TR#:	DEPARTMENT OF LAW AND PUBLIC SAFETY [] [] []						
ATE: RETAIL LIQUOR LICENSE APPLICATION							
STATE ASSIGNED LICENSE NUMBER	DAT	E APPLICATION FILED:					
[For DIVISION use only]		_11					
CODE TYPE OF LICENSE (CHECK O	NE)	THIS APPLICATION IS FOR:					
CLASS C LICENSES [R.S. 33:1-12]							
31 Club		A New License					
32 Plenary Retail Consump w/Broad Package Pri		Person-to-Person Transfer (Including Partnership c except Limited Partners	hange, hip)				
Plenary Retail Consump Plenary Retail Consump		Place-to-Place Transfer (Including expansion of					
(Hofel/Motel Exception		Change of Corporate Struc	,				
(Théatre Exception)		Extension of License (to Ex Receiver, Administrator	ecutor, , etc.)				
35 Seasonal Retail Consum (November 15 throug		Renewal of License					
34 Seasonal Retail Consum (May 1 through Nove	nption mber 14)	Amendment of Application Other					
44 Plenary Retail Distribution		0.110.					
43 Limited Retail Distribution	on						
14 Annual State Permit (R.S. 33:1-42, NJAC	13-2-52)						
40 Special Permit for a Gol (NJAC 13:2-5.3)	100000000000000000000000000000000000000						
(NUNC 13.2-0.3)							
Municipal Fee \$	This Area is Reserved	for Municipal Use					
Effective Date// (As Stated in Resolution. Date of resolution.	tion unless otherwise establish	hed.)					
State Fee \$							
Date Denied/// (As Stated in Resolution)							
Refund Amount \$							
Special Conditions Attached:	res No						
Type or Print Name (Last Name, First Na	ame, Middle Initial) of Municip.	al Clerk or ABC Secretary					

Signature of Municipal Clerk or ABC Secretary

Paga 2		PLEASE TYPE OR PRINT ALL INFORMATION	
STATE,	ASSIGNED LICENSE NUMBER		
Applicati	ion 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 WIL License may be held by Individu	L APPEAR ON THE LICENSE CERTIFICATE (NOT ual (Last Name, First Name, Middle Initial), Partnersh	"TRADE" NAME): nip or Corporation.
	(L:	ast Name, First Name, Middle Initial or Corporate Na	me)
.2	ACTUAL ADDRESS WHERE T	HE LICENSE IS TO BE USED (SITED PREMISES):	
	Street Address	ber Street Name	
		ber Street Name	Zip
		() E-Mail A	
.3	If no licensed premises exists or (insert N/A if not applicable):	if a mailing address is different than the "actual addre	ss" given above, provide the mailing addre
)	Street Address	per Street Name	
F	Numb P.O. Bax #	per Street Name Municipality	State
		Telephone ()	N 9
F		CH BUSINESS IS TO BE CONDUCTED. ALL T SECRETARY OF STATE [if a corporation] OR CO	
_			
_		· · · · · · · · · · · · · · · · · · ·	
	THE FOLLOWING QUESTIONS ICENSE:	ARE TO BE ANSWERED BY ALL APPLICANTS O	THER THAN APPLICANTS FOR A NEW
А	L. IS THE LICENSE ACTIVELY	USED AT AN OPERATING PLACE OF BUSINESS No	?
В	B. IF NO, GIVE THE DATE TH	E BUSINESS STOPPED OPERATING (OR THE D TAN OPERATING BUSINESS):	ATE THE LICENSE WAS ORIGINALLY
С		VE AND THE APPLICATION IS FOR A TRANSFER SINESS AFTER APPROVAL? _No	, WILL THE LICENSE BE USED AT AN
Т	HE FOLLOWING QUESTIONS	ARE TO BE ANSWERED BY AN APPLICANT FOR	A NEW LICENSE:
А	WILL THE LICENSE BE USE	ED AT AN OPERATING PLACE OF BUSINESS IMM	EDIATELY UPON ISSUANCE?
В		ED DATE OF LICENSE ACTIVATION:	

STATE ASSI	GNED LICENSE NUMBER					
sale, service BUSINESS,	questions identify information about consumption, delivery, receipt or storanswer question 3.1 only, entering N/ld also be answered N/A.]	rage of alcoholic bevera	ages. If the license is inac	tive and NOTS	SITED AT A PLACE	E OF
3.1	HOW MANY SEPARATE BUILDING	S ARE TO BE INCLU	DED UNDER THIS LICEN	ISE?		
	If more than one building is to be inc			CONTRACTOR		ding.
	An up-to-date sketch of the entire lice	censed premises shoul	d be submitted for inclusi	on in the State	ABC license file.	
3.2	BUILDING NO OF	TO BE LIC	ENSED.			
3.3	IS THE ENTIRE BUILDING TO BE I	LICENSED?	Yes No			
	If the answer to question 3.3 is "No," following questions:	specify which floors ar	re to be under license and	which ones ar	e not by answering	g the
3.4	BasementYes	No	All of it	Yes	No	
	1 st floorYes	No	All of it	Yes	No	
	2 nd floor YesYes	No	All of it	Yes	No	
	3 rd floorYes	No	All of it	Yes	No	
	Specify each additional floor number	r to be included under	this license:			
	If only part of any floor is to be license from unlicensed areas.	ed, attach a more detail	ed explanation with sketcl	nes to clearly de	elineate licensed a	reas
3.5	ARE ANY GROUNDS ADJACENT TO PREMISES? Yes No	O THE BUILDING UND	ER LICENSE TO BE INCL	LUDED AS PAF	RT OF THE LICEN	SED
3.6	IS THERE ANY UNLICENSED AREA ADJACENT GROUNDS?	LOCATED BETWEEN	BUILDINGS UNDER THIS	S LICENSE OR	BETWEEN LICEN	SED
	Yes No					
	IF THE ANSWER IS "YES," ATTACH	A SKETCH OF THE LI	CENSED AND UNLICENS	SED AREAS SH	OWING DIMENSI	ONS
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 TH	E BUILDING?		Yes _	No	
	If there is a mortgage on the proper	ty, answer question 3.8	. If the licensed premise	is leased, answ	ver question 3.9.	
3.8	MORTGAGEE (HOLDER OF MORT	GAGE):				
	(Last Name	, First Name, Middle In	itial or Corporate Name)			
	Street AddressNumber	Street Na	me			
	P.O. Box # Muni			State		
	Zip					
3.9	LANDLORD (HOLDER OF LEASE):					
	(Last Name	, First Name, Middle In	itial or Corporate Name)			
	Street AddressNumber	Street Na	me			
				State		
	Zin -					

Zip _____-

STATE ASSIG	GNED 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 VAPPLICATION? Yes	WAIVER SIGNED BY THE APPROPRIA No	TE OFFICIAL ATTACHED TO THIS					
4.2	DOES THE APPLICANT INTEND TO USE ANY VEHICLES FOR THE TRANSPORT OR DELIVERY CALCOHOLIC BEVERAGES? Yes No (A TRANSIT INSIGNIA IS NECESSARY BEFOR ALCOHOLIC BEVERAGES MAY BE TRANSPORTED.)							
4.3	HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?							
	Yes No							
	IF "YES," DATE FILED/_	/						
4.4	WILL ANY BUSINESS OTHER TI PREMISES TO BE LICENSED?	HAN THE SALE OF ALCOHOLIC BEVE	RAGES BE CONDUCTED ON THE					
	IF THE ANSWER IS "YES," INDIC RESPONDING TO THE FOLLO	CATE THE NATURE OF THE BUSINESS WING QUESTIONS:	S AND WHO WILL CONDUCT IT BY					
	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 Co	ornarata Nama)					
	Street AddressNumb	er Street Name						
	Municipality	State						
	Zip	NJ Sales Tax Certificate of Authority	No					

			ALL APPLICANT	S ANSWER THE FOLL	DWING
5.1	OF	R HOLD ANY POS	OR ANY OTHER PERS ITION ENTRUSTED AGES IN ANY MANNE	WITH THE ENFORCE	HIS APPLICATION A POLICE OFFI MENT OF ANY LAWS CONCERN
		Yes No			
	If t	he answer is "Yes,"	complete the following	g :	
	Na	me of individual	Last Name		
	Tit	le of position held _	Last Name	First Name	Middle Initial
5.2	PE	RSON HAVING A E	BENEFICIAL INTERES		IED IN THIS APPLICATION, OR USINESS, HOLD OFFICE IN THE U
	IF	THE ANSWER IS "	YES," COMPLETE TH	E FOLLOWING:	
	Na	me of Individual	Last Name		
					Middle Initial
	Titl	e of Office			
	Mu	nicipality			
5.3	AN HA IMI LA	YONE WITH A BE VE ANY INTEREST PORTER OR WH	NEFICIAL INTEREST IN ANY BREWERY, OLESALE ALCOHOL , MORTGAGE HOLDI	IN THE LICENSED BU WINERY, DISTILLERY, LIC BEVERAGE BUSII	IN THIS LICENSE APPLICATION SINESS, DIRECTLY OR INDIRECT RECTIFYING AND BLENDING PLANESS, AS OWNER, PART OWN LDER, OFFICER, DIRECTOR, AGE
		Yes No			
			/ES," ATTACH AN AF COMPLETE THE FOI		THE RELATIONSHIP AND NATURE
	Α.	New Jersey licens	e number, if applicable	e	<u>=</u>
	В.	IF THE BUSINESS QUESTIONS:	DOES NOT HOLD A	NEW JERSEY LIQUOR	LICENSE, ANSWER THE FOLLOW
		Name of entity cor	nducting business (Cor	rporation, Partnership or	Individual)
		· ·	(Last Name, First	Name, Middle Initial or	Corporate Name)
		Street Address	Number	Street Na	amo.
			Number	Oll CCL IVE	IIIIC
		P.O. Box #			State

Type of Business _____

STATE ASSIGNED LICENSE NUMBER ____ ALL APPLICANTS ANSWER THE FOLLOWING HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY? _____ Yes _____ No IF THE ANSWER TO THIS QUESTION IS "YES," ANSWER THE FOLOWING: Type of License or Permit Denied: _____ Retail ____ Wholesale ____ Manufacturer ____ Transportation Warehouse 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 ___ First Name Last 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]: 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: [amount] NOT RENEWED ____ FINED \$____ ____ REVOKED ____ CANCELLED _____ SUSPENDED ____ (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 / / / / / Middle Initial Date of Birth ____/___/ 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 ASSIG	NED 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?
	YesNo
	IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELV 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, CRIMINA CONVICTION OR PROHIBITED INTERESTS IN OTHER LICENSES?
	YesNo
	IF THE ANSWER IS "YES," ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OF 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 / /

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 FOLLOV	VING 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 New Jersey
THE FOLLOV	Municipality New Jersey Zip
THE FOLLOV 8.7	Municipality New Jersey
	Municipality New Jersey 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
	Municipality New Jersey 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.
	Municipality New Jersey 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	Municipality New Jersey Zip
8.7	Municipality
8.7	Municipality
8.8 8.9	Municipality
8.7 8.8 8.9	Municipality
8.8 8.9 THE FOLLOW 8.10	Municipality
8.8 8.9 THE FOLLOW 8.10	Municipality

Pag	e	9

STA	TE	ASSIGNI	EDLICE	ENSE NUMBER	,

ALL	APPLICANTS	ANSWERT	THE FOLL	OWING

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 OR					
	NJ Sales Tax Certificate of Authority Number					
	Street Address Street Name					
	Number Street Name P.O. Box # Municipality 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.

P	a	a	e	1	0

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 _____ 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 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 ____

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).

_____ New Jersey

Street Name

Municipality _____

P	age	1	OA
•	490	٠,	V' '

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.

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: First Name Middle Initial Home Street Address Street Name Social Security Number _____ - ____ - ____ Date of Birth ____ / ____ / _____ / ______ Home telephone number (___ Office telephone number (_____)_ Exchange Number Number of shares _____ % of business owned or controlled ____ Check position that applies: _____ Sole owner _____ Partner _____Stockholder ____ Director President _____ Vice-President _____ Secretary _____ Treasurer ____ Executor/Administrator Receiver Trustee Manager Agent Beneficiary Other (specify) Name of individual (last name first), stockholder, partner, officer or director: Middle Initial First Name Home Street Address Street Name Number P.O. Box # _____ State _____ Date of Birth _____ / _____ / _______/ Social Security Number Home telephone number (__ Exchange Office telephone number (__ Exchange Area Number Number of shares _____ % of business owned or controlled Check position that applies: _____ Sole owner Stockholder ____ Partner ____ Director President _____ Vice-President _____ Secretary _____ Treasurer _____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver Beneficiary Other (specify)

STATE ASSIGNED LICE	ENSE NUMBER		AFFIDAVIT
LICENSE PERIOD APPLIED FOR	FROM	то	DATE:
))) SS:	
County of		.)	
As provided by law (R.S.	33:1-35),)	
(Check One)			
1. The Individual Applie	cant		
2. Members of the Par	tnership Applicant		
3.	of	(Corporation or Clu	
out-buildings, passagewaused in connection there warrant at all hours by tinvestigators and all othe say(s) that he/she is (the authorized by corporate disclosure of the fact, an	ays, vaults, yards, attics and e with which are in his/her/their he Director of the Division of r sworn law enforcement offic y are) the person(s) duly auth resolution to sign on behalf d that the contents of this ap	every part of the structure of w r possession or under his/her/ of Alcoholic Beverage Contro ters, and being duly sworn acc orized to sign the application, of the corporations; and that	licensed premises, including all rooms, cellars, closets, which the licensed premises are a part and all buildings (their control, may be inspected and searched without oil, his or her duly authorized deputies, inspectors or cording to law, upon his/her/their oath(s), depose(s) and that in instance of corporate ownership, the signator is to the 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	te President or Vice Presiden	(Signature of Partner)
Affix Corporate Seal			(Signature of Partner)
	Sworn to	and subscribed before me	
	this	day of	20
AFFIDAVIT MUST BE SI	GNED HERE	(Signature of Officer Adminis	stering Oath)
BY DULY AUTHORIZED NOTARY PUBLIC		Officer Administering Oath)	
OR AN ATTORNEY-AT-I OF NEW JERSEY		dministering Oath)	(Date of Expiration of Commission, if applicable)