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

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

DATE APPLICATION FILED:

DATE:

STATE ASSIGNED LICENSE NUMBER

[For DIVISION use only _______ ]

CODE TYPE OF LICENSE (CHECK ONE)

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

31 ______ Club

32 ______ Plenary Retail Consumption
       w/Broad Package Privilege

33 ______ Plenary Retail Consumption

36 ______ Plenary Retail Consumption
        (Hotel/Motel Exception)

37 ______ Plenary Retail Consumption
        (Theatre Exception)

35 ______ Seasonal Retail Consumption
        (November 15 through April 30)

34 ______ Seasonal Retail Consumption
        (May 1 through November 14)

44 ______ Plenary Retail Distribution

43 ______ Limited Retail Distribution

OTHER

14 ______ Annual State Permit
        (R.S. 33:1-42, NJAC 13:2-52)

40 ______ Special Permit for a Golf Facility
        (NJAC 13:2-5:3)

This Area is Reserved for Municipal Use

Municipal Fee $__________

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

State Fee $__________

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

Refund Amount $__________

Special Conditions Attached: ______ Yes ______ No

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

Signature of Municipal Clerk or ABC Secretary
STATE ASSIGNED LICENSE NUMBER ________ - ________ - ________ - ________

Application is made on behalf of: ____________

1 = An Individual  2 = Business Corporation  7 = Limited Liability Company
3 = A Partnership  4 = Unincorporated Club
5 = Incorporated Club  6 = Limited Partnership

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):

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Number</th>
<th>Street Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipality</td>
<td>Zip----</td>
<td></td>
</tr>
</tbody>
</table>

Telephone Number of Business (___) __________ Exchange Number __________ E-Mail Address ___

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):

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Number</th>
<th>Street Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box # _______</td>
<td>Municipality</td>
<td>State</td>
</tr>
<tr>
<td>Zip __________</td>
<td>Telephone (___) __________</td>
<td></td>
</tr>
</tbody>
</table>

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 premises is leased, answer question 3.9.

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

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

   Street Address ____________________________
   Number ____________________________ Street Name ____________________________
   P.O. Box # ________ Municipality ____________________________ 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 # ________ Municipality ____________________________ State ________
   Zip ________
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
_____ Catering
_____ Hotel/Motel
_____ Amusements
_____ N.J. Lottery
_____ Grocery or Delicatessen
_____ Other (specify)

_____ Applicant
_____ Applicant
_____ Applicant
_____ Applicant
_____ Applicant
_____ Applicant
_____ Applicant

_____ Other
_____ Other
_____ Other
_____ Other
_____ Other
_____ 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 __________________________

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 __________________________
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 __________________________
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 Code __________ - __________

Type of Business __________________________
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

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 ____________________________________________________________

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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Type of License or Permit Denied: ☐ Retail ☐ Wholesale ☐ Transportation

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 ____________________________________________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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</table>

DATE OF ACTION __________ / __________ / __________

PENALTY WAS IMPOSED BY: [Indicate whether by Division of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

☒ FINED $______________ ☐ 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 ____________________________________________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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Date of Birth __________ / __________ / __________

State __________________ Court of Jurisdiction __________________

Description of offense (specific charge) _______________________________________

Disposition (fine, penalty, etc.) ______________________________________________

Nature of interest in entity to be licensed

B. If applicable, provide the date the Director of the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: __________ / __________ / __________

(No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No. [NN]: ____________________________________________
State Assigned License Number: __________ - __________ - __________ - __________

All Applicants Other Than Club License Answer the Following

7.1 Does the Applicant, a Member of the Applicant's Immediate Family (Spouse, Children, Parents, In-Laws or Siblings) or Any Person With a Beneficial Interest in the Subject License of This Application, Have Any Interest in Any Other New Jersey Alcoholic Beverage License?

_____ Yes _____ No

If the answer is "Yes," complete the following by listing the New Jersey Liquor License Twelve Digit Number(s) and the Name(s) of the Person(s) or Corporation(s) who hold(s) such interest. Use additional page(s) 7 as needed.

A. License Number: __________ - __________ - __________ - __________
   Name: ____________________________
   (Last Name, First Name, Middle Initial or Corporate Name)
   Relationship to Applicant: ____________________________

B. License Number: __________ - __________ - __________ - __________
   Name: ____________________________
   (Last Name, First Name, Middle Initial or Corporate Name)
   Relationship to Applicant: ____________________________

C. License Number: __________ - __________ - __________ - __________
   Name: ____________________________
   (Last Name, First Name, Middle Initial or Corporate Name)
   Relationship to Applicant: ____________________________

7.2 Would Any Person or Corporation Named in This Application Fail to Qualify for Ownership of the License If Applying as an Individual Because of Age, Criminal Conviction or Prohibited Interests in Other Licenses?

_____ Yes _____ No

If the answer is "Yes," answer the following by inserting the name of the individual or corporation and, if an individual, the social security number and date of birth. 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:

__________________________________________________________
(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?
   ______ Yes ______ No
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 _______ - _______ - _______ OR
NJ Sales Tax Certificate of Authority Number __________________________
Street Address __________________________ Street Name __________________________
P.O. Box # _______ Municipality _______ State _______
Zip _______ _______
Describe Nature of Interest

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 _______ - _______ - _______ OR
NJ Sales Tax Certificate of Authority Number __________________________
Street Address __________________________ Street Name __________________________
P.O. Box # _______ Municipality _______ State _______
Zip _______ _______
Describe Nature of Interest

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 __________________________ Street Name __________________________
P.O. Box # _______ Municipality _______ State _______
Zip _______ _______
Describe Nature of Interest

APPLICANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10. CORPORATIONS AND LIMITED LIABILITY COMPANIES COMPLETE PAGE 10.
Questions to be answered by corporations and limited liability companies only. Any corporation or limited liability company that is reported to have an interest in the business to be licensed, whether the licensee company, the parent corporation of the licensed company, holding company or otherwise affiliated in the corporate chain, must answer the following using a separate page 10 and page 10A for each corporation. Answer questions on both page 10 and page 10A for each corporation.

10.1 Name of corporation ________________________________

10.2 Street address of home office ____________________________
   Number __________ Street Name ________________________
   Municipality __________________________ State __________ Zip __________

10.3 NJ Sales Tax Certificate of Authority Number ____________

10.4 If corporation address in number 10.2 above is out of state, report below the address of any office location in New Jersey. Insert N/A if none.
   Street Address __________________________
   Number __________ Street Name ________________________
   Municipality __________________________ State __________ 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 __________________________ State __________ Zip __________
   Telephone 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).
PLEASE TYPE OR PRINT ALL INFORMATION

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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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</tbody>
</table>

Home Street Address: ___________________________  Number: ________  Street Name: ___________________________

P.O. Box #: ________  Municipality: ___________________________  State: ______________

Zip: ___________________________  ___________________________

Social Security Number: ________-______-______  Date of Birth: ________/______/______

Home telephone number (______) ________-______ Area Exchange Number

Office telephone number (______) ________-______ Area Exchange Number

% of business owned or controlled: ___________________________  Number of shares: ___________________________

Check position that applies:  
- Sole owner  
- Partner  
- Stockholder  
- President  
- Vice-President  
- Secretary  
- Treasurer  
- Trustee  
- Manager  
- Agent  
- Executor/Administrator  
- Director  
- Beneficiary  
- Other (specify)  

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
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</tbody>
</table>

Home Street Address: ___________________________  Number: ________  Street Name: ___________________________

P.O. Box #: ________  Municipality: ___________________________  State: ______________

Zip: ___________________________  ___________________________

Social Security Number: ________-______-______  Date of Birth: ________/______/______

Home telephone number (______) ________-______ Area Exchange Number

Office telephone number (______) ________-______ Area Exchange Number

% of business owned or controlled: ___________________________  Number of shares: ___________________________

Check position that applies:  
- Sole owner  
- Partner  
- Stockholder  
- President  
- Vice-President  
- Secretary  
- Treasurer  
- Trustee  
- Manager  
- Agent  
- Executor/Administrator  
- Director  
- Beneficiary  
- Other (specify)  
Please type or print all information.

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

LICENSE PERIOD
APPLIED FOR FROM ________ TO ________

DATE:

State of ____________________________ SS:
County of ____________________________

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

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. ____________________________ of ____________________________

(President/Vice-President) (Corporation or Club Name)

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

______________________________
(Partner)

Attest:

______________________________
(Corporate Name)

By ____________________________
(Signature of Corporate President or Vice President)

______________________________
(Signature of Partner)

______________________________
(Signature of Partner)

______________________________
(Signature of Partner)

Affix Corporate Seal

Sworn to and subscribed before me

this ________ day of ________ 20_____

______________________________
(Signature of Officer Administering Oath)

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)