ALCOHOLIC **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 (including expansion of premises);

Partnership changes (except Limited Partnerships);

Change of Corporate Structure (of more than 33 1/3% interest);

Extension to Administrator, Executor, Receiver, Trustee in Bankruptcy;

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

When required by the Division or the Local Issuing Authority.

If you are reporting a change in facts about your license which does not involve one of the above transactions, complete Page 1 and any page[s] of the application on which information to be changed appears. You must also complete a Certification Page (Page 11).

The original and two copies of the completed application, or pages reporting changes, should be submitted to the MUNICIPAL CLERK or BOARD OF ALCOHOLIC BEVERAGE CONTROL SECRETARY of the Municipality which will act on the request. It is the responsibility of the applicant to provide the required copies of the license application. One copy of the application should be returned to the applicant by the Municipality. It should be maintained with other records and available for inspection on the licensed premises.

All fees are to accompany the application at the time of filing with the local issuing authority. A **\$200.00** filing fee, in the form of a CERTIFIED CHECK or MONEY ORDER – payable to the Division of Alcoholic Beverage Control – should accompany all applications for New Licenses, License Transfers or License Renewals. Local licensing fees are established by the Local Issuing Authority; consult the Municipal Clerk or ABC Board Secretary for information in this regard.

TR#:		NEW JERSEY Action ID Code				
FEE:	DEPARTMENT OF LAW AND PUBLIC SAFETY [] [] [] [] [] [] [] [] [] [
DATE:	RETAIL LIQUOR LIC	ENSE APPLICATION				
		DATE APPLICATION FILED:				
	/ISION use only]					
	TYPE OF LICENSE (CHECK ONE) C LICENSES [R.S. 33:1-12]	THIS APPLICATION IS FOR:				
31 32 33 36 37 35 34 44 43 OTHER 14	Club Plenary Retail Consumption w/Broad Package Privilege Plenary Retail Consumption Plenary Retail Consumption (Hotel/Motel Exception) Plenary Retail Consumption (Theatre Exception) Seasonal Retail Consumption (November 15 through April 30) Seasonal Retail Consumption (May 1 through November 14) Plenary Retail Distribution Limited Retail Distribution	A New License Person-to-Person Transfer				
Effectiv (As State F Date De (As State Refund Special	e Date / / ted in Resolution. Date of resolution unless otherwise establee \$ enied / / ted in Resolution) Amount \$ Conditions Attached: Yes No					
ı ype or	Print Name (Last Name, First Name, Middle Initial) of Mun	icipal Cierk of ABC Secretary				

STATE	ASS	IGNED LICENSE NU	IMBER			
Applica	tion is	s made on behalf of:				
	3 =	An Individual A Partnership Incorporated Club		2 = Business Corpora 4 = Unincorporated C 6 = Limited Partnersh	Club	7 = Limited Liability Company
2.1					RTIFICATE (NOT "TR. Initial), Partnership or	
			(Last Name, Fi	rst Name, Middle Initia	al or Corporate Name)	
2.2				IS TO BE USED (SI	TED PREMISES):	
	Stre	eet Address	Number	Street Name		
						Zip
	Tele	ephone number of bu	siness () Exchange	 Number	
2.3		o licensed premises e ert N/A if not applical	xists or if a mailing a	•		given above, provide the mailing addres
	Stre	eet Address	Number	Street Name		
). Box #				State
	Zip		Telepho	ne ()		
2.4	Nev	w Jersev Sales Tax C	ertificate of Authority	/ No.		
2.5	TRA	ADE NAME(S) UND	ER WHICH BUSINI	ESS IS TO BE CON	DUCTED. ALL TRAI	DE NAMES MUST BE LISTED AND .ERK [if a partnership or sole proprietor]:
2.6		F FOLLOWING OUF	STIONS ARE TO B	= ANSWERED BY AI	I APPLICANTS OTH	ER THAN APPLICANTS FOR A NEW
2.0		ENSE:	011011071112 10 21			
	A.	IS THE LICENSE A		AN OPERATING PLA	ACE OF BUSINESS?	
	B.	IF NO, GIVE THE I	DATE THE BUSINE	RATING BUSINESS):		TE THE LICENSE WAS ORIGINALLY
	C.		E OF BUSINESS AF		FOR A TRANSFER, V	VILL THE LICENSE BE USED AT AN
2.7	THE	E FOLLOWING QUE	STIONS ARE TO BE	E ANSWERED BY AN	I APPLICANT FOR A I	NEW LICENSE:
	A.	WILL THE LICENSI		PERATING PLACE	OF BUSINESS IMMED	DIATELY UPON ISSUANCE?
	B.	IF NO, PROVIDE A		OF LICENSE ACTIV	ATION:	

STATE ASSIGNED LICENSE NUME	3ER	-	-	-

sale, service, BUSINESS, a	questions identify in consumption, delive answer question 3.1 be answered N/A.]	ery, receipt or stora	ge of alcoholic b	everages. If the li	icense is inactive	and NOT S	ITED AT A PLAC	CE OF
3.1	HOW MANY SEPA	ARATE BUILDINGS	S ARE TO BE IN	ICLUDED UNDEF	R THIS LICENSE	?		
	If more than one b	uilding is to be inclu	uded under this	icense, a separat	e Page 3 is to be	submitted of	covering each bu	uilding.
	An up-to-date sket	ch of the entire lice	nsed premises	should be submitte	ed for inclusion in	the State A	ABC license file.	
3.2	BUILDING NO	OF	ТО ВІ	E LICENSED.				
3.3	IS THE ENTIRE B	UILDING TO BE LI	CENSED?	Yes	No			
	If the answer to qu following questions		specify which flo	ors are to be unde	er license and wh	ich ones ar	e not by answeri	ing the
3.4	Basement	Yes	No		All of it	Yes	No	
	1 st floor	Yes	No		All of it	Yes	No	
	2 nd floor	Yes	No		All of it	Yes	No	
	3 rd floor	Yes	No		All of it	Yes	No	
	Specify each addit	ional floor number	to be included u	nder this license:				
	If only part of any fl from unlicensed are		d, attach a more	detailed explanat	ion with sketches	to clearly de	elineate licensed	l areas
3.5	ARE ANY GROUNI PREMISES?	OS ADJACENT TO	THE BUILDING	UNDER LICENS	E TO BE INCLUE	DED AS PAF	RT OF THE LICE	NSED
	Yes _	No						
	IS THERE ANY UNI ADJACENT GROU		OCATED BETV	VEEN BUILDINGS	SUNDER THIS LIG	CENSE OR	BETWEEN LICE	NSED
	Yes	No						
	IF THE ANSWER IS	S "YES," ATTACH A	A SKETCH OF T	HE LICENSED AN	ND UNLICENSED	AREAS SH	OWING DIMENS	SIONS
3.7	DOES THE APPLI	CANT OWN THE E	BUILDING?			Yes	No	
	IF "YES," IS THER	E A MORTGAGE	ON THE BUILD	NG?		Yes	No	
	DOES THE APPLI	CANT LEASE THE	BUILDING?			Yes		
	If there is a mortga	ge on the property	, answer questic	on 3.8. If the licen	sed premise is le	ased, answ	er question 3.9.	
3.8	MORTGAGEE (HC	OLDER OF MORTO	GAGE):					
		(Last Name,	First Name, Mid	dle Initial or Corpo	orate Name)		_	
	Street Address	Number	Stre	et Name				
	P.O. Box #			ot Hamo	Sta	te		
	Zip -							
3.9	LANDLORD (HOL							
		/I and Ninna	First Names - Mid	ماء اء:ڹ؞اء ٥٠٠٠٠	NI N			
	Street Address	(Last Name,	rirst Name, Mid	dle Initial or Corpo	orate Name)			
	Street Address							
	P.O. Box #	Munic	pality		Sta	te		
	Zip							

4.1	IS THE NEAREST ENTRANCE OF TENTRANCE OF ANY CHURCH OR S		
	IF THE ANSWER IS "YES," IS A WAI' APPLICATION? Yes		NATE OFFICIAL ATTACHED TO TH
4.2	DOES THE APPLICANT INTEND T ALCOHOLIC BEVERAGES? ALCOHOLIC BEVERAGES MAY BE	Yes No (A TRANSIT	
4.3	HAS THE APPLICANT FILED AN AI 5630.5) WITH THE FEDERAL ALCO		
	Yes No		
	IF "YES," DATE FILED/	_1	
4.4	WILL ANY BUSINESS OTHER THAN PREMISES TO BE LICENSED?		/ERAGES BE CONDUCTED ON TH
	IF THE ANSWER IS "YES," INDICATI RESPONDING TO THE FOLLOWING		SS AND WHO WILL CONDUCT IT E
	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 APP PREMISES, ANSWER THIS QUEST ATTACH A SEPARATE PAGE LISTI	TION. IF THERE IS MORE THA	N ONE INDIVIDUAL OR COMPAN
	Business to be operated		
	Name of company/individual	(Last Name Circl Name on	Company Alexan
	Street AddressNumber	Street Name	-
	Municipality	State _	
			/ No

STATE ASSIGNED LICENSE NUMBER	-	_	_

ALL APPLICANTS ANSWER THE FOLLOWING

ANY INTERES RTER OR WH LORD, TENANT OYEE OR OTH Yes No E ANSWER IS "	ENEFICIAL INTEREST IT IN ANY BREWERY, Y HOLESALE ALCOHOL T, MORTGAGE HOLDE HERWISE?	IN THE LICENSED BU WINERY, DISTILLERY, IC BEVERAGE BUSIN ER OR AS A STOCKHO FIDAVIT EXPLAINING T	ISINESS, DIRECTLY OR INDIRI RECTIFYING AND BLENDING I NESS, AS OWNER, PART O PLDER, OFFICER, DIRECTOR, A
ANY INTERES RTER OR WH LORD, TENANT OYEE OR OTH	ENEFICIAL INTEREST IT IN ANY BREWERY, ' HOLESALE ALCOHOL T, MORTGAGE HOLDE HERWISE?	IN THE LICENSED BU WINERY, DISTILLERY, IC BEVERAGE BUSIN	SINESS, DIRECTLY OR INDIRI RECTIFYING AND BLENDING I NESS, AS OWNER, PART O
ANY INTERES RTER OR WH LORD, TENANT	ENEFICIAL INTEREST IT IN ANY BREWERY, ' HOLESALE ALCOHOL T, MORTGAGE HOLDE	IN THE LICENSED BU WINERY, DISTILLERY, IC BEVERAGE BUSIN	SINESS, DIRECTLY OR INDIRI RECTIFYING AND BLENDING I NESS, AS OWNER, PART O
	ANT OR ANY OTHER	PERSON MENTIONED	IN THIS LICENSE APPLICATION
ipality			
of Individual	Last Name	First Name	Middle Initial
	YES," COMPLETE TH		
ON HAVING A	BENEFICIAL INTERES		NED IN THIS APPLICATION, OUSINESS, HOLD OFFICE IN THE
of Employing A	gency		
f position held _	Last Name		
of individual	I ast Name	First Name	Middle Initial
of of po	wer is "Yes," individual osition held _	Last Name psition held Employing Agency	wer is "Yes," complete the following: individual Last Name First Name osition held Employing Agency

PLEASE TYPE OR PRINT ALL INFORMATION STATE ASSIGNED LICENSE NUMBER ALL APPLICANTS ANSWER THE FOLLOWING HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY? _____ Yes _____ No 6.1 IF THE ANSWER TO THIS QUESTION IS "YES," ANSWER THE FOLOWING: ____ Transportation Type of License or Permit Denied: Retail Wholesale Warehouse Manufacturer Unit of Government which denied License or Permit: ____ Date of Denial (approximate if not known) _____ / ____ / Reason for Denial HAS ANY CORPORATION, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE 6.2 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 Retail Type of License or Permit Denied: Transportation Wholesale Warehouse Manufacturer Unit of Government which denied License or Permit: Date of Denial (approximate if not known) / / Reason for Denial HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE 6.3 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 DATE OF ACTION ____ / ____ / ____ DOCKET NO. _____ Last Name First Name Middle Initial PENALTY WAS IMPOSED BY: _____ [Indicate whether by Division of ABC or identify Local Issuing Authority] PENALTY CONSISTED OF: [amount] NOT RENEWED FINED \$ REVOKED CANCELLED (number of days) OTHER [explain] 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 Conviction Date _____/ ____/ _____/ Date of Birth 1 Court of Jurisdiction State 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

Provide Agency Docket No. :[NN]-

disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

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, CHILD PARENTS, IN-LAWS OR SIBLINGS) OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUB LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOH BEVERAGE LICENSE?
YesNo
IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LICENSE TWELVE DIGIT NUMBER(S) AND THE NAME(S) OF THE PERSON(S) OR CORPORATION 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 OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIM 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 ADDITIONAL PAGE(S) 7 AS NEEDED.
Name
Name(Last Name, First Name, Middle Initial or Corporate Name)
Social Security Number OR
NJ Sales Tax Certificate of Authority No
Date of Birth //

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 FOLLOW	ING 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
	Number Street Name
	Municipality
	Municipality New Jersey
THE FOLLOW	Zip
THE FOLLOW 8.7	
	Zip
	Zip
8.7	Zip ING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER. 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 / /
8.7	Zip ING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER. 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 / / /
8.7	Zip ING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER. 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 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
8.7	Zip
8.7 8.8 8.9	Zip ING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER. 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 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 / / /
8.7 8.8 8.9 THE FOLLOW	Zip
8.7 8.8 8.9 THE FOLLOW 8.10	Zip
8.8 8.9 THE FOLLOW 8.10	Zip ING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER. 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 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 ING 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 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?

ALL APPLICANTS ANSWER THE FOLLOWING

9.1	DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION <u>OTHER THAN THE APPLICANT</u> HAVE AN INTEREST <u>DIRECTLY</u> OR <u>INDIRECTLY</u> IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY? Yes No								
	IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.								
	Name of Individual (Last Name First) or Corporation								
	(Last Name, First Name, Middle Initial or Corporate Name) Social Security Number OR								
	NJ Sales Tax Certificate of Authority Number								
	Street Address Number Street Name								
	Number Street Name P.O. Box # Municipality State								
	Zip								
	Describe Nature of Interest								
9.2	DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR? Yes No								
	IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.								
	Name of Individual (Last Name First) or Corporation								
	(Last Name, First Name, Middle Initial or Corporate Name) Social Security Number OR								
	NJ Sales Tax Certificate of Authority Number								
	Street Address Number Street Name								
	P.O. Box # Municipality State								
	Zip								
	Describe Nature of Interest								
9.3	HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR? Yes No								
	IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.								
	Name of Individual (Last Name First) or Corporation								
	Last Name First Name Middle Initial								
	Social Security Number <i>OR</i>								
	NJ Sales Tax Certificate of Authority Number								
	Street Address								
	Number Street Name P.O. Box # State State								
	Zip								
	Describe Nature of Interest								

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

STATE ASSIGNED LICENSE NUMBER _____ - ___ - ___ - ____ - ____

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1	Name of corporation	າ							
10.2	Street address of he	ome office							
			Number		t Name				
	Municipality								
	State		_ Zip						
10.3	NJ Sales Tax Certi	ficate of Authority	Number						
10.4	IF CORPORATION OFFICE LOCATIO					E, REPOI	RT BELOW TH	HE ADDRESS OF	ANY
	Street Address								
	Street Address	Number	Stree	et Name					_
	Municipality				New Jersey	/			
	Zip								
10.5	IS THE CORPORA	TION NOW AN E	XISTING, VALII	D CORPO	RATION? _	Yes	No		
10.6	DATE CHARTERE	OR INCORPOR	RATED	/			_ STATE _		
10.7	CERTIFICATE OF	INCORPORATIO	N NUMBER						
10.8	IF NOT INCORPO AUTHORIZATION SECRETARY OF S	TO CONDUCT	BUSINESS IN						
10.9	HAS THE CORPO NEW JERSEY? _			I REVOK	ED BY THE (OFFICE C	F THE SECR	RETARY OF STAT	ΓE IN
	IF THE ANSWER IS DATE OF THE SU		THE DATE OF R	REVOCAT	ON, OR IF S	SUSPEND	ED, THE BEG	SINNING AND ENI	DING
	Date of revocation		/	1					
	Beginning date		/	/					
	Ending date		1	/					
10.10	INSERT THE NAMI SERVICE OF PRO ALCOHOLIC BEVE DISTRICT COURT	CESS IN ANY PERAGE LAW, TH	PROCEEDINGS IE ALCOHOLIC	AGAINS'	Γ THE APPL	ICANT, F	URSUANT T	O THE NEW JEF	RSEY
	Name								
	Name	(La	st Name, First N	Name, Mid	ldle Initial or	Corporati	on)		
	Street Address								
	Street Address	Number	Stree	et Name					_
	Municipality				New Jersey	/			
	Zip		Tele	phone Nu	mber ()_	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 ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP): Name of individual (last name first), stockholder, partner, officer or director: Last Name First Name Middle Initial Home Street Address Street Name Number P.O. Box # _____ Municipality _____ Date of Birth _____ / ____ / _____ / Social Security Number Home telephone number (___ Exchange Office telephone number (Number of shares % of business owned or controlled Partner Check position that applies: ___ Sole owner Stockholder President Vice-President Secretary Treasurer Director Manager Executor/Administrator Receiver Trustee Beneficiary Other (specify) Name of individual (last name first), stockholder, partner, officer or director: Last Name Middle Initial First Name Home Street Address Number Street Name Municipality P.O. Box # Social Security Number Home telephone number (__ Exchange Number Office telephone number (_ Exchange Area Number % of business owned or controlled _ Number of shares _ Check position that applies: Sole owner Partner Stockholder Vice-President Secretary Treasurer Director President Agent Executor/Administrator Trustee Manager Receiver ____ Beneficiary ____ Other (specify) ___

STATE ASSIGNED LICE	ENSE NUMBER		AFFIDAVIT
LICENSE PERIOD APPLIED FOR	FROM	то	DATE:
State of)	
County of) SS: .)	
As provided by law (R.S)	
(Check One)			
The Individual Appli	cant		
2. Members of the Par	tnership Applicant		
consent(s) that the licens out-buildings, passagew	sed premises and all portions ays, vaults, yards, attics and	every part of the structure of which	nsed premises, including all rooms, cellars, closets h the licensed premises are a part and all building
warrant at all hours by investigators and all othe say(s) that he/she is (the authorized by corporate	the Director of the Division or sworn law enforcement office y are) the person(s) duly auth	of Alcoholic Beverage Control, hers, and being duly sworn according to sign the application, that for the corporations; and that the	ir control, may be inspected and searched without is or her duly authorized deputies, inspectors or ng to law, upon his/her/their oath(s), depose(s) and tin instance of corporate ownership, the signator is e contents of this application represent complete
(Signature of Individual A	Agent / Sole Proprietor)		
(Corporations Only) Attestation by Corporate	Secretary		
			(Partnership Name)
			(Signature of Partner)
Attest:	Corporate Name		(Signature of Partner)
SecretarySignature	By(Signature of Corpora	ate President or Vice President)	(Signature of Partner)
Affix Corporate Seal			(Signature of Partner)
	Sworn t	to and subscribed before me	
	this	day of	20
AFFIDAVIT MUST BE S	IGNED HERE	(Signature of Officer Administer	ing Oath)
BY DULY AUTHORIZED NOTARY PUBLIC		f Officer Administering Oath)	
OR AN ATTORNEY-AT- OF NEW JERSEY		Administering Oath)	(Date of Expiration of Commission, if applicable)