



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

**CORPORATE STRUCTURE  
 STATE ISSUED**  
 [Form CSSI] (Former page 10 A)

**SOLE OWNERS, AND PARTNERSHIPS:** Must complete page in full.

**LIMITED PARTNERSHIPS:** All information about a general partners 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 percentage of each limited partner as it related to total ownership of the business entity to be licensed.

**CORPORATIONS/LLC:** All corporation/LLC applicants or licensees and any corporation/LLC that has an ownership interest in the corporation/LLC under license or to be licensed must have been reported on Form CISI (pg. 10). Information on this form, Form CSSI (pg. 10 A), will identify all officers, directors, members, managing members and stockholders holding one percent of more of the shares of the respective company.

Legal Entity Type (Select One):  Partnership  Individual  Business Corporation  LLC  Limited Partnership  Organization/Company

**Name of corporation/ LLC covered by this section:** \_\_\_\_\_

❖ \_\_\_\_\_  
 (First Name Middle Name Last Name)

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's License No: \_\_\_\_\_

Phone No: \_\_\_\_-\_\_\_\_-\_\_\_\_ Alt Phone No: \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_-\_\_\_\_-\_\_\_\_

E-mail Address: \_\_\_\_\_ Contact Method:  Mail  E-mail  Phone

Mailing address: \_\_\_\_\_

Physical Address/home: \_\_\_\_\_  
 Street City State Zip

NJ Tax Authority No: \_\_\_\_\_ % of business owned or controlled \_\_\_\_\_ Number of Shares \_\_\_\_\_

Check position(s) that apply:  Sole Owner  Partner  Stockholder  President  
 Vice President  Secretary  Treasurer  Director  Trustee  
 Agent  Executor/Administrator  Receiver  Beneficiary  Member  
 Other (specify) \_\_\_\_\_

Legal Entity Type (Select One):  Partnership  Individual  Business Corporation  LLC  Limited Partnership  Organization/Company

❖ \_\_\_\_\_  
 (Corporation/LLC or First Name Middle Name Last Name)

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's License No: \_\_\_\_\_

Phone No: \_\_\_\_-\_\_\_\_-\_\_\_\_ Alt Phone No: \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_-\_\_\_\_-\_\_\_\_

E-mail Address: \_\_\_\_\_ Contact Method:  Mail  E-mail  Phone

Mailing address: \_\_\_\_\_

Physical Address/home: \_\_\_\_\_  
 Street City State Zip

NJ Tax Authority No: \_\_\_\_\_ % of business owned or controlled \_\_\_\_\_ Number of Shares \_\_\_\_\_

Check position(s) that apply:  Sole Owner  Partner  Stockholder  President  
 Vice President  Secretary  Treasurer  Director  Trustee  
 Agent  Executor/Administrator  Receiver  Beneficiary  Member  
 Other (specify) \_\_\_\_\_