

STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF ALCOHOLIC BEVERAGE CONTROL P.O. BOX 087, 140 EAST FRONT TRENTON, NJ 08625

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.

Premise Details: How many separate buildings will be included under this license?						(This template must be completed for each building)	
Building No of _	to be licens	ed. Building Na	ame (If appl	licable):			
Does the applicant own the bu	ilding?	Yes	No)			
If "yes", is there a mortgage or	Yes	No)				
Does the applicant lease the b	Yes	No)				
Please select for the building:	Mortgage Holder	Yes	No <u>OR</u>	Landlord	Yes	No (Provide details belo	ow)
	Legal Name of Individu	al/Company that	at holds the	e Mortgage or	Lease		
Street				P.O.	BOX		
City		State			Zi	p	
describe the area. (ex. Banqu Floor	All Partial All Partial	if partial,					
Additional floor numbers to be	All Partial						
Are there any grounds adjacer	nt to the building under th	nis license to be	e included a	as part of the li	icensed		
If yes describe:							
Is there any unlicensed area lo	cated between buildings	s under this lice	nse of betw	ween licensed	adjacent	grounds?	
Yes No							
If yes describe:							
Is the premise located within 2 or school. ** THIS FORM MUST BE COI				-			