# Division of ALCOHOLIC BEVERAGE CONTROL

140 East Front Street, P.O. Box 087, Trenton, New Jersey 08625-0087

## APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

Applicants should complete the application in full. Where a question is not applicable, please enter the letters "N/A." Where additional pages are necessary, you may photocopy any part of this application. A complete application is required whenever any of the following is requested:

New License;

Person-to-Person Transfer;

Place-to-Place Transfer (including expansion of premises);

Partnership changes (except Limited Partnerships);

Change of Corporate Structure (of more than 33 1/3% interest);

Extension to Administrator, Executor, Receiver, Trustee in Bankruptcy;

License Renewal (unless an alternate application is provided by the Division of ABC) OR

When required by the Division or the Local Issuing Authority.

If you are reporting a change in facts about your license which does not involve one of the above transactions, complete Page 1 and any page[s] of the application on which information to be changed appears. You must also complete a Certification Page (Page 11).

The original and two copies of the completed application, or pages reporting changes, should be submitted to the MUNICIPAL CLERK or BOARD OF ALCOHOLIC BEVERAGE CONTROL SECRETARY of the Municipality which will act on the request. It is the responsibility of the applicant to provide the required copies of the license application. One copy of the application should be returned to the applicant by the Municipality. It should be maintained with other records and available for inspection on the licensed premises.

All fees are to accompany the application at the time of filing with the local issuing authority. A **\$200.00** filing fee, in the form of a CERTIFIED CHECK or MONEY ORDER – payable to the Division of Alcoholic Beverage Control – should accompany all applications for New Licenses, License Transfers or License Renewals. Local licensing fees are established by the Local Issuing Authority; consult the Municipal Clerk or ABC Board Secretary for information in this regard.

TR#:	_	TE OF NEW JERSEY	Action ID Code
FEE:	DEPARTMENT C DIVISION OF AI	L I L I L I L I A W D U	
DATE:	_ RETAIL LIQUO	DR LICENSE APPLICATION	
STATE ASSIGNED LICENSE NU	JMBER	DATE APPLICATION FILED:	
34   Seasonal Retail (May 1 throug)     44   Plenary Retail D     43   Limited Retail Di     OTHER   Annual State Pe	] HECK ONE) -12] onsumption cage Privilege onsumption exception) onsumption exception) Consumption onsumption onsumption onsumption of through April 30) Consumption of through April 30) Consumption stribution stribution stribution	/ THIS APPLICATION IS FOR: A New License Person-to-Person Transfer (Including Partnership of except Limited Partners Place-to-Place Transfer (Including expansion of Change of Corporate Struct Extension of License (to E) Receiver, Administrator Renewal of License Amendment of Application Other	change, ship) premises) cture xecutor, r, etc.) on File
Municipal Fee \$/ Effective Date/ / (As Stated in Resolution. Date or State Fee \$ Date Denied/ (As Stated in Resolution)	/ / f resolution unless otherwise -	Reserved for Municipal Use e established.)	
Refund Amount \$			

Special Conditions Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

Type or Print Name (Last Name, First Name, Middle Initial) of Municipal Clerk or ABC Secretary

Page 2		PLEASE TYPE OR PRINT ALL IN	NFORMATION
STATE	ASSIGNED LICENSE NUMBE	R	
Applicat	ion is made on behalf of:		
	1 = An Individual 3 = A Partnership 5 = Incorporated Club	2 = Business Corporat 4 = Unincorporated Clu 6 = Limited Partnership	ub du
2.1		ILL APPEAR ON THE LICENSE CER dual (Last Name, First Name, Middle I	
	(	Last Name, First Name, Middle Initial	or Corporate Name)
2.2	ACTUAL ADDRESS WHERE	THE LICENSE IS TO BE USED (SITE	ED PREMISES):
	Street Address	mber Street Name	
		mber Street Name	
	Telephone number of busines	s () Area Exchange	
2.3		Ŭ	the "actual address" given above, provide the mailing addres
	Street Address	mber Street Name	
	P.O. Box #		State
	Zip	_ Telephone ( )	
2.4	New Jersey Sales Tax Certific	ate of Authority No.	
2.5			UCTED. ALL TRADE NAMES MUST BE LISTED AND tion] OR COUNTY CLERK [if a partnership or sole proprietor]:
2.6	THE FOLLOWING QUESTIO	NS ARE TO BE ANSWERED BY ALL	APPLICANTS OTHER THAN APPLICANTS FOR A NEW
	A. IS THE LICENSE ACTIVI Yes	ELY USED AT AN OPERATING PLAC	CE OF BUSINESS?
	B. IF NO, GIVE THE DATE ISSUED IF NEVER SITE //	D AT AN OPERATING BUSINESS):	TING (OR THE DATE THE LICENSE WAS ORIGINALLY
		BUSINESS AFTER APPROVAL?	OR A TRANSFER, WILL THE LICENSE BE USED AT AN
2.7	THE FOLLOWING QUESTION	NS ARE TO BE ANSWERED BY AN /	APPLICANT FOR A NEW LICENSE:
	A. WILL THE LICENSE BE		F BUSINESS IMMEDIATELY UPON ISSUANCE?

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:

## STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for "not applicable." [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE?

If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building.

An up-to-date sketch of the entire licensed premises should be submitted for inclusion in the State ABC license file.

- 3.2 BUILDING NO. \_\_\_\_\_ OF \_\_\_\_\_ TO BE LICENSED.
- 3.3 IS THE ENTIRE BUILDING TO BE LICENSED? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

 3.4
 Basement
 Yes
 No
 All of it
 Yes
 No

 1<sup>st</sup> floor
 Yes
 No
 All of it
 Yes
 No

 2<sup>nd</sup> floor
 Yes
 No
 All of it
 Yes
 No

 3<sup>rd</sup> floor
 Yes
 No
 All of it
 Yes
 No

 3<sup>rd</sup> floor
 Yes
 No
 All of it
 Yes
 No

Specify each additional floor number to be included under this license:

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed areas from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES?

\_\_\_\_\_Yes \_\_\_\_\_No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?

\_\_\_\_Yes \_\_\_\_No

IF THE ANSWER IS "YES," ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

 3.7 DOES THE APPLICANT OWN THE BUILDING?
 Yes No

 IF "YES," IS THERE A MORTGAGE ON THE BUILDING?
 Yes No

 DOES THE APPLICANT LEASE THE BUILDING?
 Yes No

If there is a mortgage on the property, answer question 3.8. If the licensed premise is leased, answer question 3.9.

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

	(Last Name, First Na	me, Middle Initial or Corporate	Name)	
Street Address	Number	Street Name		
P.O. Box #	Municipality		State	
Zip				
.9 LANDLORD (HOL	DER OF LEASE):			
	(Last Name, First Na	me, Middle Initial or Corporate	Name)	
Street Address	Numeron	Ctra at Nama		
	Number	Street Name		
P.O. Box #	Municipality		State	
Zip				

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4.1 IS THE NEAREST ENTRANCE OF THE PLACE TO BE LICENSED WITHIN 200 FEET OF THE NEAREST ENTRANCE OF ANY CHURCH OR SCHOOL? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF THE ANSWER IS "YES," IS A WAIVER SIGNED BY THE APPROPRIATE OFFICIAL ATTACHED TO THIS APPLICATION? \_\_\_\_\_ Yes \_\_\_\_\_ No

- 4.2 DOES THE APPLICANT INTEND TO USE ANY VEHICLES FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES? \_\_\_\_\_ Yes \_\_\_\_\_ No (A TRANSIT INSIGNIA IS NECESSARY BEFORE ALCOHOLIC BEVERAGES MAY BE TRANSPORTED.)
- 4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB F 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?

\_\_\_\_\_ Yes \_\_\_\_\_ No

IF "YES," DATE FILED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4.4 WILL ANY BUSINESS OTHER THAN THE SALE OF ALCOHOLIC BEVERAGES BE CONDUCTED ON THE PREMISES TO BE LICENSED? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF THE ANSWER IS "YES," INDICATE THE NATURE OF THE BUSINESS AND WHO WILL CONDUCT IT BY RESPONDING TO THE FOLLOWING QUESTIONS:

Restaurant	Applicant	Other
Catering	Applicant	Other
Hotel/Motel	Applicant	Other
Amusements	Applicant	Other
N.J. Lottery	Applicant	Other
Grocery or Delicatessen	Applicant	Other
Other (specify)	Applicant	Other

4.5 IF SOMEONE OTHER THAN THE APPLICANT WILL OPERATE THE OTHER BUSINESS ON THE LICENSED PREMISES, ANSWER THIS QUESTION. IF THERE IS MORE THAN ONE INDIVIDUAL OR COMPANY, ATTACH A SEPARATE PAGE LISTING THE REQUESTED INFORMATION FOR EACH OPERATOR.

Business to be o	operated		
Name of compa	ny/individual	(Last Name, First Name or Corporate Name)	
Street Address	Number	Street Name	
Municipality		State	
Zip	NJ Sa	ales Tax Certificate of Authority No.	

STATE ASSIGNED LICENSE NUMBER			
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#### ALL APPLICANTS ANSWER THE FOLLOWING

5.1 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

	Yes	No				
lf th	ne answer is	"Yes," co	omplete the following	:		
Na	me of individ	lual				
Titl	e of position	held	Last Name	First N	ame	Middle Initial
Na	me of Emplo	ying Age	ncy			
HA	VING A BE	NEFICIA	L INTEREST IN TH	IE LICENSEI	D BUSINESS,	
Na	me of Individ	lual	LootNama	Eirot N		
Titl	e of Office _					·····
Mu	nicipality					·····
an Ha Imf Lai	YONE WITH VE ANY INT PORTER O NDLORD, T	H A BENI EREST I R WHOI ENANT, I	EFICIAL INTEREST N ANY BREWERY, \ LESALE ALCOHOL MORTGAGE HOLDE	IN THE LICE WINERY, DIS IC BEVERA	NSED BUSINE TILLERY, REC GE BUSINESS	ESS, DIRECTLY OR INDIRECTLY, TIFYING AND BLENDING PLANT, S, AS OWNER, PART OWNER,
	Yes	No				
					LAINING THE I	RELATIONSHIP AND NATURE OF
Α.	New Jersey	y license	number, if applicable			
В.			DOES NOT HOLD A I	NEW JERSE	Y LIQUOR LICE	ENSE, ANSWER THE FOLLOWING
	Name of er	ntity cond	ucting business (Cor	poration, Par	nership or Indiv	<i>r</i> idual)
	<u> </u>		(Last Name, First	Name, Middle	e Initial or Corpo	orate Name)
	Street Add	ress				
			Number		Street Name	
	P.O. Box #		M	unicipality		State
	If the Name of States of S	If the answer is Name of individ Title of position Name of Employ DOES THE APP HAVING A BE GOVERNMENT IF THE ANSWE Name of Individ Title of Office Municipality DOES THE AF ANYONE WITH HAVE ANY INT IMPORTER O LANDLORD, TI EMPLOYEE OF Yes IF THE ANSWE THE INTEREST A. New Jersey B. IF THE BUS QUESTION Name of er  Street Addr	Name of individual Title of position held Name of Employing Age DOES THE APPLICANT HAVING A BENEFICIA GOVERNMENT ISSUIN IF THE ANSWER IS "YE Name of Individual Title of Office Municipality DOES THE APPLICANT ANYONE WITH A BENE HAVE ANY INTEREST I IMPORTER OR WHOU LANDLORD, TENANT, I EMPLOYEE OR OTHER YesNO IF THE ANSWER IS "YE THE INTEREST AND CO A. New Jersey license B. IF THE BUSINESS I QUESTIONS: Name of entity cond Street Address	If the answer is "Yes," complete the following Name of individual	If the answer is "Yes," complete the following:          Name of individual       Last Name       First Name         Title of position held	If the answer is "Yes," complete the following:          Name of individual

Zip \_\_\_\_\_\_- - \_\_\_\_\_

Type of Business

STATE ASSIC	SNED LICENSE NUMBER
	ALL APPLICANTS ANSWER THE FOLLOWING
6.1	HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY? Yes No
	IF THE ANSWER TO THIS QUESTION IS "YES," ANSWER THE FOLOWING:
	Type of License or Permit Denied:       Retail       Wholesale       Transportation         Warehouse       Manufacturer
	Unit of Government which denied License or Permit:
	Date of Denial (approximate if not known)///
	Reason for Denial
6.2	HAS ANY CORPORATION, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT? Yes No IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:
	Name of Entity
	Warehouse Manufacturer
	Unit of Government which denied License or Permit:
	Date of Denial (approximate if not known)///
6.3	Reason for Denial
	APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION? Yes No IF THE ANSWER IS "YES," PROVIDE DETAILS OF EACH BELOW [Complete a separate Page 6 for each action]:
	Name of Individual
	DATE OF ACTION// / DOCKET NO
	PENALTY WAS IMPOSED BY:
	[Indicate whether by Division of ABC or identify Local Issuing Authority] PENALTY CONSISTED OF:
	FINED \$ NOT RENEWED
	[amount]
	SUSPENDED REVOKED CANCELLED (number of days)
	OTHER [explain]
6.4	HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? Yes No A. IF THE ANSWER IS "YES," ANSWER THE FOLLOWING: Name of Individual
	Name of Individual
	Date of Birth / / Conviction Date / / /
	Description of offense (specific charge)
	Disposition (fine, penalty, etc.)
	Nature of interest in entity to be licensed
	B. If applicable, provide the date the Director of the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal:// (No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing
	disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No. :[NN]-\_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

	ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING
7.1	DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS) OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?
	YesNo
	IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S) AND THE NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.
	A. License Number
	Name
	(Last Name, First Name, Middle Initial or Corporate Name)
	Relationship to Applicant
*******	***************************************
	B. License Number
	Name
	Relationship to Applicant
********	**************************************
	C. License Number
	Name (Last Name, First Name, Middle Initial or Corporate Name)
	Relationship to Applicant
************* 7.2	WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTERESTS IN OTHER LICENSES?
	YesNo
	IF THE ANSWER IS "YES," ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION AND THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH, IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.
	Name
	(Last Name, First Name, Middle Initial or Corporate Name)
	Social Security Number <i>OR</i>
	NJ Sales Tax Certificate of Authority No.
	Date of Birth / /

STATE	ASSIGNED	LICENSE	
SIAIE	ASSIGNED	LICENSE	NUNDER

#### ALL APPLICANTS ANSWER THE FOLLOWING

- 8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW OR ANY OTHER NEW JERSEY OR FEDERAL LAW? Yes No
- 8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, FOR A HOTEL/MOTEL AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF R.S. 33:1-12.20? Yes \_\_\_\_\_ No

IF THE ANSWER IS "YES," IS IT FOR A HOTEL/MOTEL FACILITY OF 50 OR 100 ROOMS? CHECK ONE: \_\_\_\_\_ 50 ROOMS \_\_\_\_\_ 100 ROOMS

8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (R.S. 33:1-12.32) FOR A HOTEL/MOTEL, RESTAURANT, BOWLING ALLEY OR INTERNATIONAL AIRPORT? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF THE ANSWER IS "YES," CHECK ONE OF THE FOLLOWING: \_\_\_\_\_ HOTEL/MOTEL \_\_\_\_\_ RESTAURANT \_\_\_\_\_ BOWLING ALLEY \_\_\_\_\_ INTERNATIONAL AIRPORT

THE FOLLOWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER.

- 8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED
- 8.5 IF THIS IS A REQUEST FOR A PERSON-TO-PERSON TRANSFER, INSERT NAME(S) OF PERSON (Last Name First), PARTNERSHIP OR CORPORATION CURRENTLY HOLDING THE LICENSE:

(Last Name, First Name, Middle Initial or Corporate Name)

8.6 IF THIS IS A REQUEST FOR A PLACE-TO-PLACE TRANSFER OF A POCKET LICENSE (NO SITED PREMISES), MARK AN **X** HERE: \_\_\_\_\_

IF THIS IS A REQUEST FOR A PLACE-TO-PLACE TRANSFER OF A SITED LICENSE, INSERT THE ADDRESS OF THE CURRENT SITE FROM WHICH THE LICENSE IS TO BE TRANSFERRED.

Street Address

Number Municipality Street Name

New Jersey

Zip \_\_\_\_\_\_ - \_\_\_\_

THE FOLLOWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.

8.7 INSERT THE ANTICIPATED DATES WHEN PUBLIC NOTICE OF APPLICATION WILL BE PUBLISHED. PUBLICATION MAY NOT BE SOONER THAN THE DATE OF FILING OF THIS APPLICATION.

Date of first notice \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of second notice \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

- 8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE
- 8.9 THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN 1 PERCENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED).

Date of notice \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of newspaper publishing notice

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

- 8.10 HAS THE CLUB BEEN IN ACTIVE OPERATION IN THE STATE OF NEW JERSEY FOR AT LEAST THREE YEARS CONTINUOUSLY IMMEDIATELY PRIOR TO THE SUBMISSION OF ITS APPLICATION FOR A LICENSE? Yes \_\_\_\_\_ No
- 8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?

\_\_\_\_ Yes \_\_\_\_ No

- 8.12 HAS THE CLUB HAD EXCLUSIVE POSSESSION AND USE OF CLUB QUARTERS FOR THREE CONTINUOUS YEARS? \_\_\_\_\_Yes \_\_\_\_\_No
- 8.13 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?

/ 000	GNED LICENSE NUMBE		
		ALL APPLICANTS ANSWER THE F	FOLLOWING
9.1	AN INTEREST DIREC		SOCIATION <u>OTHER THAN THE APPLICANT</u> HAV E APPLIED FOR OR IS THE STOCK OF AN ? Yes No
			A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OI F EXPLANATION IF MORE SPACE IS NEEDED.
	Name of Individual (Las	st Name First) or Corporation	
	Social Security Number	(Last Name, First Name, Middle Initia	
	Nu	mber Street Name	
	P.O. Box #	mber Street Name _ Municipality	State
	Zip		
	Describe Nature of Inte	rest	
9.2	CONDITIONAL BILL C	OF SALE OR OTHER SECURITY INTERES JSED IN CONNECTION WITH THE BUSIN	SOCIATION HOLD ANY CHATTEL MORTGAGE OF T ON ANY FURNITURE, FIXTURES, GOODS OF NESS TO BE OPERATED UNDER THE LICENSI
	IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OF CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED		
	Name of Individual (Las	st Name First) or Corporation	
		(Last Name, First Name, Middle Initia	al or Corporate Name)
			al or Corporate Name) DR
	Social Security Number	(Last Name, First Name, Middle Initia r <b></b> O	al or Corporate Name) D <b>R</b>
	Social Security Number NJ Sales Tax Certificate Street Address	(Last Name, First Name, Middle Initia r O e of Authority Number	DR
	Social Security Number NJ Sales Tax Certificate Street Address Nu	(Last Name, First Name, Middle Initia r O e of Authority Number mber Street Name	DR
	Social Security Number NJ Sales Tax Certificate Street Address Nu P.O. Box #	(Last Name, First Name, Middle Initia r O e of Authority Number mber Street Name Municipality	DR
	Social Security Number NJ Sales Tax Certificate Street Address Nu P.O. Box # Zip	(Last Name, First Name, Middle Initia r O e of Authority Number mber Street Name Municipality	DR
	Social Security Number NJ Sales Tax Certificate Street Address Nu P.O. Box # Zip	(Last Name, First Name, Middle Initia r O e of Authority Number mber Street Name Municipality	DR
9.3	Social Security Number NJ Sales Tax Certificate Street Address P.O. Box # Zip Describe Nature of Inte HAS THE APPLICANT TO RECEIVE OR AG PERCENTAGE OF TH	(Last Name, First Name, Middle Initia r O e of Authority Number mber Street Name  Municipality rrest AGREED TO PERMIT ANYONE NOT HAVI REED TO PAY ANYONE (BY WAY OF F	DR State ING AN OWNERSHIP INTEREST IN THE LICENSE RENT, SALARY OR OTHERWISE) ALL OR AN INCOME DERIVED FROM THE BUSINESS TO BE
9.3	Social Security Number NJ Sales Tax Certificate Street Address	(Last Name, First Name, Middle Initia r O e of Authority Number mber Street Name  mest FAGREED TO PERMIT ANYONE NOT HAVI REED TO PAY ANYONE (BY WAY OF F E GROSS RECEIPTS OR NET PROFIT OR THE LICENSE APPLIED FOR? Yes YES," ANSWER THE FOLLOWING USING A	State State ING AN OWNERSHIP INTEREST IN THE LICENSE RENT, SALARY OR OTHERWISE) ALL OR ANY INCOME DERIVED FROM THE BUSINESS TO BE No A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OF
9.3	Social Security Number NJ Sales Tax Certificate Street Address P.O. Box # Zip Describe Nature of Inte HAS THE APPLICANT TO RECEIVE OR AG PERCENTAGE OF TH CONDUCTED UNDER IF THE ANSWER IS "Y CORPORATION TO BE	(Last Name, First Name, Middle Initia r O e of Authority Number mber Street Name  mest FAGREED TO PERMIT ANYONE NOT HAVI REED TO PAY ANYONE (BY WAY OF F E GROSS RECEIPTS OR NET PROFIT OR THE LICENSE APPLIED FOR? Yes YES," ANSWER THE FOLLOWING USING A	State State ING AN OWNERSHIP INTEREST IN THE LICENSI RENT, SALARY OR OTHERWISE) ALL OR AN INCOME DERIVED FROM THE BUSINESS TO BI No A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OF
9.3	Social Security Number NJ Sales Tax Certificate Street Address P.O. Box # Zip Describe Nature of Inte HAS THE APPLICANT TO RECEIVE OR AG PERCENTAGE OF TH CONDUCTED UNDER IF THE ANSWER IS "Y CORPORATION TO BE	(Last Name, First Name, Middle Initia r	State State ING AN OWNERSHIP INTEREST IN THE LICENSI RENT, SALARY OR OTHERWISE) ALL OR AN INCOME DERIVED FROM THE BUSINESS TO BI No A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OF
9.3	Social Security Number NJ Sales Tax Certificate Street Address P.O. Box # Zip Describe Nature of Inte HAS THE APPLICANT TO RECEIVE OR AG PERCENTAGE OF TH CONDUCTED UNDER IF THE ANSWER IS "Y CORPORATION TO BE Name of Individual (Las Last Name	(Last Name, First Name, Middle Initia r	State  State  ING AN OWNERSHIP INTEREST IN THE LICENSI RENT, SALARY OR OTHERWISE) ALL OR AN INCOME DERIVED FROM THE BUSINESS TO BI No A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OF E OF EXPLANATION IF MORE SPACE IS NEEDED Middle Initial
9.3	Social Security Number NJ Sales Tax Certificate Street Address P.O. Box # Zip Describe Nature of Inte HAS THE APPLICANT TO RECEIVE OR AG PERCENTAGE OF THI CONDUCTED UNDER IF THE ANSWER IS "Y CORPORATION TO BE Name of Individual (Las Last Name Social Security Number	(Last Name, First Name, Middle Initia r	State
9.3	Social Security Number NJ Sales Tax Certificato Street Address	(Last Name, First Name, Middle Initia r	State
9.3	Social Security Number NJ Sales Tax Certificato Street Address P.O. Box # Zip Describe Nature of Inte HAS THE APPLICANT TO RECEIVE OR AG PERCENTAGE OF THI CONDUCTED UNDER IF THE ANSWER IS "Y CORPORATION TO BE Name of Individual (Las Last Name Social Security Number NJ Sales Tax Certificato Street Address	(Last Name, First Name, Middle Initia r	DRState  ING AN OWNERSHIP INTEREST IN THE LICENSE RENT, SALARY OR OTHERWISE) ALL OR ANY INCOME DERIVED FROM THE BUSINESS TO BENO A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OF E OF EXPLANATION IF MORE SPACE IS NEEDEDMiddle Initial DR

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1	Name of corporation
10.2	Street address of home office
	Municipality
	State
10.3	NJ Sales Tax Certificate of Authority Number
10.4	IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.
	Street Address
	Municipality New Jersey
	Zip
10.5	IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? Yes No
10.6	DATE CHARTERED OR INCORPORATED / STATE
10.7	CERTIFICATE OF INCORPORATION NUMBER
10.8	IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? Yes No
10.9	HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? Yes No
	IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.
	Date of revocation //
	Beginning date///
	Ending date///
10.10	INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.
	Name
	(Last Name, First Name, Middle Initial or Corporation)
	Street Address
	Municipality New Jersey
	Zip Telephone Number ( ) Number
10.11	IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

\_ - \_ \_ \_

STATE ASSIGNED LICENSE NUMBER

Page 10A

#### ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

Beneficiary \_\_\_\_ Other (specify) \_\_\_

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP).

Name of individual (last name first), stockholder, partner, officer or director: Last Name First Name Middle Initial Home Street Address Street Name Number P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_ State Zip \_\_\_\_\_- - \_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number - -Home telephone number (\_\_\_\_ Exchange Area Number Office telephone number ( Exchange Number Area Number of shares % of business owned or controlled Partner Check position that applies: \_\_\_\_\_ Sole owner Stockholder President Vice-President Secretary Treasurer Director Manager Agent Executor/Administrator Receiver Trustee Beneficiary Other (specify) Name of individual (last name first) Last Name First Name Middle Initial Home Street Address Street Name Number P.O. Box # Municipality State Zip -Date of Birth / / Social Security Number Home telephone number (\_\_\_\_\_ Exchange Area Number Office telephone number ( Exchange Area Number % of business owned or controlled \_ Number of shares \_ Check position that applies: Sole owner Partner Stockholder Vice-President Secretary Treasurer Director President Agent Executor/Administrator Trustee Manager Receiver

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### PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICEN	NSE NUMBER	AFFIDAVIT
LICENSE PERIOD APPLIED FOR	FROMTO	DATE:
State of	) ) SS:	
County of		
As provided by law (R.S. 3	)	
(Check One)		
1. The Individual Applica	ant	
2. Members of the Partn	ership Applicant	
consent(s) that the licensed out-buildings, passageway used in connection therew warrant at all hours by th investigators and all other say(s) that he/she is (they is authorized by corporate		sed premises, including all rooms, cellars, closets, the licensed premises are a part and all buildings control, may be inspected and searched without s or her duly authorized deputies, inspectors or g to law, upon his/her/their oath(s), depose(s) and t in instance of corporate ownership, the signator
Attest:	Corporate Name	(Signature of Partner)
	By	
Secretary Signature	(Signature of Corporate President or Vice President)	(Signature of Partner)
Affix Corporate Seal		(Signature of Partner)
	Sworn to and subscribed before me	
	this day of	20
AFFIDAVIT MUST BE SIC	GNED HERE► (Signature of Officer Administerin	g Oath)
BY DULY AUTHORIZED NOTARY PUBLIC	(Printed Name of Officer Administering Oath)	
OR AN ATTORNEY-AT-L	AW (Title of Officer Administering Oath)	(Date of Expiration of Commission, if applicable)