE NUMBER	
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Corporate Officer - Title(s) _____					()	
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Date	Signature			Printed Name		

9d. PERSONNEL FULL LEGAL NAME last		first	middle	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS number/street only – NO P.O. boxes			city	state	ZIP code	DRIVER LICENSE #
TITLE OR POSITION (check only one)					RESIDENCE PHONE NUMBER	
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Corporate Officer - Title(s) _____					()	
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Date	Signature			Printed Name		

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