

Elmer, Linda

From: John <john@southeastsales.com>
Sent: Wednesday, December 4, 2024 8:55 AM
To: Elmer, Linda
Subject: Additional Questionnaire and questions for Havenwoods-Granville
Attachments: granvilleform.pdf; granvilleform.pdf

Good morning Cyndee/Linda:

Agenda Item for next meeting that I will be bringing up today.

We need to modify our existing form plus add this individual pdf I have attached.

Modify the top where it says Name. It's needs to say Individual name including aliases and prior names.

Then Modify question 1: What is the legal name and D/B/A name of your business?

Add this question #21 Do you currently have any unpaid financial judgments against you personally or any businesses that you are involved with and/or in?

John Erdmann

**GRANVILLE-HAVENWOODS ADVISORY
COUNCIL INDIVIDUAL QUESTIONNAIRE**

Date

All individuals involved in the business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your application or renewal is not complete until all required Individual Questionnaires are submitted.

| | | | | |
|---|--------------------------------------|--|--------------------------------------|---|
| Part A: Business Information | | | | |
| 1. Legal Business Name (individual name if sole proprietor) | | | | |
| 2. Business Trade Name or DBA | | | | |
| 3. Entity Type (<i>check one</i>) | | | | |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation | <input type="checkbox"/> Nonprofit Organization |

| | | | | |
|---------------------------------------|--|---------------|--|-------------------|
| Part B: Individual Information | | | | |
| 1. Last Name | | 2. First Name | | 3. M.I. |
| 4. Relationship to Business (Title) | | 5. Email | | 6. Phone |
| 7. Home Address | | | | |
| 8. City | | 9. State | 10. Zip Code | 11. Date of Birth |
| 12. Drivers License/State ID Number | | | 13. Drivers License/State ID State of Issuance | |

| | | | | | | | |
|--|--------|-------|--------|----------|--------|-------|--------|
| Part C: Address History | | | | | | | |
| 1. Do you currently reside in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? | | | | Years | Months | | |
| 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. | | | | | | | |
| Previous Address 1 | | City | State | Zip Code | | | |
| Previous Address 2 | | City | State | Zip Code | | | |
| Previous Address 3 | | City | State | Zip Code | | | |
| Previous Address 4 | | City | State | Zip Code | | | |
| Previous Address 5 | | City | State | Zip Code | | | |
| 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. | | | | | | | |
| State | County | State | County | State | County | State | County |
| State | County | State | County | State | County | State | County |

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

| | | |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses currently pending against you (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|