

Division of

ALCOHOLIC BEVERAGE CONTROL

140 East Front Street, P.O. Box 087, Trenton, New Jersey 08625-0087

Nov 1, 2012

APPLICATION FOR OUT OF STATE WINERY 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, applicant may photocopy any part of this application. A complete application is required whenever any of the following is requested:

New License

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)

When required by the Division.

The completed application should be submitted to the Division of Alcoholic Beverage Control. It is the responsibility of the applicant to retain an additional copy of the application. It should be maintained with other records and be available for inspection upon request.

All fees are to accompany the application at the time of filing. License fees should be in the form of a CHECK or MONEY ORDER – payable to the Division of Alcoholic Beverage Control (ABC). All other fees should be submitted as described in the additional filing instructions which accompanied this application.

If you require assistance in completion of the application, please contact the Licensing Bureau of the Division of Alcoholic Beverage Control at (609) 984-2830.

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

APPLICATION FOR OUT OF STATE WINERY LICENSE

For DIVISION use only:

STATE ASSIGNED LICENSE NUMBER

DATE APPLICATION FILED:

____-____-____-____

____ / ____ / ____

*

PLEASE CHECK THE APPROPRIATE AREA(S):

SELECT WHAT
TYPE OF LICENSE:

CODE

SELECT WHAT
THIS APPLICATION IS FOR:

____ Out of State Winery [R.S. 33:1-10] 41
Direct Ship Privilege
(Use fee scale on pg 3 of Instructions)

____ A New License

____ Out of State Winery OSWW
Add'l privilege to sell to NJ
Retailers.
(Use fee scale on pg 2 of Instructions)

____ Change of Corporate Structure

____ Extension of License (To Executor,
Receiver, Administrator, etc.)

____ Renewal of License

____ Amendment of Application on File

____ Other _____

PLEASE ANSWER THE FOLLOWING (ALL APPLICANTS):

Does the applicant hold a State License to manufacture wine? Yes _____ No _____

If yes, in what State? _____

Do you currently produce less than 250,000 gallons annually? Yes _____ No _____

What is your annual production? _____gallons

Provide an estimate of your company's monthly wine sales
Into New Jersey; in gallons _____gallons

THIS APPLICATION IS FILED ON BEHALF OF: _____

1 = An Individual

2 = A Business Corporation

3 = A Partnership

6 = A Limited Partnership

7 = A Limited Liability Company

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME); Name(s) May Consist of Individuals, Corporations, Limited Liability Companies or Partnerships.

2.2 PROVIDE THE MAILING ADDRESS:

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____ Telephone (_____) _____ - _____
Area Exchange Number

E-Mail Address _____

2.3 NEW JERSEY SALES TAX CERTIFICATE OF AUTHORITY NUMBER _____

2.4 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 a limited liability company] OR WITH THE COUNTY CLERK [of a partnership or sole proprietor] AS APPLICABLE:

PROCEED TO PAGE 4 (PAGE 3 HAS BEEN REMOVED FROM THIS APPLICATION)

4.1 BRIEFLY DESCRIBE THE SPECIFIC METHOD OF BUSINESS OPERATION. FOR EXAMPLE, HOW DOES APPLICANT INTEND TO SHIP THE PRODUCT AND ENSURE RECIPIENT IS OF LEGAL AGE? WILL PACKAGES CLEARLY BE LABELED AS ALCOHOLIC BEVERAGES? PROVIDE SEPARATE SHEET IF NECESSARY.

4.2 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER, OR DOES HE OR SHE 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 _____	_____	_____	_____	_____
	Last Name	First Name	Middle Initial	

Title _____	of	Position _____	Held _____
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Name of Employing Agency _____

4.3 DOES THE APPLICANT HAVE ANY INTEREST IN ANY NEW JERSEY ALCOHOLIC BEVERAGE LICENSES?

_____ Yes _____ No

If the answer is "Yes," provide the name and 12-digit New Jersey license number of each other license below:

_____		_____ - _____ - _____ - _____
_____		_____ - _____ - _____ - _____
_____		_____ - _____ - _____ - _____
_____		_____ - _____ - _____ - _____

5.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE OR PERMIT?

____ Yes ____ No

If the answer is "Yes," answer the following:

Type of License Denied: ____ Retail ____ Wholesale ____ Transportation
____ Warehouse ____ Manufacturer

If Retail License, Name of Municipality _____

Date of Denial (approximate if not known) ____ / ____ / ____

Reason for Denial _____

5.2 HAS ANY CORPORATION, LLC, 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 _____
(Last Name, First Name, Middle Initial or Corporate Name)

Type of License Denied: ____ Retail ____ Wholesale ____ Transportation
____ Warehouse ____ Manufacturer

If Retail License, Name of Municipality _____

Date of Denial (approximate if not known) ____ / ____ / ____

Reason for Denial _____

5.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION OR ANYONE WITH A BENEFICIAL INTEREST IN IT HAD ANY INTEREST IN AN ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 5 YEARS PRIOR TO THE DATE OF THIS APPLICATION? ____ Yes ____ No

If the answer is "Yes," provide details of each below [Submit an additional Page 5 for each action]:

Name of Individual _____
(Last Name, First Name, Middle Initial or Corporate Name)

DATE OF ACTION ____ / ____ / ____ AGENCY DOCKET NO. _____

LICENSE WAS [CHECK WHERE APPLICABLE]

____ FINED \$ _____ NOT RENEWED
[amount]

____ SUSPENDED _____ REVOKED _____ CANCELLED
[no. of days]

____ OTHER [explain] _____

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

Date of Birth ____ / ____ / ____ Conviction Date ____ / ____ / ____

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.)

QUESTIONS TO BE ANSWERED BY CORPORATIONS, LIMITED LIABILITY COMPANIES AND PARTNERSHIPS. ANY CORPORATION, LLC OR PARTNERSHIP THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSEE COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 8 AND PAGE 8A FOR EACH CORPORATION, LLC OR PARTNERSHIP. ANSWER QUESTIONS ON BOTH PAGE 8 AND PAGE 8A FOR EACH.

8.1 Name of Corporation/LLC/Partnership _____

8.2 Street Address _____
Number Street Name

Municipality _____

State _____ Zip _____ - _____ E-Mail Address _____

8.3 New Jersey Sales Tax Certificate of Authority Number _____

8.4 IF CORPORATION/LLC/PARTNERSHIP ADDRESS IN NUMBER 8.2 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

Zip _____ - _____

8.5 IS THE CORPORATION, LLC OR PARTNERSHIP NOW AN EXISTING, VALID CORPORATION, LLC OR PARTNERSHIP? _____ Yes _____ No

8.6 DATE CHARTERED OR INCORPORATED _____ / _____ / _____ STATE _____

8.7 CERTIFICATE OF INCORPORATION NUMBER _____

8.8 IF NOT INCORPORATED, OR IF NOTICE OF FORMATION HAS NOT BEEN OBTAINED UNDER THE LAWS OF THE STATE 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

8.9 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 _____ / _____ / _____

8.10 INSERT THE NAME AND ADDRESS OF 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: **(THIS INFORMATION MUST BE COMPLETED)**

Name _____
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
Number Street Name

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____
Area Exchange Number

8.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S), LLC(S) OR PARTNERSHIP(S) OR IS IN A CORPORATE CHAIN, LLC OR PARTNERSHIP, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS, LLCs OR PARTNERSHIPS.

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

100% of OWNERSHIP MUST BE DISCLOSED

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 AND LIMITED LIABILITY COMPANIES (LLC): All corporation or LLC applicants or licensees and any corporation or LLC that has an ownership interest in the corporation or LLC under license or to be licensed must have been reported on page 8. Information on this page, 8A, will identify all members, officers, directors and stockholders holding any or all of the shares of the respective corporation or LLC. The first corporation or LLC listed should be the corporation or LLC to be licensed.

IF APPLICANT OR STOCKHOLDER IS A CORPORATION, LLC OR A PARTNERSHIP, PROVIDE THE NAME OF THE CORPORATION, LLC OR PARTNERSHIP COVERED BY THIS PAGE.

Name of Individual (Last Name First), Member, Stockholder, Partner, Officer or Director:

Form with fields for Last Name, First Name, Middle Initial, Home Street Address (Number, Street Name), P.O. Box #, Municipality, State, Zip, E-Mail Address, 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, and Check position that applies (Sole owner, Partner, Stockholder, President, Vice-President, Secretary, Treasurer, Director, Trustee, Manager, Agent, Executor/Administrator, Receiver, Beneficiary, Other (specify)).

Name of Individual (Last Name First), Member, Stockholder, Partner, Officer or Director:

Form with fields for Last Name, First Name, Middle Initial, Home Street Address (Number, Street Name), P.O. Box #, Municipality, State, Zip, E-Mail Address, 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, and Check position that applies (Sole owner, Partner, Stockholder, President, Vice-President, Secretary, Treasurer, Director, Trustee, Manager, Agent, Executor/Administrator, Receiver, Beneficiary, Other (specify)).

NOTARY PAGE

NJ STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

AFFIDAVIT

LICENSE PERIOD
APPLIED FOR FROM _____ TO _____

DATE: _____

State of _____)
County of _____) SS:
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 fact, and that the contents of this application are true.

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)
Attestation by Corporate Secretary

(Partnership Name)

(Signature of Partner)

Attest: _____
Corporate Name

(Signature of Partner)

Secretary _____
Signature By _____
(Signature of Corporate President or Vice President)

(Signature of Partner)

Affix Corporate Seal _____
(Signature of Partner)

Sworn to and subscribed before me
this _____ day of _____ 20 _____

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)