# 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.

FEE:       DEPARTMENT OF LAW AND PUBLIC SAFETY       [] [] [] [] [] [] []         DATE:	TR#:			NEW JERSEY	Action ID Code
STATE ASSIGNED LICENSE NUMBER       DATE APPLICATION FILED:	FEE:		-		I I I I I I I A W D U
	DATE:		RETAIL LIQUOR LIC	ENSE APPLICATION	
[For DIVISION use only]         CODE TYPE OF LICENSE (CHECK ONE)       THIS APPLICATION IS FOR:         CLASS C LICENSES [R.S. 33:1-12]	STATE	ASSIGNED LICENSE NUMBER	D	DATE APPLICATION FILED:	
CLASS C LICENSES [R.S. 33:1-12]         31       Club       A New License         32       Plenary Retail Consumption       Person-to-Person Transfer         33       Plenary Retail Consumption       Person-to-Person Transfer         36       Plenary Retail Consumption       Plenary Retail Consumption       Place-to-Place Transfer         36       Plenary Retail Consumption       Place-to-Place Transfer       [Including expansion of premises])         37       Plenary Retail Consumption       Change of Corporate Structure         35       Seasonal Retail Consumption       Excelver, Administrator, etc.)         36       Plenary Retail Consumption	[For DI		/	/	
31	CODE	TYPE OF LICENSE (CHECK ONE	Ξ)	THIS APPLICATION IS FOR:	
Municipal Fee \$(/(As Stated in Resolution. Date of resolution unless otherwise established.) State Fee \$	<ul> <li>31</li> <li>32</li> <li>33</li> <li>36</li> <li>37</li> <li>35</li> <li>34</li> <li>44</li> <li>43</li> <li>OTHEF</li> <li>14</li> </ul>	Club Plenary Retail Consumptio WBroad Package Privile Plenary Retail Consumptio Seasonal Retail Consumpt Seasonal Retail Consumpt Seasonal Retail Consumpt Plenary Retail Distribution Plenary Retail Distribution Plenary Retail Distribution Limited Retail Distribution Annual State Permit (R.S. 33:1-42, NJAC 13 Special Permit for a Golf F	ege n n n ion April 30) ion per 14)	Person-to-Person Transfer (Including Partnership c except Limited Partners Place-to-Place Transfer (Including expansion of Change of Corporate Struct Extension of License (to Ex Receiver, Administrator, Renewal of License Amendment of Application of Other	hip) premises) ture cecutor, , etc.) on File
Date Denied / /	Effectiv (As Sta	ve Date /			
(As Stated in Resolution) Refund Amount \$		enied// tted in Resolution)	-		

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 INFORMATION	
STATE	ASSIGNED LICENSE NUMBE	۹		
Applicat	ion is made on behalf of:			
	1 = An Individual 3 = A Partnership 5 = Incorporated Club	2 = Business Co 4 = Unincorpora 6 = Limited Parti	ted Club	7 = Limited Liability Company
2.1		LL APPEAR ON THE LICENSE dual (Last Name, First Name, M		
		Last Name, First Name, Middle	Initial or Corporate Name)	
2.2	ACTUAL ADDRESS WHERE	THE LICENSE IS TO BE USED	) (SITED PREMISES):	
	Street AddressNu			
		mber Street I		Zip
	Telephone number of busines	s () Area Exchanç		
2.3		-		given above, provide the mailing addres
	Street Address	mber Street I		
	P.O. Box #	Municipality		State
	Zip	Telephone ()		
2.4	New Jersey Sales Tax Certific	ate of Authority No.		
2.5				DE NAMES MUST BE LISTED AND _ERK [if a partnership or sole proprietor]:
2.6	THE FOLLOWING QUESTIO	NS ARE TO BE ANSWERED B	BY ALL APPLICANTS OTH	IER THAN APPLICANTS FOR A NEW
	A. IS THE LICENSE ACTIV	ELY USED AT AN OPERATING	PLACE OF BUSINESS?	
	B. IF NO, GIVE THE DATE	THE BUSINESS STOPPED C D AT AN OPERATING BUSINE	PERATING (OR THE DA	TE THE LICENSE WAS ORIGINALLY
		<b>BUSINESS AFTER APPROVA</b>		WILL THE LICENSE BE USED AT AN
2.7	THE FOLLOWING QUESTIO	NS ARE TO BE ANSWERED B	Y AN APPLICANT FOR A	NEW LICENSE:
	A. WILL THE LICENSE BEYes	JSED AT AN OPERATING PLA	CE OF BUSINESS IMMEI	DIATELY 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 Name, Middle Initial or Corporate Name) Street Address							
Street Address _	Number	Street Name					
P.O. Box #	Municipa	lity	State				
Zip							
	LANDLORD (HOLDER OF LEASE):						
Street Address	(Last Name, Fir	st Name, Middle Initial or Corpor	ate Name)				
	Number	Street Name					
P.O. Box #	Municipa	lity	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 operated							
Name of company/individual(Last Name, First Name or Corporate Name)							
Street Address	Number	Street Name					
Municipality State							
Zip	NJ Sa	les Tax Certificate of Authority No.					

			ALL APPLICANT	S ANSWER THE FOLLC	DWING			
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, OF PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE OF GOVERNMENT ISSUING THE LICENSE?         Yes       No         IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING:         Name of Individual       Last Name         Last Name       First Name         Municipality       Last Name         First Name       Middle Initial         Title of Office	5.1	IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFIC OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNI ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?						
Name of individual       Last Name       First Name       Middle Initial         Title of position held		YesNo						
Title of position held         Name of Employing Agency         5.2       DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OF PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE OF GOVERNMENT ISSUING THE LICENSE?         Yes		If the answer is "Yes," cor	nplete the following	g:				
Title of position held         Name of Employing Agency         5.2       DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OF PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE OF GOVERNMENT ISSUING THE LICENSE?         Yes		Name of individual						
<ul> <li>5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OF PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE OF GOVERNMENT ISSUING THE LICENSE? Yes No</li> <li>IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING:</li> <li>Name of Individual</li></ul>								
PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE 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 ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRE' HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLERY, RECTIFYING AND BLENDING PI IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OW LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AC EMPLOYEE OR OTHERWISE? YesNo IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATUF THE INTEREST AND COMPLETE THE FOLLOWING: A. New Jersey license number, if applicable		Name of Employing Agen	су					
Name of Individual       Last Name       First Name       Middle Initial         Title of Office	5.2	PERSON HAVING A BEN	<b>IEFICIAL INTERES</b>	ST IN THE LICENSED BI	JSINESS, HOLD OFFICE IN THE U			
Title of Office								
Title of Office		Name of Individual		······ <u>2</u>				
Municipality								
<ul> <li>5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRED HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLERY, RECTIFYING AND BLENDING PH IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OW LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AC EMPLOYEE OR OTHERWISE?</li> <li>Yes No</li> <li>IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATUR THE INTEREST AND COMPLETE THE FOLLOWING:</li> <li>A. New Jersey license number, if applicable</li></ul>		Title of Office						
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<ul> <li>IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATUR THE INTEREST AND COMPLETE THE FOLLOWING:</li> <li>A. New Jersey license number, if applicable</li></ul>		Municipality			· · · · · · · · · · · · · · · · · · ·			
<ul> <li>THE INTEREST AND COMPLETE THE FOLLOWING:</li> <li>A. New Jersey license number, if applicable</li></ul>	5.3	DOES THE APPLICANT ANYONE WITH A BENEI HAVE ANY INTEREST IN IMPORTER OR WHOLI LANDLORD, TENANT, M	OR ANY OTHER FICIAL INTEREST I ANY BREWERY, ESALE ALCOHOL ORTGAGE HOLD	PERSON MENTIONED IN THE LICENSED BU WINERY, DISTILLERY, LIC BEVERAGE BUSIN	IN THIS LICENSE APPLICATION SINESS, DIRECTLY OR INDIREC RECTIFYING AND BLENDING PLA IESS, AS OWNER, PART OWN			
<ul> <li>B. IF THE BUSINESS <u>DOES NOT</u> HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLO QUESTIONS:</li> <li>Name of entity conducting business (Corporation, Partnership or Individual)</li> </ul>	5.3	Does the applicant Anyone with a bene have any interest in importer or wholi landlord, tenant, m employee or other)	OR ANY OTHER FICIAL INTEREST I ANY BREWERY, ESALE ALCOHOL ORTGAGE HOLD	PERSON MENTIONED IN THE LICENSED BU WINERY, DISTILLERY, LIC BEVERAGE BUSIN	IN THIS LICENSE APPLICATION SINESS, DIRECTLY OR INDIREC RECTIFYING AND BLENDING PLA IESS, AS OWNER, PART OWN			
QUESTIONS: Name of entity conducting business (Corporation, Partnership or Individual)	5.3	DOES THE APPLICANT ANYONE WITH A BENE HAVE ANY INTEREST IN IMPORTER OR WHOLI LANDLORD, TENANT, M EMPLOYEE OR OTHER YesNo IF THE ANSWER IS "YES	OR ANY OTHER FICIAL INTEREST I ANY BREWERY, ESALE ALCOHOL ORTGAGE HOLD WISE?	PERSON MENTIONED IN THE LICENSED BU WINERY, DISTILLERY, LIC BEVERAGE BUSIN ER OR AS A STOCKHO FIDAVIT EXPLAINING T	IN THIS LICENSE APPLICATION SINESS, DIRECTLY OR INDIREC RECTIFYING AND BLENDING PLA IESS, AS OWNER, PART OWN LDER, OFFICER, DIRECTOR, AGE			
	5.3	DOES THE APPLICANT ANYONE WITH A BENEI HAVE ANY INTEREST IN IMPORTER OR WHOLI LANDLORD, TENANT, M EMPLOYEE OR OTHERN Yes No IF THE ANSWER IS "YES THE INTEREST AND CO	OR ANY OTHER FICIAL INTEREST I ANY BREWERY, ESALE ALCOHOL ORTGAGE HOLD WISE? S," ATTACH AN AF MPLETE THE FOI	PERSON MENTIONED IN THE LICENSED BU WINERY, DISTILLERY, LIC BEVERAGE BUSIN ER OR AS A STOCKHO FIDAVIT EXPLAINING T LLOWING:	IN THIS LICENSE APPLICATION SINESS, DIRECTLY OR INDIREC RECTIFYING AND BLENDING PLA IESS, AS OWNER, PART OWN LDER, OFFICER, DIRECTOR, AGE			
(Last Name, First Name, Middle Initial or Corporate Name)	5.3	DOES THE APPLICANT ANYONE WITH A BENER HAVE ANY INTEREST IN IMPORTER OR WHOLI LANDLORD, TENANT, M EMPLOYEE OR OTHERN YesNo IF THE ANSWER IS "YES THE INTEREST AND CO A. New Jersey license n B. IF THE BUSINESS DO	OR ANY OTHER FICIAL INTEREST I ANY BREWERY, ESALE ALCOHOL ORTGAGE HOLD WISE? 6," ATTACH AN AF MPLETE THE FOI umber, if applicable	PERSON MENTIONED IN THE LICENSED BU WINERY, DISTILLERY, LIC BEVERAGE BUSIN ER OR AS A STOCKHO FIDAVIT EXPLAINING T LOWING:	IN THIS LICENSE APPLICATION SINESS, DIRECTLY OR INDIREC RECTIFYING AND BLENDING PLA IESS, AS OWNER, PART OWN LDER, OFFICER, DIRECTOR, AGE			
	5.3	DOES THE APPLICANT ANYONE WITH A BENEL HAVE ANY INTEREST IN IMPORTER OR WHOLI LANDLORD, TENANT, M EMPLOYEE OR OTHERN YesNO IF THE ANSWER IS "YES THE INTEREST AND CO A. New Jersey license n B. IF THE BUSINESS DO QUESTIONS:	OR ANY OTHER FICIAL INTEREST I ANY BREWERY, ESALE ALCOHOL ORTGAGE HOLD WISE? S," ATTACH AN AF MPLETE THE FOI umber, if applicable <u>DES NOT</u> HOLD A	PERSON MENTIONED IN THE LICENSED BU WINERY, DISTILLERY, LIC BEVERAGE BUSIN ER OR AS A STOCKHO FIDAVIT EXPLAINING T LOWING:	IN THIS LICENSE APPLICATION SINESS, DIRECTLY OR INDIREC RECTIFYING AND BLENDING PLA JESS, AS OWNER, PART OWN LDER, OFFICER, DIRECTOR, AGE			

	Number	Street Name	
P.O. Box #	Municipality		State
Zip	_		
Type of Business			

STATE ASSIC	NED 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
	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) / /
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
	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 \$ [amount] NOT RENEWED
	SUSPENDED REVOKED CANCELLED
	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
	Name of Individual
	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 <u>N.J.A.C</u> . 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?
	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
	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 NUMBER

#### 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 \_\_\_\_\_ 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

Municipality

Number 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?

ATE ASSIO	SNED LICENSE NUMBER								
	ŀ	ALL APPLICANTS ANSWER THE FO	DLLOWING						
9.1	AN INTEREST DIRECTLY OR		DCIATION <u>OTHER THAN THE APPLIC</u> APPLIED FOR OR IS THE STOCK Yes No						
			SEPARATE PAGE 9 FOR EACH INDIV EXPLANATION IF MORE SPACE IS N						
	Name of Individual (Last Name First) or Corporation								
	(Last Name, First Name, Middle Initial or Corporate Name) Social Security Number OR								
	Street Address								
	Number	Street Name							
		nicipality	State						
	Zip								
	Describe Nature of Interest								
9.2	CONDITIONAL BILL OF SALE	OR OTHER SECURITY INTEREST CONNECTION WITH THE BUSINE	CIATION HOLD ANY CHATTEL MORT ON ANY FURNITURE, FIXTURES, G SS TO BE OPERATED UNDER THE	OODS OF					
	IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL O 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								
	Number	Street Name							
		nicipality	State						
	Zip								
	Describe Nature of Interest								
9.3	RECEIVE OR AGREED TO PAY	ANYONE (BY WAY OF RENT, SALAF R NET PROFIT OR INCOME DERIVI	AN OWNERSHIP INTEREST IN THE LI RY OR OTHERWISE) ALL OR ANY PER ED FROM THE BUSINESS TO BE CO	CENTAGE					
	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 (Last Name F	irst) or Corporation							
	Last Name First Name Middle Init								
	Social Security Number OR								
	Street Address								
	Number	Street Name							
		nicipality	State						
	Zip								
	Describe Nature of Interest								

APPLICANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10A. CORPORATIONS AND LIMITED LIABILITY COMPANIES COMPLETE PAGE 10.

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 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
	Name
	Street Address Number Street Name
	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.

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 Trustee Receiver Beneficiary Other (specify) 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 #	Mu	nicipality			State	
Zip		-				
Social Security Nu	mber				Date of Birth /	/
Home telephone n	umber (	)	Exchange	Number	_	
Office telephone n	umber (	)	Exchange	Number	_	
% of business own	ned or contro	olled			Number of shares	
Check position that	t applies:	Sole ow	ner	_ Partner	Stockholder	
Pr	esident	Vice-Pre	esident	_ Secretary	Treasurer	Director
Tr	ustee	Manage	r	_ Agent	Executor/Administrator	Receiver
Be	eneficiary	Other (s	pecify)			

# Page 11

### PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER			AFFIDAVIT
LICENSE PERIOD APPLIED FOR	FROM	то	DATE:
State of		) ) ) SS:	
County of		)	
As provided by law (R.S. 3	33:1-35),	,	
(Check One)			
1. The Individual Applica	ant		
2. Members of the Partr	nership Applicant		
3	of	(Corporation or Clu	
consent(s) that the license out-buildings, passageway used in connection therew warrant at all hours by th investigators and all other say(s) that he/she is (they authorized by corporate r	d premises and all portions o ys, vaults, yards, attics and e vith which are in his/her/their ne Director of the Division o sworn law enforcement office are) the person(s) duly author	of the building constituting the li every part of the structure of whether possession or under his/her/t of Alcoholic Beverage Control ers, and being duly sworn accord porized to sign the application, the of the corporations; and that	censed premises, including all rooms, cellars, closets, nich the licensed premises are a part and all buildings heir control, may be inspected and searched without , his or her duly authorized deputies, inspectors or rding to law, upon his/her/their oath(s), depose(s) and hat in instance of corporate ownership, the signator is the contents of this application represent complete
(Signature of Individual Ag	gent / Sole Proprietor)		
(Corporations Only) Attestation by Corporate S	Secretary		
			(Partnership Name)
			(Signature of Partner)
Attest:	-		
	Corporate Name		(Signature of Partner)
Secretary Signature	By (Signature of Corporat	e 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 SIG	GNED HERE►	(Signature of Officer Administ	tering Oath)
BY DULY AUTHORIZED NOTARY PUBLIC	(Printed Name of	Officer Administering Oath)	
OR AN ATTORNEY-AT-L OF NEW JERSEY		dministering Oath)	(Date of Expiration of Commission, if applicable)