

TOWN OF WEST NEW YORK

Instructions for Transfer of Liquor Licenses

1. The following documents must be submitted to the Town Clerk's Office:
 - a. 12-page application with detailed sketch of premises attached thereto (original)
 - b. Transfer Consent of Transferor (original)
 - c. Affidavit of Transferor (original)
 - d. Affidavit of Transferee with proof of source of funds documented and attached thereto (original)
 - e. Application for Bulk Sale Permit (must be accompanied by **\$75.00** Check or Money Order made payable to: *NJ Division of Alcoholic Beverage Control* if applicant is purchasing existing stock of liquor from present license holder)
 - f. Contract for Sale and/or Lease of licensed premises

**You must also submit a complete set of the above documents to:
Sgt. Michael Clement, License Bureau, Room 26, Town Hall.**
2. Peron-to-Person Transfer requires a fee of 10% of Annual License Renewal to be payable to: *Town of West New York*
3. Place-to-Place Transfer requires a fee of 10% of Annual License Renewal to be payable to: *Town of West New York*
4. **\$200.00** Certified Check, Money Order, or Personal Check payable to: *State of NJ – Division of Alcoholic Beverage Control*
5. Fingerprinting: Contact License Bureau at (201) 295-5040 for instructions (Room 26)
6. Tax Clearance Certificate must be submitted to A.B.C. Board Secretary. The A.B.C. Board may take no action until you provide the Secretary with a copy of said certificate. (Contact the Division of Taxation 609-292-0043 to obtain form C-9600.)
7. Instructions for Publication of Notice of Transfer of Application for Person-to Person Transfer, Place-to-Place Transfer, Expansion of Premises and Change of Corporate Structure:

The Notice of application shall be published once a week, for two (2) weeks consecutively, at least seven (7) days apart, in a newspaper printed in the English language published and circulated in the municipality in which the licensed premises are located. If, however, there shall be no such newspaper, then such notice shall be published in a newspaper printed in the English language, published and circulated in the county in which the licensed premises are located. Original Affidavit of Publication of notice of application for transfer of a license shall be furnished to the A.B.C. Board Secretary after second publication with a copy of the dated advertisements attached thereto.

NOTE: DO NOT PUBLISH UNTIL AUTHORIZATION IS RECEIVED FROM A.B.C. BOARD SECRETARY

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#: _____

FEE: _____

DATE: _____

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

Action ID Code
[] [] [] []
A W D U

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

DATE APPLICATION FILED:

____ - ____ - ____ - ____

____ / ____ / ____

[For DIVISION use only _____]

CODE TYPE OF LICENSE (CHECK ONE)

THIS APPLICATION IS FOR:

CLASS C LICENSES [R.S. 33:1-12]

- 31 _____ Club
- 32 _____ Plenary Retail Consumption
w/Broad Package Privilege
- 33 _____ Plenary Retail Consumption
- 36 _____ Plenary Retail Consumption
(Hotel/Motel Exception)
- 37 _____ Plenary Retail Consumption
(Theatre Exception)
- 35 _____ Seasonal Retail Consumption
(November 15 through April 30)
- 34 _____ Seasonal Retail Consumption
(May 1 through November 14)
- 44 _____ Plenary Retail Distribution
- 43 _____ Limited Retail Distribution

- _____ A New License
- _____ Person-to-Person Transfer
(Including Partnership change,
except Limited Partnership)
- _____ Place-to-Place Transfer
(Including expansion of premises)
- _____ Change of Corporate Structure
- _____ Extension of License (to Executor,
Receiver, Administrator, etc.)
- _____ Renewal of License
- _____ Amendment of Application on File
- _____ Other _____

OTHER

- 14 _____ Annual State Permit
(R.S. 33:1-42, NJAC 13:2-52)
- 40 _____ Special Permit for a Golf Facility
(NJAC 13:2-5.3)

This Area is Reserved for Municipal Use

Municipal Fee \$ _____

Effective Date _____ / _____ / _____
(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee \$ _____

Date Denied _____ / _____ / _____
(As Stated in Resolution)

Refund Amount \$ _____

Special Conditions Attached: _____ Yes _____ No

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

Signature of Municipal Clerk or ABC Secretary

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

Application is made on behalf of: _____

1 = An Individual
3 = A Partnership
5 = Incorporated Club

2 = Business Corporation
4 = Unincorporated Club
6 = Limited Partnership

7 = Limited Liability Company

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):
License may be held by Individual (Last Name, First Name, Middle Initial), Partnership or Corporation.

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

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address _____
Number Street Name

Municipality _____ Zip _____ - _____

Telephone number of business (_____) _____ - _____
Area Exchange Number

2.3 If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing address (insert N/A if not applicable):

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____ Telephone (_____) _____ - _____

2.4 New Jersey Sales Tax Certificate of Authority No. _____

2.5 TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE [if a corporation] OR COUNTY CLERK [if a partnership or sole proprietor]:

2.6 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS OTHER THAN APPLICANTS FOR A NEW LICENSE:

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?
_____ Yes _____ No

B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING BUSINESS):
_____ / _____ / _____

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?
_____ Yes _____ No

2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE:

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?
_____ Yes _____ No

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

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:

- | | | |
|--|------------------------------------|--------------------------------|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Amusements | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> N.J. Lottery | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grocery or Delicatessen | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Applicant | <input type="checkbox"/> 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 operated _____

Name of company/individual _____
(Last Name, First Name or Corporate Name)

Street Address _____
Number Street Name

Municipality _____ State _____

Zip _____ - _____ NJ Sales Tax Certificate of Authority No. _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

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

If the answer is "Yes," complete the following:

Name of individual _____
Last Name First Name Middle Initial

Title of position held _____

Name of Employing Agency _____

5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? _____ Yes _____ No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING:

Name of Individual _____
Last Name First Name Middle Initial

Title of Office _____

Municipality _____

5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLERY, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE OR OTHERWISE?

_____ Yes _____ No

IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING:

A. New Jersey license number, if applicable _____ - _____ - _____

B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

Name of entity conducting business (Corporation, Partnership or Individual)

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

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Type of Business _____

STATE ASSIGNED 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 FOLLOWING:

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 _____
Last Name First Name Middle Initial

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 _____

6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE 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 _____
Last Name First Name Middle Initial

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 _____
Last Name First Name Middle Initial

Date of Birth ____ / ____ / ____ Conviction Date ____ / ____ / ____

State ____ Court of Jurisdiction _____

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?

____ Yes ____ No

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 _____
(Last Name, First Name, Middle Initial or Corporate 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?

____ Yes ____ No

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 _____ - _____ - _____ **OR**

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING

- 9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY? ____ Yes ____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

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

Social Security Number _____ - _____ - _____ **OR**

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number Street Name
P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

- 9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR? ____ Yes ____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

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

Social Security Number _____ - _____ - _____ **OR**

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number Street Name
P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

- 9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR? ____ Yes ____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

Last Name First Name Middle Initial

Social Security Number _____ - _____ - _____ **OR**

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number Street Name
P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

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 _____
Number Street Name

Municipality _____

State _____ Zip _____ - _____

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 _____
Number Street Name

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 _____
Number Street Name

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____
Area Exchange 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 ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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 _____		
Number	Street Name	
P.O. Box # _____	Municipality _____	State _____
Zip _____ - _____		
Social Security Number _____ - _____ - _____	Date of Birth _____ / _____ / _____	
Home telephone number (_____) _____ - _____		
Area	Exchange	Number
Office telephone number (_____) _____ - _____		
Area	Exchange	Number
% of business owned or controlled _____		Number of shares _____
Check position that applies: _____ Sole owner _____ Partner _____ Stockholder		
_____ President	_____ Vice-President	_____ Secretary _____ Treasurer _____ Director
_____ Trustee	_____ Manager	_____ Agent _____ Executor/Administrator _____ Receiver
_____ Beneficiary	_____ Other (specify) _____	

Name of individual (last name first)

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

TRANSFER CONSENT

I, the undersigned, do hereby consent to the transfer of:

Plenary Retail Consumption _____
Plenary Retail Distribution _____
Limited Retail Distribution _____

License Number _____

heretofore issued to me by the Board of Commissioners of the Town of

West New York, Hudson County, New Jersey, for premises located at

_____ to _____

for premises located at _____.

Sworn and subscribed to
before me this _____
day of _____, 200 .

NEWSPAPER PUBLICATION FORM TO BE USED FOR:
PERSON-TO-PERSON TRANSFER AND PLACE-TO-PLACE TRANSFER

13:2-7.4

NOTICE

Take notice that application has been made to _____

_____ of _____
(Name of Issuing Authority) (Municipality)

to transfer to _____
(Name of transferee)

trading as _____ for premises
(Trade Name, if any)

located at _____
(Address of premises to which transfer is sought)

the _____ heretofore issued to
(Type of License and Number)

_____ trading as _____
(Name of Licensee in full) (Trade Name, if any)

for the premises located at _____
(No.) (Street) (Municipality)

Objections, if any, should be made immediately in writing to:

c/o Town Clerk's Office
Municipal Building
428 - 60th Street
West New York, NJ 07093

(Name of Applicant)

(Address of Applicant)

NEWSPAPER PUBLICATION FORM TO BE USED FOR:
CHANGE OF CORPORATE STRUCTURE ONLY

13:2-2.15

NOTICE

Take notice that on _____ a change occurred in the
(date)

stockholdings of _____, trading as
(Licensee)

_____ holder of _____
(Trade Name, if any) (Type of License)

_____ for premises located at _____,
(License Number) (Street No.)

West New York, NJ resulting in the following persons, each acquiring in the aggregate
one percent (1%) or more of the corporate licensee's stock:

(Name)
(Residence Address)

(Name)
(Residence Address)

(Name)
(Residence Address)

Any information concerning the qualifications of any of the above current stockholders
should be communicated in writing to:

c/o Town Clerk's Office
Municipal Building
428 - 60th Street
West New York, NJ 07093

(Name of Licensee)

**NEWSPAPER PUBLICATION FORM TO BE USED FOR:
EXPANSION OF PREMISES (PLACE TO PLACE TRANSFER)**

**Public Notice
Alcoholic Beverage Control**

Take notice that application has been made to the Alcoholic Beverage Control Board of the
Town of West New York, County of Hudson, for an expansion of premises by

_____ trading as _____
(Name of Licensee in Full) (Trade Name, if any)

for premises located at _____, West New York, NJ for the Plenary

Retail Consumption License # _____ heretofore issued to

(Name of Licensee in Full)

Objections, if any, should be made immediately in writing to:

**c/o Town Clerk's Office
Municipal Building
428 - 60th Street
West New York, NJ 07093**

Name of Licensee

Address

State of New Jersey
Department of Law and Public Safety
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
CN 087, 140 East Front Street, Trenton, NJ 08625-0087
(609) 984-2830

APPLICATION FOR BULK SALE PERMIT (BSP)

Pursuant to R.S. Title 33, c 1; N.J.A.C. 13:2-23.12, this application must be completed and filed with the Municipal Clerk/ABC Board Secretary in company will ALL applications for "Person-to-Person" License Transfers. If the new license is also purchasing alcoholic beverage inventory, the application must be accompanied by Check or Money Order in the amount of \$75.00 payable to the Division of Alcoholic Beverage Control.

1. 12-digit liquor license no. _____
2. Name of Person (individual, partnership, corporation) to whom the liquor license is to be transferred:

3. Address of licensed premises:

4. Name of former licensee (prior to this "Person-to-Person" transfer):

5. Is alcoholic beverage inventory being purchased in connection with this license transfer?
_____ Yes _____ No

(If answer to question #5 is "Yes", a Check or Money Order in the amount of \$75.00 MUST accompany the application. If the answer is "No", the application should be filed WITHOUT the fee.)

Print Name of Applicant

Date

Signature of Applicant

TO: MUNICIPAL CLERK/SECRETARY OF MUNICIPAL A.B.C. BOARD

This application for Bulk Sale Permit is to be forwarded to the Division of Alcoholic Beverage Control with the State copy of the Transfer Application or with the Municipal Resolution of Transfer.

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. BOX 087, 140 EAST FRONT STREET
TRENTON, NJ 08625-0087

PETITION TO EXTEND LICENSED PREMISES [EP]

Petition must be accompanied by a \$75.00 fee per day for New Jersey licensees, payable in **CHECK** or **MONEY ORDER**. Fee should be payable to the Division of Alcoholic Beverage Control.

TO: Director, Division of Alcoholic Beverage Control

Applicant Name _____

Address of Applicant _____

Petitioner is holder of Retail License No. _____

Petitioner is holding event for _____

to be held on _____ between the hours of _____

and _____. Rain Date _____

Petitioner intends to extend the license premises to include

**PLEASE ATTACH A SKETCH OF THE EXTENSION AREA TO THIS FORM.
APPLICATION WILL NOT BE PROCESSED WITHOUT SKETCH.**

Signature/Title of Applicant

Dated

Contact Name

Contact Phone Number

***NO PERMIT WILL BE GRANTED UNLESS WRITTEN APPROVALS,
ARE OBTAINED. SEE REVERSE SIDE.**

I hereby certify that there is no objection to the granting of a Special Permit to above applicant to sell alcoholic beverages at the affair to be held on aforesaid date and extended premises, subject, however, to the following Special Conditions (if any):

SIGNATURE OF POLICE CHIEF

MUNICIPALITY WHERE AFFAIR IS TO BE HELD

DATE OF SIGNATURE

I hereby certify that the license issuing authority of this municipality has no objection to the granting of a Special Permit herein applied for and consents thereto. I further certify that the issuance of said Permit is not contrary to any local ordinance, resolution, regulation or policy which would prohibit same.

SIGNATURE OF CLERK

MUNICIPALITY WHERE AFFAIR IS TO BE HELD

DATE OF SIGNATURE/SEAL

**AFFIDAVIT OF TRANSFEREE
OF LIQUOR LICENSE**

State of New Jersey)

SS:

County of Hudson)

_____, an individual, residing at _____, being of full age and duly sworn according to law deposes and says that:

1. I am the _____ of the applicant who is requesting approval of the municipality for transfer to _____ of the license and licensed business located at _____ and presently owned by _____.

2. The full and complete source of my funds to purchase the above license and the licensed business from _____ is as follows:

(Proof of source of funds must be documented and attached hereto.)

3. I certify that there is no other additional funding from any source used by me to purchase the above license and licensed business.

4. I am the transferee of the above license and licensed business and in that capacity affirm that I am aware of all obligations outstanding to New Jersey Alcoholic Beverage Manufacturers, Wholesalers, and Distributors, and that I have either assumed such obligations or the obligations have been or will be satisfied by the transferor out of the proceeds of the sale of the licensed business.

Sworn to and subscribed
before me this _____
day of _____, 20

**AFFIDAVIT OF TRANSFEROR
OF LIQUOR LICENSE**

State of New Jersey)

SS:

County of Hudson)

_____, an individual, residing at
_____, being of full age and duly sworn
according to law deposes and says that:

1. I am the seller or transferor of the license and licensed business located at
_____, West New York, NJ, to be transferred
to _____.

2. I affirm that I am aware of all obligations outstanding to New Jersey
Alcoholic Beverage Manufacturers, Wholesalers and Distributors, and that the
transferee, _____ has either assumed such
obligations or the obligations have been or will be satisfied by me out of the
proceeds of the sale of the licensed business.

Sworn to and subscribed
before me this _____
day of _____, 20
