



**\* SECTION C – Management of LLC** – Provide the information below for the LLC's Management.

- Mailing address cannot be the permit premises.
- If person(s) listed below is listed in Section B, **ONLY** provide the name and position held.
- If more space is needed, provide an additional sheet.

Person Name	Mailing Address, City, State, Zip Code OR Email Address	SSN	Birthdate	Phone #	Management Position Held
1)					<input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> VP <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Managing Member
	<u>BCI background check</u> done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A				
2)					<input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> VP <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Managing Member
	<b>BCI background check done?</b> Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A				
3)					<input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> VP <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Managing Member
	<b>BCI background check done?</b> Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A				
4)					<input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> VP <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Managing Member
	<b>BCI background check done?</b> Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A				
5)					<input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> VP <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Managing Member
	<b>BCI background check done?</b> Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A				

**\* SECTION D – Voting Interest in LLC** – Provide the information below for person(s)/company(ies) with voting interest of 5% or more for the LLC.

If a person/company listed in Section B has a DIFFERENT 5% or more voting interest percentage than the membership percentage listed in Section B, you will need to complete the Name and Voting Interest % columns below (e.g., John Doe has 50% membership interest, but only 25% voting interest, John Doe should be listed below).

Mailing address cannot be the permit premises. If more space is needed, provide an additional sheet.

Person/Company Name	Mailing Address, City, State, Zip Code OR Email Address	Tax ID or SSN	Birthdate	Phone #	Voting Interest %
1)					
		BCI background check done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A			
2)					
		BCI background check done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A			
3)					
		BCI background check done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A			

**\* SECTION E – Certification of Form** (The person signing must be listed in Section B or C above or provide an executed power of attorney)

By signing below, I certify and understand that:

- I have authority to execute this document on behalf of the LLC listed in Section A.
- The information provided is true, correct, and complete to the best of my knowledge and belief.
- Individuals listed in Section B or C are required to complete the Division's background check process.
- If this information changes at any point while a liquor permit is issued to the applicant, there is a duty to update the Division.

\_\_\_\_\_  
(Signature of Officer, Managing Member, or 5% or more Shareholder or Member)

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)