

Please type or print clearly. Submit one completed form of each individual ownership, general partner, corporate officer, and all persons with managerial responsibility within the business. If you need more space to answer the questions on this form in full, please attach an additional sheet of paper. Identify each answer on the separate sheet with the question number to which it corresponds.

# PERSONAL RECORD

(For New Applicants or Change in Personnel only)

1. NAME OF PERSON (FIRST, MIDDLE, LAST):				2. SOCIAL SECURITY NO:	
3. RESIDENCE ADDRESS (NUMBER, STREET, CITY, STATE, ZIP):				4. HOME TELEPHONE NO:	
5. SEX:	6. HEIGHT:	7. WEIGHT:	8. HAIR COLOR:	9. EYE COLOR:	
10. BIRTHDATE:		11. BIRTHPLACE (CITY, STATE):		12. DRIVER LICENSE NO:	
13. SPOUSE'S NAME:			14. WILL SPOUSE PARTICIPATE IN ANY PHASE OF THE PROPOSED BUSINESS?		
15. IF YES TO QUESTION 14, IN WHAT CAPACITY?					
16. OCCUPATION FOR LAST TWO YEARS:					
DATES (TO-FROM):		NAME OF EMPLOYER (IF SELF-EMPLOYED, INDICATE BUSINESS TYPE):			
OCCUPATION:		BUSINESS LOCATION:			
DATES (TO-FROM):		NAME OF EMPLOYER (IF SELF-EMPLOYED, INDICATE BUSINESS TYPE):			
OCCUPATION:		BUSINESS LOCATION:			
DATES (TO-FROM):		NAME OF EMPLOYER (IF SELF-EMPLOYED, INDICATE BUSINESS TYPE):			
OCCUPATION:		BUSINESS LOCATION:			
17. Have you ever operated an Artists' Management Agency, Theatrical Employment Agency, Musician Booking Agency, Talent Agency or Farm Labor Contracting Firm? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate the type of license, effective dates and the name of the business:</i>					
18. Have you ever plead guilty or nolo contendere to or been convicted* of a crime, either misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (*The term "convicted" includes instances in which the sentence was suspended and probation granted, and where expungement proceedings under California Penal Code §1203.4, and following, were undertaken.) <i>If yes, indicate the date, place and circumstances:</i>					
19. Have you ever had any license or permit issued by any agency of the State of California suspended or revoked or denied to you, or has any disciplinary action of any nature whatever been imposed upon you in connection with the holding of any such license or permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate the type of license, date, place and circumstances:</i>					
I hereby certify, under penalty of perjury, that the foregoing statements are true and correct, and that they are made for the purpose of obtaining a license to operate a Talent Agency or Farm Labor Contractor.					
I am aware of the fact that these statements are part of my license application and that ANY MATERIAL MISREPRESENTATION IS GROUNDS FOR DENIAL, OR SUBSEQUENT REVOCATION, OF A LICENSE OR PERMIT.					
Executed at* _____, California, this _____ day of _____.					
*If place of execution is outside California, the foregoing statements must be sworn before a notary public or other officer authorized to take oaths and affirmations					
_____					
SIGNATURE					