Di vision of

## **A**LCOHOLIC **B**EVERAGE **C**ONTROL

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 (incl. expansion of premises)

Partnership changes (except Limited Partnerships)

Change of Corporate Structure (of more than 331/3% interest)

Extension to Administrator, Executor, Receiver, Trustee in Bankruptcy

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

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.

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 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.

Application, forms and questionnaires online: www.njgov/lps/abc



TR#:		NEW JERSEY AW AND PUBLIC SAFETY	Action ID	Code
FEE:	DIVISION OF ALCOHO	DLIC BEVERAGE CONTROL	`A' `W'	່ວ່ 'ບ່
DATE:	RETAIL LIQUOR L	ICENSE APPLICATION		
STATE ASSIGNED LICENSE NUMBE	R	DATE APPLICATION FILED:		
		/		
[For DIVISION use only]			4	
	•			
CODE TYPE OF LICENSE (CHECK	ONE)	THIS APPLICATION IS FOR:		
CLASS C LICENSES [R.S. 33:1-12]				
31 Club		A New License		
32 Plenary Retail Consum w/Broad Package Pr		Person to Person Transfer (Incl. Partnership change	e,	
33 Plenary Retail Consum	ption	except Ltd. Partnership)		
36 — Plenary Retail Consum (Hotel/Motel Excepti		Place to Place Transfer (Including expansion of	premises)	
37 Plenary Retail Consum	ption	Change of Corporate Struc	ture	
(Theatre Exception)  35 Seasonal Retail Consum	mption	Extension of License (To Extension Administrator,	xecutor, etc.)	
(November 15 throu	gh April 30)	Renewal of License		
34 Seasonal Retail Consul (May 1 through Nov		Amendment of Application Other		
44 Plenary Retail Distribut	ion		*	
43 Limited Retail Distribut	ion			
OTHER				
Annual State Permit (R.S. 33:1-42, NJAC	13:2-52)			
40 Special Permit for a Golf F (NJAC 13:2-5.3)	acility		11	
***************************************	This Assa is Dec			
	Inis Area is Hes	erved for Municipal Use		
Municipal Fee \$				
Effective Date//				
(As Stated in Resolution. Date of re	esolution unless otherwi	se established.)		
State Fee \$///			<i>∞</i>	
(As Stated in Resolution)				
Refund Amount \$				
Special Conditions Attached:	Yes No			
Type or Print Name (Last name, fir	st middle initial) of M.	micinal Clark or ABC Secretary		
	or, imodic imital) of Mic	minorpar Cierk or ABC Secretary		
-				
Signature of Municipal Clerk or ABO	C Secretary			

	SSIGNED LICENSE NUMBER		
catio	on 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 APP License may be held by Individual (la	EAR ON THE LICENSE CERTIFIC st name, first, middle initial), Pa	CATE (NOT "TRADE" NAME): rtnership or Corporation.
	(Last	Name, First, Middle Initial or Corpo	orate Name)
	ACTUAL ADDRESS WHERE THE LICE Street Address		
	Number	Street Name	
	Municipality		
	Telephone number of business	()Exchange	Number
2.3	If no licensed premises exists or if m mail address: (Insert N/A if not applied	ailing address is different than th	ne "actual address" given above, provide the
	Street Address		
	P.O. Box # Munici	Street Name	100 H
	A STATE OF THE STA	one ()	State
	New Jersey Sales Tax Certificate of A	200 March 1997 1997 1997 1997 1997 1997 1997 199	u u
2.5	TRADE NAME(S) UNDER WHICH BUS REGISTERED WITH THE N.J. SECRET	GINESS IS TO BE CONDUCTED.  ARY OF STATE III a corporation	ALL TRADE NAMES MUST BE LISTED AND OR COUNTY CLERK [If a partnership or sole
*			
		2	
2.6	THE FOLLOWING QUESTIONS ARE NEW LICENSE:	TO BE ANSWERED BY ALL APP	LICANTS OTHER THAN APPLICANTS FOR A
	A. IS THE LICENSE ACTIVELY USE	D AT AN OPERATING PLACE C	F BUSINESS?
	Yes No		
	B. IF NO, GIVE THE DATE THE BUSI ISSUED IF NEVER SITED AT AN	NESS STOPPED OPERATING (OI OPERATING BUSINESS):	R THE DATE THE LICENSE WAS ORIGINALLY
	//		
	C. IF THE LICENSE IS INACTIVE AN AN OPERATING PLACE OF BUS	ID THE APPLICATION IS FOR A TRIBUTE OF THE APPROVAL?	TRANSFER, WILL THE LICENSE BE USED A
	Yes No		
2.7	THE FOLLOWING QUESTIONS ARE	TO BE ANSWERED BY AN APP	LICANT FOR A NEW LICENSE:
	A. WILL THE LICENSE BE USED A	T AN OPERATING PLACE OF B	USINESS IMMEDIATELY UPON ISSUANCE?
	B. IF NO, PROVIDE ANTICIPATED	DATE OF LICENSE ACTIVATION	
		OF EIGENGE ACTIVATION	•

STATE ASSIGNED	LICENSE	NUMBER
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ATA	LA(	ting questions identify information about the licensed premises. This describes the area or place which is to be licensed le, service, consumption, delivery, receipt, or storage of alcoholic beverages. If the license is inactive and NOT SITED CE OF BUSINESS, answer question 3.1 only, entering N/A for "not applicable." [If you use N/A as a response to questions ion 2.2 on Page 2 should also be answered N/A].
		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 number three 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.
		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
		1st floor Yes No All of it Yes No
		2nd floor Yes No All of it Yes No
		3rd 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 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 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
	3.8	If there is a mortgage on the property, answer question 3.8. If the licensed premise is leased, answer question 3.9. MORTGAGEE (HOLDER OF MORTGAGE):
	0.0	
		(Last Name, First Name, Middle Initial or Corporate Name)  Street Address
		Number Street Name
		P.O. Box # State
		Zip
	3.9	LANDLORD (HOLDER OF LEASE):
		(Last Name, First Name, Middle Initial or Corporate Name)
		Street Address
		Number Street Name
		P.O. Box # State
		7in

17	NIE	ASSIGNED LICENSE NUMBER _					
	4.1	IS THE NEAREST ENTRANCE OF NEAREST ENTRANCE OF ANY	OF THE PLACE TO BE LICE CHURCH OR SCHOOL?	NSED WITHIN 200 FEET OF THE			
		IF 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 TRANSPORT OR DELIVERY ALCOHOLIC BEVERAGES? Yes No (TRANSIT INSIGNIA IS NECESSAREFORE BEVERAGES MAY BE TRANSPORTED.)						
	4.3	4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FOR (ATF F 5630.5) WITH THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS?					
		Yes No					
		IF "YES", DATE FILED/	/	8			
	4.4	WILL ANY BUSINESS OTHER TH ON THE PREMISES TO BE LICE	AN THE SALE OF ALCOHOLENSED? Yes	LIC BEVERAGES BE CONDUCTED  No			
		IF THE ANSWER IS "YES", INDIC DUCT IT BY RESPONDING TO	ATE THE NATURE OF THE THE FOLLOWING QUESTION	BUSINESS AND WHO WILL CON- NS:			
		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	OR COMPANY, ATTACH A SEPAEACH OPERATOR.	THIS QUESTION. IF THERE ARATE PAGE LISTING THE	E THE OTHER BUSINESS ON THE IS MORE THAN ONE INDIVIDUAL REQUESTED INFORMATION FOR			
		Business to be operated					
		Name of company/individual					
			(Last Name, First	Name or Corporate Name)			
		Street Address	0				
		Number	Street Name				
		Municipality	State				
		Zip NJ Sal	les Tax Certificate of Autho	rity No.			

		ALL APPLICANTS ANSW	ER THE FOLLOWING	
5.1	IS THE APPLICANT OR AN ANY POSITION ENTRUSTEIN ANY MANNER WHATSO	D WITH THE ENFORCEME	ONED IN THIS APPLICATIO INT OF ANY LAWS CONCER	N A POLICE OFFICER OR HOL RNING ALCOHOLIC BEVERAGE
	Yes No	•		,
	If the answer is "Yes", com	plete the following:		
	Name of individual		•	
	4	Last Name	First	Middle Initial
	Title of position held			
	Name of Employing Agency	/		
٠	DOES THE APPLICANT OR	ANY OTHER PERSON ME N THE LICENSED BUSINE IS No	INTIONED IN THIS APPLICA SS HOLD OFFICE IN THE U	TION, OR ANY PERSON HAVING UNIT OF GOVERNMENT ISSUING
	Name of individual	Last Name	First	Middle Initial
	Title of Office			
	Municipality			
,	BREWERY, WINERY, DISTIL	N THE LICENSED BUSINES LLERY, RECTIFYING AND I OWNER, PART OWNER, L	SS, DIRECTLY OR INDIRECT! BLENDING PLANT, IMPORT! ANDLORD. TENANT. MORT!	APPLICATION, OR ANYONE WIT LY, HAVE ANY INTEREST IN AN ER OR WHOLESALE ALCOHOLI BAGE HOLDER, OR AS A STOCK
	Yes No			
	IF THE ANSWER IS "YES" AT AND COMPLETE THE FOL	TTACH AN AFFIDAVIT EXP LOWING:	LAINING THE RELATIONSHIP	AND NATURE OF THE INTERES
	A. New Jersey license nu	mber, if applicable	<u> </u>	_
				R THE FOLLOWING QUESTIONS
		ting business (Corporation,		
	(L	ast Name, First Name, Middle	e Initial or Corporate Name)	
	Street Address			
		Number	Street Name	
	P.O. Box #	Municipality		State
	Zip	-	i i	, a
	Type of Business	****		

	ALL APPLICANTS A	INSWER 1	THE FOLLOWING		
6.1	6.1 HAS THE APPLICANT EVER BEEN DENIED A L			ERSEY?	
	IF THE ANSWER TO THIS QUESTION IS "YES"	ANGME	THE FOLLOWIN	10	
	Type of License or Permit Denied: Ret	, ANGWE	Whelessle	iG:	
	Men	all	wholesale	Transportation	on
	Unit of Government which denied License or Pe	renouse . ermit:	Manufactu	rer	
	Date of Denial (approximate if not known)	/ ·		•	
	Reason for Denial				
6.2	6.2 HAS ANY CORPORATION, PARTNERSHIP OR IN APPLICANT, BEEN DENIED A LIQUOR LICENS ————————————————————————————————————	JOIVIOLIAI	MENTIONED IN	THIS APPLICATION	ON, OTHER THAN TH
	IF THE ANSWER IS "YES", ANSWER THE FOLI	OWING			
	Name of Entity	LOWING.			
	Name of Entity				Middle Initlal
	Type of License or Permit Denied: Ret	ail	_ Wholesale	Transportation	on
	Wai	rehouse .	Manufactu	rer	
	Unit of Government which denied License or Pe	ermit:			
	Date of Denial (approximate if not known)	/_	/	₩1	
	Reason for Denial				
6.3	.3 HAS THE APPLICANT OR ANY OTHER PERSON, CATION, OR ANYONE WITH A BENEFICIAL INTI BEVERAGE LICENSE WHICH WAS SURRENDE SUSPENSION, NOT RENEWED, REVOKED OR CAPPLICATION?  Yes No	ELEOI IN	II, HAD AN INTE	REST IN A NEW	JERSEY ALCOHOLIC
	IF THE ANSWER IS "YES" PROVIDE DETAILS O	F EACH	3ELOW [Complete	a senarato nag	a 6 for each settent.
	Name of Individual			a ocparato pagi	o for each action]:
	Last Name		Firet		Middle Initial
	DATE OF ACTION				
	DATE OF ACTION//	DOCKET	NO		
	PENALTY WAS IMPOSED BY:				
	PENALTY WAS IMPOSED BY:		NO		
	PENALTY WAS IMPOSED BY:  [indicate whether PENALTY CONSISTED OF:  FINED \$	by Div. ABO	C or identify Local I		
	PENALTY WAS IMPOSED BY:  [Indicate whether PENALTY CONSISTED OF:  FINED \$  [amount]	by Div. ABO	C or identify Local I	ssuing Authority]	
	PENALTY WAS IMPOSED BY:  [Indicate whether PENALTY CONSISTED OF:  FINED \$ [amount]  SUSPENDED	by Div. ABO	C or identify Local I	ssuing Authority]	
	PENALTY WAS IMPOSED BY:  [Indicate whether PENALTY CONSISTED OF:  FINED \$ [amount]  SUSPENDED [no. of days]	by Div. ABO	O or identify Local I	ssuing Authority]  CANCELLED	
	PENALTY WAS IMPOSED BY:  [Indicate whether PENALTY CONSISTED OF:  FINED \$ [amount]  SUSPENDED	by Div. ABO	O or identify Local I	ssuing Authority]  CANCELLED	
6.4	PENALTY WAS IMPOSED BY:  [Indicate whether  PENALTY CONSISTED OF:  FINED \$  [amount]  SUSPENDED  [no. of days]  OTHER [explain]  HAS THE APPLICANT OR ANY OTHER PERSON OR ANYONE WITH A BENEFICIAL INTEREST IN TOUR CONVICTED OF A CRIMINAL OFFENSE?	NO RE	ORATION MENTIC	CANCELLED	CENSE APPLICATION, ICENSED EVER BEEN
	PENALTY WAS IMPOSED BY:  [indicate whether  PENALTY CONSISTED OF:  FINED \$ [amount]  SUSPENDED [no. of days]  OTHER [explain]  OTHER [explain]  4 HAS THE APPLICANT OR ANY OTHER PERSON OR ANYONE WITH A BENEFICIAL INTEREST IN TOUR CONVICTED OF A CRIMINAL OFFENSE?  Yes No	by Div. ABO  NO RE OR CORP HE BUSIN	ORATION MENTIC	CANCELLED	ENSE APPLICATION, ICENSED EVER BEEN
	PENALTY WAS IMPOSED BY:  [Indicate whether  PENALTY CONSISTED OF:  [amount]  SUSPENDED  [no. of days]  OTHER [explain]  A HAS THE APPLICANT OR ANY OTHER PERSON OR ANYONE WITH A BENEFICIAL INTEREST IN TOUR CONVICTED OF A CRIMINAL OFFENSE?  Yes No  A. IF THE ANSWER IS "YES", ANSWER THE FOLL Name of individual	DY DIV. ABO  NO RE  OR CORP HE BUSIN  OWING:	Or identify Local I OT RENEWED  VOKED  ORATION MENTICE	CANCELLED	ENSE APPLICATION, ICENSED EVER BEEN
	PENALTY WAS IMPOSED BY:  [indicate whether  PENALTY CONSISTED OF:  [amount]  SUSPENDED  [no. of days]  OTHER [explain]  OTHER [explain]  A HAS THE APPLICANT OR ANY OTHER PERSON OR ANYONE WITH A BENEFICIAL INTEREST IN TOUR CONVICTED OF A CRIMINAL OFFENSE?  Yes No  A. IF THE ANSWER IS "YES", ANSWER THE FOLL Name of individual Last Name	DY DIV. ABO  NO RE  OR CORP HE BUSIN  OWING:	Or identify Local I OT RENEWED  VOKED  ORATION MENTICE	CANCELLED	ICENSED EVER BEEN
	PENALTY WAS IMPOSED BY:  [indicate whether  PENALTY CONSISTED OF:  FINED \$  [amount]  SUSPENDED  [no. of days]  OTHER [explain]  OTHER [explain]  A HAS THE APPLICANT OR ANY OTHER PERSON OR ANYONE WITH A BENEFICIAL INTEREST IN TOUR CONVICTED OF A CRIMINAL OFFENSE?  Yes No  A. IF THE ANSWER IS "YES", ANSWER THE FOLL Name of individual  Last Name  Date of birth / /	DR CORPHE BUSIN	Or identify Local I T RENEWED  VOKED  ORATION MENTICE  First  Conviction dat	CANCELLED  ONED IN THIS LICE  NSE OR TO BE L	Middle Initial
	PENALTY WAS IMPOSED BY:  [Indicate whether  PENALTY CONSISTED OF:  [amount]  SUSPENDED  [no. of days]  OTHER [explain]  OTHER [explain]  A HAS THE APPLICANT OR ANY OTHER PERSON OR ANYONE WITH A BENEFICIAL INTEREST IN TOUR CONVICTED OF A CRIMINAL OFFENSE?  Yes No  A. IF THE ANSWER IS "YES", ANSWER THE FOLL Name of individual  Last Name  Date of birth / /  State Court of jurisdiction	DIV. ABO  NO RE OR CORP HE BUSIN	Or identify Local I OT RENEWED  VOKED  ORATION MENTICE  ESS UNDER LICE  First  Conviction dat	CANCELLED  ONED IN THIS LICUSE OR TO BE L	Middle Initial
	PENALTY WAS IMPOSED BY:  [indicate whether  PENALTY CONSISTED OF:  [amount]  SUSPENDED  [no. of days]  OTHER [explain]  A HAS THE APPLICANT OR ANY OTHER PERSON OR ANYONE WITH A BENEFICIAL INTEREST IN TOUR CONVICTED OF A CRIMINAL OFFENSE?  Yes No  A. IF THE ANSWER IS "YES", ANSWER THE FOLL Name of individual  Last Name  Date of birth /  State Court of jurisdiction  Description of offense (specific charge)	DIV. ABO  NO  RE  OR CORP HE BUSIN  OWING:	Or identify Local I OT RENEWED  VOKED  ORATION MENTICE  First  Conviction dat	CANCELLED  ONED IN THIS LICE  NSE OR TO BE L	Middle Initial
	PENALTY WAS IMPOSED BY:  [indicate whether  PENALTY CONSISTED OF:  FINED \$  [amount]  SUSPENDED  [no. of days]  OTHER [explain]  A HAS THE APPLICANT OR ANY OTHER PERSON OR ANYONE WITH A BENEFICIAL INTEREST IN TOUR CONVICTED OF A CRIMINAL OFFENSE?  Yes No  A. IF THE ANSWER IS "YES", ANSWER THE FOLL Name of individual  Last Name  Date of birth / / /   State Court of jurisdiction Description of offense (specific charge)  Disposition (fine, penalty, etc.)	DIV. ABO  NO RE  OR CORP HE BUSIN  OWING:	Or identify Local I OT RENEWED  VOKED  ORATION MENTICE  ESS UNDER LICE  First  Conviction dat	CANCELLED  ONED IN THIS LICE  NSE OR TO BE L	Middle Initial
A.	PENALTY WAS IMPOSED BY:  [Indicate whether  PENALTY CONSISTED OF:  [Indicate whether  PENALTY CONSISTED OF:  [Indicate whether  PENALTY CONSISTED OF:  [Indicate whether  [Indicate whet	DIV. ABO  NO RE  OR CORP HE BUSIN  OWING:	Or identify Local I	CANCELLED  ONED IN THIS LICUSE OR TO BE L	Middle Initial
A.	PENALTY WAS IMPOSED BY:  [indicate whether  PENALTY CONSISTED OF:  FINED \$  [amount]  SUSPENDED  [no. of days]  OTHER [explain]  A HAS THE APPLICANT OR ANY OTHER PERSON OR ANYONE WITH A BENEFICIAL INTEREST IN TOUR CONVICTED OF A CRIMINAL OFFENSE?  Yes No  A. IF THE ANSWER IS "YES", ANSWER THE FOLL Name of individual  Last Name  Date of birth / / /   State Court of jurisdiction Description of offense (specific charge)  Disposition (fine, penalty, etc.)	Division	Or identify Local I OT RENEWED  VOKED  ORATION MENTICE  First  Conviction dat	CANCELLED  ONED IN THIS LICANSE OR TO BE L  age Control issue	Middle Initial _ /

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, Middle Initial or Corporate Name)
	Relationship to applicant
****	*************
B.	License number
	Name
	(Last Name, First, Middle Initial or Corporate Name)
	Relationship to applicant
****	******************
C.	License number
	Name
	(Last Name, First, 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, THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.
	Name
	(Last Name, First, Middle Initial or Corporate Name)
	Social Security number or
	NJ Sales Tax Certificate of Authority No.
	Date of hirth / /

· ago o	PLEASE TYPE OR PHINT ALL INFORMATION
STATE AS	SSIGNED 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 No
0.00	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 FOLL	OWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER.
	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 Street Name
	Municipality New Jersey
THE FOLL	Zip
THE FOLL	OWING 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//
	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 PER CENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED).
	Date of notice//
	Name of newspaper publishing notice
THE FOLL	OWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:
	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 ENFRANCHISED 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?

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

STATE ASSIGNED LICENSE NUMBER	
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9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION, OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR NINDIRECTLY 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 or NJ Sales Tax Certificate of Authority Number  Street Address  Number Street Address  Number Street Address  P.O. Box # Municipality Street Name  P.O. Box # Municipality Street Name  P.O. Box # 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 Corporation  (Last Name, First Name, Middle Initial or Corporate Name)  Social Security number Municipality  Street Address  Number Street Address  Number Street Name  P.O. Box # Municipality Number  Street Address  Number Street Name  P.O. Box # Municipality Number  Street Name  P.O. Box # Municipality Street Name  P.O. Box # Municipality Number  Street Name  P.O. Box # Municipality Number  Street Name  P.O. Box # Municipality Number  Street Name  P.O. Box # Municipality Street Name  P.O. Box # Municipality Street Name  P.O. Box # Municipality Stree		ALL APPLICANTS ANSWER THE FOLLOWIN	IG .		
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Clast Name, First Name, Middle Initial or Corporate Name)   Social Security number		A SEPARATE PAGE OF EXPLA	NATE PAGE 9 FOR EACH INDIVIDUAL OR NATION IF MORE SPACE IS NEEDED.		
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Street Address Number Street Name  P.O. Box # Municipality State  P.O. Box # Municipality State  P.O. Box # Municipality State  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 Name, Middle Initial or Corporate Name)  Social Security number or  NJ Sales Tax Certificate of Authority Number Street Address  Number Street Address  Number Street Name  P.O. Box # Municipality Street Name  P.O. Box # Municipality Street Name  Street Address Nature of Interest No THAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY, OR OTHERWISE) ALL OR ANY PER-CENTAGE 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 Middle Initial Municipality or Number Street Name  P.O. Box # Municipality  Street Name  P.O. Box # Municipality Street Name  P.O. Box # Municipality Street Name  P.O. Box # Municipality State  State  Municipality State  State  State  PAGE of Interest  State  State  State  State  PAGE of Interest  State  State  State  State  State  PAGE OF  STATE  PAGE					
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P.O. Box # Municipality State					
Zip			<del></del>		
Describe Nature of Interest		P.O. Box # Municipality	State		
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Describe Nature of InterestCANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10A. CORPORATIONS COMPLETE PAGE 10.		Zip			
CANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10A. CORPORATIONS COMPLETE PAGE 10.		Describe Nature of Interest			
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STATE ASSIGNED LICENSE NUMBER \_

COM	PANY IG SE	ISINESS TO BE LICENSED, WHE , HOLDING COMPANY, OR OTHE	THER THE LICENSEE C ERWISE AFFILIATED IN	OMPANY, THE PARENT THE CORPORATE CHA	REPORTED TO HAVE AN INTEREST CORPORATION OF THE LICENSED IN MUST ANSWER THE FOLLOWING ON BOTH PAGE 10 AND 10A FOR
	10.1	Name of corporation			
		Street address of home office _			
			Number		Street Name
		Municipality			
		State Zip	-		
	10.3	NJ Sales Tax Certificate of Auti	nority Number		
**   	10.4	IF CORPORATION ADDRESS IN OFFICE LOCATION IN NEW JE	NUMBER 10.2 ABOVE I RSEY. INSERT N/A IF I	S OUT OF STATE, REP	ORT BELOW THE ADDRESS OF ANY
		Street Address			
		. Num	ber	Street Name	
		Municipality	New Je	rsey	*
	**	Zip			
		IS THE CORPORATION NOW A			
	222	DATE CHARTERED OR INCORI			
		CERTIFICATE OF INCORPORAT			
	10.8	IF NOT INCORPORATED UND AUTHORIZATION TO CONDUCT OF STATE?	DER THE LAWS OF N BUSINESS IN NEW JEF	IEW JERSEY, HAS T SEY FROM THE NEW J	HE CORPORATION RECEIVED AN ERSEY OFFICE OF THE SECRETARY
		Yes No			
	10.9	HAS THE CORPORATION CHARNEW JERSEY?	RTER EVER BEEN REV	OKED BY THE OFFICE	OF THE SECRETARY OF STATE IN
		Yes No		*	
		IF THE ANSWER IS "YES", INSE DATE OF THE SUSPENSION:	RT THE DATE OF REVO	CATION, OR IF SUSPEN	IDED, THE BEGINNING AND ENDING
		Date of revocation	_/		
		Beginning date	_//		
		Ending date			
	10.10	SERVICE OF PROCESS IN AN	Y PROCEEDINGS AGA THE ALCOHOLIC BEVI	NST THE APPLICANT.	ENT IN NEW JERSEY UPON WHOM PURSUANT TO THE NEW JERSEY PROCEEDINGS IN A STATE OR U.S.
		Name			
		(L	ast Name, First Name, Mic	dle Initial or Corporation)	
		Street Address			
		Numbe	077	treet Name	
		Municipality		NAME AND ADDRESS OF THE PROPERTY OF THE PROPER	
		Zip	Telephone Nur		-
			AND THE STATE OF T	Area	Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR 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 (INDI-VIDUALS, PARTNERSHIPS, ASSOCIATIONS).

## Page 10A PLEASE TYPE OR PRINT ALL INFORMATION STATE ASSIGNED LICENSE NUMBER ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY] SOLE OWNERS AND PARTNERSHIPS: Complete the page in full. LIMITED PARTNERSHIP: 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 Middle Initial Home Street Address\_ Number Street Name Municipality .\_\_\_ P.O. Box # \_ \_\_\_\_\_ State \_ Zip \_\_ Social Security number Date of birth \_\_\_\_/\_ Home telephone number Exchange Office telephone number Exchange Number % of business owned or controlled\_ \_\_\_\_ Number of shares Check position that applies: \_\_\_ Sole owner \_\_\_ Partner \_\_\_ Stockholder President \_\_\_\_ Vice-President \_\_\_ Secretary \_\_\_ Treasurer \_\_\_ Director

Last Name		First		Middle Initial	
Home Street Address				modio madi	
n der den generalen der en er er en state der der den der	Number	Street Name	7.700.00		
P.O. Box #	Municipality		State		
Zip				1	
Social Security number		Date of b	irth/		
Home telephone number	() _ Area	-	Number		
Office telephone number	()	Exchange	Number		
% of business owned or co	ontrolled	Nu	mber of shares		
Check position that applies	: Sole owner	Partner	Stockholder		
President Vid	ce-President	Secretary Tre	asurer Director		
		· · · · · · · · · · · · · · · · · · ·	Director		

STATE ASSIGNED LICENSE	NOWBEH	AFFI	DAVIT			
LICENSE PERIOD APPLIED FOR	FROM TO		DATE:			
State of	}					
State of	) SS:					
As provided by law (R.S. 33:	)					
(Check One)	**					
The Individual Applicant				**		
2. Members of the Partnersh	nip Applicant					
3. (President/Vice-Pre	of					
deputies, inspectors, or investigher/their oath(s), depose(s) and of corporate ownership, the sign of this application represent confidence of Individual Applicant /	inator is authorized by corpor omplete disclosure of fact, a	are) the person(s) duly auth	orized to sign the a	pplication, that in instance		
(Corporations Only) Attestation by Corporate Sec	retary		E.			
			(Partnership Name	2)		
		*	(Signature of Part	ner)		
Attest:						
	Corporate Name		(Signature of Part	ner)		
	Ву					
Secretary (Signature of Corporate President or Vice President) Signature			(Signature of Part	(Signature of Partner)		
Affix Corporate Seal			(Signature of Part	ner)		
	Sworn to and so	ubscribed before me				
	this	day of	19			
AFFIDAVIT MUST BE SIGNE	ED HERE	20				
BY DULY AUTHORIZED NO		(Signature of Officer Administering Oath)				
OR AN ATTORNEY AT LAW		(Printed Name of Officer Administering Oath)				
	10 S. T. S.	(Title of Officer Administerin	g Oath)	(Date of Expiration of Commission, if applicable)		