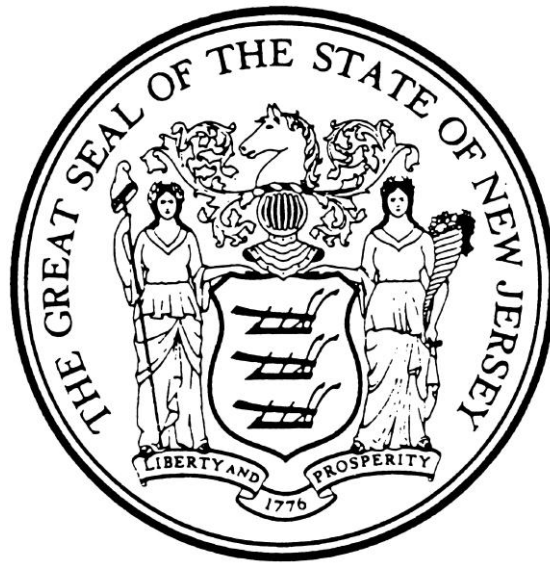


STATE OF NEW JERSEY

DEPARTMENT OF HEALTH AND SENIOR SERVICES



PERSONAL HISTORY DISCLOSURE FORM

FORM 1

PERSONAL HISTORY DISCLOSURE FORM 1 INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of the ATC entity's request for permit.
- b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question may result in the denial of the ATC entity's request for permit.
- c. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your disclosure form is not legible, it will not be accepted.
- d. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page, and clearly identify which question you are answering. The blank page on page 33 may be used to provide this additional information.
- e. If you make any modification to the pre-printed questions or information contained in this form, the ATC entity's request for permit may be rejected. Once your disclosure form is accepted, it becomes the property of the Department of Health and Senior Services and will not be returned.

II. BE SURE TO:

- a. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 7.
- b. Sign the Statement of Truth form on page 3 in the presence of a notary public, justice of the peace, or other person legally authorized to notarize your signature.
- c. Sign the Release Authorization on page 4 in the presence of a notary public or other person legally authorized to notarize your signature.
- d. Sign the Waiver of Liability on page 5 in the presence of a notary public or other person legally authorized to notarize your signature.
- e. Schedule and complete an appointment to have your fingerprints taken by MorphoTrak. The ATC entity's permit request will not be processed if the fingerprint appointment is incomplete.

III. BEFORE YOU SUBMIT THIS FORM, BE SURE THAT:

- a. You have included all required attachments listed in this form.
- b. The Statement of Truth form, Release Authorization and Waiver of Liability are notarized on the original application.
- c. Every question has been answered completely.
- d. You retain a completed copy of your application package for your own records.

STATEMENT OF TRUTH

STATE/PROVINCE OF _____:

SS:

COUNTY/DISTRICT OF _____:

I, _____, being duly sworn according to law, on my oath, under penalties of perjury, depose and say:

1. I am the individual who is submitting this personal history disclosure form 1.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this Personal History Disclosure Form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to
before me this _____ day
of _____,

NOTARY PUBLIC, JUSTICE OF THE PEACE/
COMMISSIONER FOR DECLARATIONS OR OTHER
PERSON AUTHORIZED TO TAKE DECLARATIONS

STATE/PROVINCE, COUNTRY

Print Name

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies - federal, state and local, without exception, both foreign and domestic.

I, _____ have authorized
(Print Name)

the New Jersey Department of Health and Senior Services (“DHSS”) to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of DHSS, provided that he or she certifies to you that I have submitted a disclosure form to DHSS.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

DATED: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to

before me this _____ day

of _____, 20 _____

NOTARY PUBLIC

Print Name

WAIVER OF LIABILITY

I, _____ hereby waive liability, as to the
(Print Name)

State of New Jersey, the Department of Health and Senior Services, and their instrumentalities and agents, for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the permitting process or during any inquiries, investigations or hearings.

DATE

SIGNATURE

Subscribed and sworn to

before me this _____ day

of _____, 20 _____.

NOTARY PUBLIC

Print Name

PERSONAL HISTORY DISCLOSURE FORM
PLEASE PRINT OR TYPE THE ANSWERS TO THE
FOLLOWING QUESTIONS IN THE SPACES PROVIDED

PERSONAL DATA

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS/POSTAL ADDRESS:
 NUMBER AND STREET APT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)
 NUMBER AND STREET APT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

PRESENT BUSINESS ADDRESS:
 NUMBER AND STREET APT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

HOME TELEPHONE NUMBER: (AREA CODE) (NUMBER) CURRENT BUSINESS TELEPHONE NO. AT PLACE OF EMPLOYMENT: (AREA CODE) (NUMBER) (EXTENSION) FAX NUMBER: (AREA CODE) (NUMBER)

DATE OF BIRTH: (MO)(DAY)(YEAR) E-MAIL ADDRESS (OPTIONAL):

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES NO IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)

SEX	COLOR OF EYES	COLOR OF HAIR	HEIGHT ____ FT ____ IN	WEIGHT ____ LBS
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IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY MAY RESULT IN DENIAL OF THE ATC ENTITY'S REQUEST FOR PERMIT.

AFFIX A COLOR PHOTOGRAPH
HERE THAT WAS TAKEN WITHIN
THE PAST SIX MONTHS.

PRINT YOUR NAME UNDERNEATH
THE FRONT BOTTOM BORDER OF
THE PHOTOGRAPH AFTER
ATTACHING IT.

1. Of what country are you a citizen? _____

Please indicate:

Date of birth: _____
DAY MONTH YEAR

Place of birth: _____
CITY/TOWN STATE/PROVINCE COUNTY

Country of birth: _____

2. Have you ever been issued a passport? Yes No

If yes, provide the following information about your passport(s):

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

RESIDENCE DATA

3. Begin with your current residence(s) and work back in time to provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past ten (10) years.

DATES		ADDRESS <small>(NO., STREET, APT#, CITY/TOWN, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)</small>	OWN OR RENT
FROM: <small>(MO/YR)</small>	TO: <small>(MO/YR)</small>		

FAMILY/SOCIAL DATA

4. Are any members of your family (including spouse or civil union partner, children, parents and/or siblings) associated with or employed by any Alternative Treatment Center in New Jersey? Yes No

If yes, provide the following information:

NAME	DATE OF BIRTH	RELATIONSHIP	NAME, ADDRESS, AND TELEPHONE NUMBER OF ALTERNATIVE TREATMENT CENTER	DATES OF EMPLOYMENT

5. Are any members of your family (including spouse or civil union partner, children, parents or siblings) associated with or employed by any company, either for-profit or nonprofit, licensed to cultivate or dispense marijuana for any purpose in any jurisdiction? Yes No

If yes, provide the following information:

NAME	DATE OF BIRTH	RELATIONSHIP	NAME, ADDRESS AND TELEPHONE NUMBER OF MARIJUANA BUSINESS	BUSINESS TELEPHONE

MILITARY SERVICE DATA

6. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?

Yes No

If yes, provide the following information:

Country of Service: _____

Branch of Service: _____ Service Serial #: _____

Highest Rank Held: _____

Period(s) of Active Service: From: _____ To: _____

From: _____ To: _____

7. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each discharge/separation: _____

Type of discharge(s): _____

Attach a copy of your military records* labeled as Exhibit 7M. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your military records* labeled as Exhibit 7M. If in reserves, please attach a copy of your discharge papers.

8. Have you ever been tried by military court martial or have you had charges** filed against you?

Yes No

If yes, provide the following information:

NATURE OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE OR ARREST	NAME OF MILITARY ORGANIZATION FILING CHARGES	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.)	SENTENCE

*In the United States, a military record is called a DD214. If you have served in the U.S. military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

** Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction. In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)

EDUCATIONAL DATA

9. Beginning with secondary school (high school), provide the information requested below with respect to each school, college, graduate or post graduate school you have attended.

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATION PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED	GRADUATED YES OR NO
FROM: (MO/YR)	TO: (MO/YR)				

OFFICES AND POSITIONS

10. List all offices, trusteeships, directorships, and fiduciary positions (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership and/or other business entity. Begin with the most recent and work back in time to provide the following information.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP, NON-PROFIT ENTITY, FAMILY TRUST AND OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			

11. List all government positions and offices, whether salaried or unsalaried, held by you. Begin with the most recent and work back in time to provide the following information.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION
FROM: (MO/YR)	TO: (MO/YR)		

EMPLOYMENT AND LICENSING DATA

12. Have you ever been employed by any company, either for-profit or nonprofit, licensed to dispense marijuana for medical purposes in any jurisdiction? Yes No

If yes, provide the following information:

NAME OF ORGANIZATION AND COUNTRY/STATE WHERE YOU WERE EMPLOYED	NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF EMPLOYER(S)	DATES		TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
		FROM: (MO/YR)	TO: (MO/YR)			

13. Please provide the following information regarding your employment for the past twenty (20) years or from age 18, whichever is less. Begin with your present job and work back in time. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service.

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

13. (Cont.)

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

If additional space is needed, please provide an attachment.

14. With regard to the previous question concerning employment:

- a. Were you ever discharged, suspended or asked to resign from employment? Yes No
- b. Were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? Yes No

If yes to either question, provide the following information as to each such time you were discharged, suspended, asked to resign or disciplined:

DATE OF DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION

15. a. Have you ever sought and been denied a position as a trustee or other fiduciary officer? Yes No
- b. Have you ever been suspended or removed from a position as a trustee or other fiduciary officer? Yes No

If yes to either question, provide the following information:

DATE	CAPACITY	NATURE OF TRUST OR OTHER OFFICE	REASON FOR DENIAL, SUSPENSION OR REMOVAL

16. Have you ever made application for, or held, any professional or occupational license, permit or certification, in any jurisdiction, including, but not limited to, the following: real estate broker or salesman, accountant, attorney, medical, securities broker, contractor, pilot, insurance, or any other type of professional license?

Yes No

If yes, provide the following information:

NAME ON LICENSE	TYPE OF LICENSE	DATES		NAME AND ADDRESS OF LICENSING AGENCY/ORGANIZATION	DISPOSITION OF THE APPLICATION
		FROM: (MO/YR)	TO: (MO/YR)		

17. Have any of the licenses, permits or certifications applied for, or held by you, as identified in the previous question, ever been denied, suspended, revoked or subject to any conditions in any jurisdiction? Yes No

If yes, provide the following information as to each denial, suspension, revocation or conditions:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION	DATE OF DENIAL, SUSPENSION, REVOCATION OR CONDITION	REASON(S) FOR DENIAL SUSPENSION OR REVOCATION

18. Has any entity in which you were a director, officer, partner or an owner ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions? Yes No

If yes, provide the following information as to each denial, suspension or revocation:

	POSITION HELD BY YOU	TYPE OF LICENSE, PERMIT OR CERTIFICATE	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION TAKING ACTION	DATE OF ACTION	REASON(S) FOR ACTION

19. List any group, firm, partnership, corporation and all other businesses in which you currently hold or in the past have held an ownership interest. (Do not include publicly traded corporations in which you own(ed) stock.)

DATES		NAME(S) AND ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNERS	ADDRESS(ES) OF OTHER OWNERS	STATE/PROVINCE AND COUNTRY OF ORGANIZATION OR INCORPORATION
FROM: (MO/YR)	TO: (MO/YR)						

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

Prior to answering this question, carefully review the definitions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged commission of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent 10 year period are also included within the definition of "offense."

IMPORTANT

The Department of Health and Senior Services will make inquiries to establish whether you have had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity.

20. a. Have you ever been arrested or charged with any offense in any jurisdiction?

Yes No

b. Did the arrest or charge involve any controlled dangerous substance or controlled dangerous substance analog in violation of N.J.S.A. 2C:35-1 et. seq., any similar law of the United States or any other state (including, but not limited to, unlawful possession of a controlled dangerous substance and possession of a controlled dangerous substance with intent to manufacture, distribute, or dispense)?

Yes No

If yes, provide the following information:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, EXPUNGED, ETC.)	SENTENCE

21. Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, county, state, federal, etc.), other than in response to a traffic summons?

Yes No

If yes, provide the following information:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

22. a. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam by any governmental agency/organization, court, commission, committee, grand jury or investigative body (local, county, state, federal, etc.) in any jurisdiction, other than in response to a traffic summons?

Yes No

b. Have you ever been subpoenaed to appear or testify: i) before a federal, state, or county grand jury; ii) in connection with any criminal investigatory agency or body, any board or commission; or iii) in any civil, criminal or administrative proceeding or hearing?

Yes No

If yes to either question, provide the following information:

NAME AND ADDRESS OF COURT OR OTHER AGENCY/ORGANIZATION	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

23. Have you ever received a pardon, or has any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense?

Yes No

If yes, provide the following information:

DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERRAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL SUSPENSION OR DEFERRAL

24. Have you as an individual, member of a partnership, or as an owner, director, or officer of a corporation, ever been a party to a lawsuit, as either a plaintiff or defendant, or an arbitration as either a claimant or defendant? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bankruptcies, etc.)

Yes No

If yes, provide the following information:

DATE FILED	NAME AND ADDRESS OF COURT	DOCKET/CASE NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

25. Has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director, principal or partner, been a party to a lawsuit, arbitration or bankruptcy?

Yes No

If yes, provide the following information:

NAME OF ENTITY	TYPE OF ENTITY	APPROXIMATE DATE(S) OF LAWSUIT/ARBITRATION/BANKRUPTCY	WHERE ACTION FILED (CITY/TOWN, STATE/PROVINCE, COUNTY)

26. Have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, county, state, provincial, federal or national government other than a motor vehicle violation?

Yes No

If yes, provide the following information:

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION

FINANCIAL DATA

27. Have any individual, local, city, county, provincial, state, federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?

Yes No

If yes, provide the following information:

NATURE OF LIEN/DEBT	WHEN FILED	WHERE FILED	CURRENT STATUS

28. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?

Yes No

If yes, provide the following information:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

29. Has any business entity in which you held an ownership interest, or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes No

If yes, provide the following information:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

30. Have you as an individual, member of a partnership, or as an owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring?

Yes No

If yes, provide the following information:

NAME AND ADDRESS OF BUSINESS ENTITY	YOUR RELATIONSHIP TO BUSINESS ENTITY	DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	PRESENT STATUS

31. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten year period?

Yes No

If yes, provide the following information:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

32. List all bank accounts, both domestic and foreign, that you have right of ownership in, control over and/or interest in (including, but not limited to, any accounts you hold as trustee, receiver, executor(trix), administrator(trix), manager or as any other fiduciary).

Please provide the following information:

DATES		NAME AND ADDRESS OF INSTITUTION HOLDING ACCOUNT	ACCOUNT NUMBER	NAME AND ADDRESS OF EACH PERSON/ENTITY APPEARING ON THE ACCOUNT
FROM: (MO/YR)	TO: (MO/YR)			

33. Do you own, manage or control any assets, or are you responsible for any liabilities either domestic or foreign (excluding any bank accounts identified previously)?

Yes No

If yes, provide the following information:

DESCRIPTION OF ASSET/LIABILITY	LOCATION OF ASSET/LIABILITY

34. During the last ten (10) year period, have you **received** any personal loans over \$10,000 or any business loans?

Yes No

If yes, provide the following information:

DATE RECEIVED LOAN	NAME AND ADDRESS OF LENDER	NAME OF BORROWER AND ALL CO-SIGNERS	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN

35. During the last ten year period, have you **made** any personal loans over \$10,000 or any business loans?

Yes No

If yes, provide the following information:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER	ALL CO-PARTIES TO LOAN	NAME OF LENDER	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN	SECURITY PLEDGED

36. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Family members include spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

REFERENCE ONE

Name _____ Business Address _____
Address _____

Telephone No. _____ Occupation _____
How long have you known the reference? _____

REFERENCE TWO

Name _____ Business Address _____
Address _____

Telephone No. _____ Occupation _____
How long have you known the reference? _____

REFERENCE THREE

Name _____ Business Address _____
Address _____

Telephone No. _____ Occupation _____
How long have you known the reference? _____

37. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size, and identify these pages with corresponding numbers and letters.

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

USE ADDITIONAL PAGES IF NECESSARY