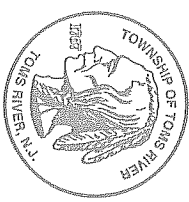


TOWNSHIP OF TOMS RIVER

P.O. Box 728
Toms River, NJ 08754



Telephone: (732) 341-1000
Fax Number: (732) 341-3586

Date: December 28, 2022

RE: Plenary Retail Consumption License Bid Notice

Dear Interested Party,

Please be advised that the Township Council of the Township of Toms River has Authorized receipt of bids for the sale of (1) Plenary Retail **CONSUMPTION** License. The Minimum bid is \$ 825,000. Please review all enclosed documentation including Resolution and notice regarding same.

Interested parties should contact the Clerk's Office for eligibility form as soon as possible. Deadline for submission is February 7, 2023. Please ensure your eligibility form is **notarized** before returning the application.

Please note that all applications are subject to complete and thorough background investigation, in accordance with all federal, county, local and State of New Jersey Alcoholic Beverage Control laws.

Sincerely,

Mike Cruogilo
Deputy Township Clerk

e. I have no ownership in nor am I an officer or director of any corporation that is an alcoholic beverage retail licensee;

f. I am not ineligible for licensure for 2 years or more because of prior revocation; and

g. I am not a peace or police officer or any other person whose powers and duties include the enforcement of the New Jersey Alcoholic Beverage Control laws or regulations, or hold an interest in or am I an officer in a for-profit corporation in which any peace or police officer has a direct or indirect interest in.

6. I understand that if I do not meet with the qualification requirements of Title 33 of the New Jersey Statutes and regulations promulgated thereunder, after a criminal background investigation is conducted on me, I cannot hold an interest in any New Jersey liquor license or permit. I also understand that if I am disqualified, I must divest myself of any interest in or association with any New Jersey liquor license or permit within a time frame specified by the Director.

7. I make the foregoing statements realizing that the Division of Alcoholic Beverage Control will rely on them. I am also aware that any misstatements or omissions of material facts that is made by me are grounds for suspension or revocation of any New Jersey Alcoholic Beverage license or permit that I may have an interest in or association with.

8. I make the foregoing statements and represent that under penalty of perjury, the foregoing statements are true and correct.

By: _____

Name: _____

Title: _____

Signed and Sworn to before me on this

_____ day of _____, 20_____.

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.

L E T S New Jersey Department of Law & Public Safety

TR#: _____

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

FEE: _____

RETAIL LIQUOR LICENSE APPLICATION

DATE: _____

DATE APPLICATION FILED:

STATE ASSIGNED LICENSE NUMBER _____

_____/_____/_____
 [For DIVISION use only _____]

CODE TYPE OF LICENSE (CHECK ONE)

THIS APPLICATION IS FOR:

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

- | | | | |
|--------------|---|--------------------------|--|
| 31 | Club | <input type="checkbox"/> | A New License |
| 32 | Plenary Retail Consumption
w/Broad Package Privilege | <input type="checkbox"/> | Person-to-Person Transfer
(Including Partnership change,
except Limited Partnership) |
| 33 | Plenary Retail Consumption | <input type="checkbox"/> | Place-to-Place Transfer
(Including expansion of premises) |
| 36 | Plenary Retail Consumption
(Hotel/Motel Exception) | <input type="checkbox"/> | Change of Corporate Structure |
| 37 | Plenary Retail Consumption
(Theatre Exception) | <input type="checkbox"/> | Extension of License (to Executor,
Receiver, Administrator, etc.) |
| 35 | Seasonal Retail Consumption
(November 15 through April 30) | <input type="checkbox"/> | Renewal of License |
| 34 | Seasonal Retail Consumption
(May 1 through November 14) | <input type="checkbox"/> | Amendment of Application on File |
| 44 | Plenary Retail Distribution | <input type="checkbox"/> | Other _____ |
| 43 | Limited Retail Distribution | <input type="checkbox"/> | _____ |
| OTHER | | | |
| 14 | Annual State Permit
(R.S. 33:1-42, NJAC 13:2-52) | <input type="checkbox"/> | |
| 40 | Special Permit for a Golf Facility
(NJAC 13:2-5.3) | <input type="checkbox"/> | |

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 _____

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 _____
- 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 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):

Street Address _____ (Last Name, First Name, Middle Initial or Corporate Name)
 Number _____ Street Name _____
 P. O. Box # _____ Municipality _____ State _____
 Zip _____

3.9 LANDLORD (HOLDER OF LEASE):

Street Address _____ (Last Name, First Name, Middle Initial or Corporate Name)
 Number _____ Street Name _____
 P. O. Box # _____ Municipality _____ State _____
 Zip _____

STATE ASSIGNED LICENSE NUMBER _____

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

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

4.2 DOES THE APPLICANT INTEND TO USE ANY VEHICLES FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES? Yes No (A TRANSIT INSIGNIA IS NECESSARY BEFORE ALCOHOLIC BEVERAGES MAY BE TRANSPORTED.)

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB F 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?

Yes No

IF "YES," DATE FILED ____ / ____ / ____

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

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

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

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

Business to be 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 \$ _____ [amount] NOT RENEWED SUSPENDED _____ [number of days] 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 Date of Birth ____/____/____ Conviction Date ____/____/____ State ____ Court of Jurisdiction _____ Description of offense (specific charge) _____ Disposition (fine, penalty, etc.) _____

B. Nature of interest in entity to be licensed _____ 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

8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW OR ANY OTHER NEW JERSEY OR FEDERAL LAW?
Yes _____ No _____

8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, FOR A HOTEL/MOTEL AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF R.S. 33:1-12.20?
Yes _____ No _____
IF THE ANSWER IS "YES," IS IT FOR A HOTEL/MOTEL FACILITY OF 50 OR 100 ROOMS?
CHECK ONE: _____ 50 ROOMS _____ 100 ROOMS

8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (R.S. 33:1-12.32) FOR A HOTEL/MOTEL, RESTAURANT, BOWLING ALLEY OR INTERNATIONAL AIRPORT?
Yes _____ No _____
IF THE ANSWER IS "YES," CHECK ONE OF THE FOLLOWING: _____ HOTEL/MOTEL
_____ RESTAURANT _____ BOWLING ALLEY _____ INTERNATIONAL AIRPORT

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

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

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

PLEASE TYPE OR PRINT ALL INFORMATION

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

Social Security Number _____ (Last Name, First Name, Middle Initial or Corporate Name) OR

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

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

Zip _____ 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) or Corporation

Social Security Number _____ (Last Name, First Name, Middle Initial or Corporate Name) OR

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

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

Zip _____ State _____

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 _____

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

Zip _____ State _____

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 _____ Zip _____ - _____
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 _____
(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:

Home Street Address _____ Last Name _____ First Name _____ Middle Initial _____
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

_____ Vice-President _____ Secretary _____ Treasurer

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Director

_____ Beneficiary _____ Other (specify) _____ Receiver

Name of individual (last name first), stockholder, partner, officer or director:

Home Street Address _____ Last Name _____ First Name _____ Middle Initial _____
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) _____

STATE ASSIGNED LICENSE NUMBER _____ AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM _____ TO _____ DATE: _____

State of _____)
County of _____) SS: _____)
_____)

As provided by law (R. S. 33:1-35).

(Check One)

- 1. The Individual Applicant
- 2. Members of the Partnership Applicant

3. _____ of _____ (Corporation or Club Name)
 _____ (President/Vice-President)
 consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Director of the Division of Alcoholic Beverage Control, his or her duly authorized deputies, inspectors or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application, that in instance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of the fact, and that the contents of this application are true.

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)
Attestation by Corporate Secretary

(Partnership Name)

(Signature of Partner)

Attest: _____
Corporate Name _____
(Signature of Partner)

Secretary _____ By _____
Signature (Signature of Corporate President or Vice President)
(Signature of Partner)

Affix Corporate Seal _____
(Signature of Partner)

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

AFFIDAVIT MUST BE SIGNED HERE -----> _____
(Signature of Officer Administering Oath)

BY DULY AUTHORIZED NOTARY PUBLIC _____
(Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW OF NEW JERSEY _____
(Title of Officer Administering Oath) _____
(Date of Expiration of Commission, if applicable)