ABCD (07/2014)

ALCOHOLIC BEVERAGE CONTROL PERMIT DEPARTMENT P.O. Box 22828 Jackson, MS 39225

SUMMARY FINANCIAL STATEMENT

| I. | Name | | | | | |
|------|---|--|-------------|------------------|-----------|-----|
| | (Last | | (First) | (Middle / | ' Maiden) | |
| II. | Name of business | | | | | |
| | | | | | | |
| III. | Financial statement is: | Personal | Partnership | Corporation | Trust | LLC |
| IV. | ist checking, savings, and/or loan institution references. Continue on separate page if needed: | | | | | |
| | Checking: | | | | | |
| | (Institution Name) | | | (Account Number) | | |
| | | | | | | |
| | Savings:(Institution Name) | | | (Account Number) | | |
| | Loan: | | | | | |
| | (Institution Name) | | | (Account Number) | | |
| V. | List each asset, tangible or in | t each asset, tangible or intangible, below. These amounts are accurate as of,,, | | | | , |
| | Current Assets | | | | | |
| | Cash on hand | | \$ | | | |
| | Cash on deposit | | \$ | | | |
| | Accounts & Notes R | leceivable | \$ | | | |
| | Investments | | | | | |
| | Stocks and Bonds | | \$ | | | |
| | Business Investmen | t | \$ | | | |
| | Fixed Assets | | | | | |
| | Real Estate | | \$ | | | |
| | Other | | \$ | | | |
| | | | | | | |
| | Total Assets | | \$ | | | |

| VI. | List each liability below. | These amounts are accurate as of |
|-------|------------------------------|----------------------------------|
| | | |
| Curre | ent Liabilities (debts due v | <i>v</i> ithin one year) |
| | Accounts Payable (ex. | credit cards) \$ |
| | Taxes Payable | \$ |
| | Other | \$ |
| Long | Term Liabilities (debts de | le in more than one year) |
| | Notes Payable. | \$ |
| | Mortgages Payable | \$ |
| | Other | \$ |
| | | |
| Tota | l Liabilities | \$ |

WAIVER AND AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

TO WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish the Alcoholic Beverage Control Division, Department of Revenue, with any and all information you may have concerning me or my financial records and copy such records, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege. I agree to indemnify and hold harmless the person to whom this request is presented from all manner of actions arising out of or by reason of complying with this request.

By checking this box, you are affixing an electronic signature and thereby swearing under oath that all information contained in the document is true and correct. Should you knowingly submit information in the document that is false or affix your electronic signature on behalf of another person or entity without the authority to do so, you will be guilty of perjury, and, upon conviction, may be punished by imprisonment in the State Penitentiary for a term not exceeding ten (10) years.