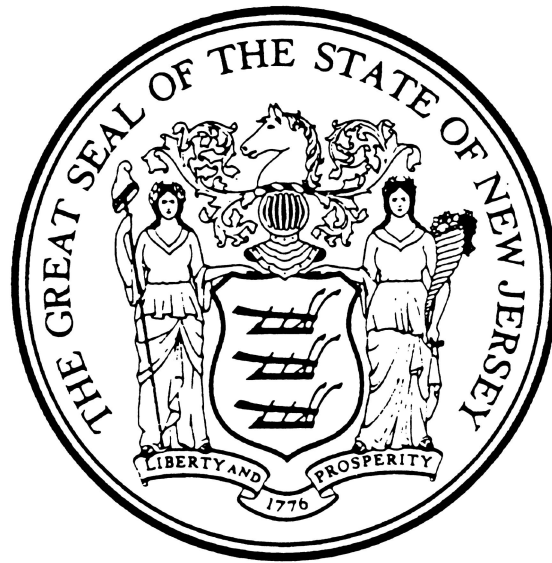


STATE OF NEW JERSEY
Division of Gaming Enforcement



CASINO HOTEL ALCOHOLIC BEVERAGE -
LICENSE APPLICATION

- E. An application fee of \$3,000 is required pursuant to *N.J.A.C. 13:69A-9.9(b)*. Further, an additional \$1,000 fee is required for the actual license certificate pursuant to *N.J.A.C. 13:69A-9.7(c)*. Please contact our office at (609) 317-6218 if you anticipate conducting business at more than one location because additional license fees may be required. Checks are to be made payable to the CASINO CONTROL FUND. Pursuant to *N.J.A.C. 13:69A-9.19(b)*, application fees are non-refundable.
- F. **INITIAL** applications and disclosure forms must be filed a minimum of 45 days prior to the scheduled opening date of your business.
- G. Please call (609) 317-6218 if you have any questions pertaining to this form or the CHAB licensing process.

II. IMPORTANT NOTICES

- A. All notices regarding your application will be sent to the address which you provide on this form. You must immediately notify the Division of Gaming Enforcement (Division) of any change of address.
- B. Pursuant to Section 86(b) of the Casino Control Act, failure to answer any question completely and truthfully will result in denial of your license application.
- C. Failure of any qualifier to provide fingerprints in a timely manner as required by regulations or Division request, shall result in the denial/revocation of any interim casino hotel alcoholic beverage (CHAB) authorization or CHAB license.
- D. Pursuant to Sections 79(a)(6) and 80c of the Casino Control Act, any person who applies for and obtains a license from the Division is required to submit to warrantless searches when present in a licensed casino hotel facility.
- E. Pursuant to Section 74.1 of the Casino Control Act, information supplied to the Casino Control Commission and Division, or otherwise obtained by either of them, is confidential and shall not be revealed, except in the course of the necessary administration of the Casino Control Act, or upon the lawful order of a court of competent jurisdiction, or with the approval of the Attorney General, to a duly-authorized law enforcement agency. Nevertheless, pursuant to Section 80b of the Casino Control Act, an applicant or licensee waives any liability of the State of New Jersey, and its instrumentalities and agents, for any damages resulting from any disclosure or publication in any manner, other than a willfully-unlawful disclosure or publication.

**CASINO HOTEL ALCOHOLIC BEVERAGE –
License Application Form**

Please print or type the answers to the following questions in the spaces provided:

1. NAME OF BUSINESS OR ENTERPRISE APPLYING FOR A CHAB LICENSE* :

*Name as it appears on the Certificate of Incorporation, charter, by-laws, partnership agreement, formation documents or other official document

2. TRADE NAME OF BUSINESS OR ENTERPRISE (if different from name given above):

Trade Name(s)

3. PERMANENT ADDRESS OF THE BUSINESS OR ENTERPRISE:

STREET LOCATION Number/Street City State Zip Code

MAILING ADDRESS, if different (P.O. Box, City, State, Zip Code)

COUNTRY TELEPHONE Area Code Number Fax Number (if available)

WEBSITE (URL)

4. ATLANTIC CITY ADDRESS OF THE BUSINESS OR ENTERPRISE:

CASINO HOTEL LOCATION OF ENTERPRISE OR BUSINESS

STREET LOCATION Number/Street City State Zip Code

TELEPHONE Area Code Number Fax Number (if available)

5. PERSON TO BE CONTACTED REGARDING THIS APPLICATION:

Name and Title

Telephone Number with Area Code Fax Number (if available)

Cell Number with Area Code E-Mail Address

6. ATTORNEY OF RECORD:

Name

Law Firm

STREET LOCATION Number/Street City State Zip Code

TELEPHONE Number Fax Number (if available) E-Mail Address

7.

FEDERAL EMPLOYER IDENTIFICATION NUMBER: ___ - ___ - ___ - ___ - ___

VENDOR IDENTIFICATION NUMBER: _____

8. Describe the primary use (e.g., restaurant) and hours of operation for each location within your facility where alcoholic beverages will be dispensed, sold, consumed, and/or stored. Next to each, identify the type of CHAB authorization being requested. (See N.J.S.A. 5:12-103(g) and N.J.A.C. 13:69I-1.4, for a description of the types of CHAB authorizations). If there is more than one use for a location (e.g., the restaurant includes a cocktail lounge), provide the other uses and the hours of operation.

Primary Use	Hours of Operation	Type of Authorization
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Additional Use	Hours of Operation	
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Primary Use	Hours of Operation	Type of Authorization
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Additional Use	Hours of Operation	
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Primary Use	Hours of Operation	Type of Authorization
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9. Do you plan to use an off-premise storage facility for the alcoholic beverages that will be dispensed, sold or consumed in your business?

Yes No

IF YES, provide the complete address of the facility:

This facility requires a license from the New Jersey Division of Alcoholic Beverage Control (ABC). Include as Exhibit 9 a copy of the license issued by the ABC. If the license has not yet been granted, include as Exhibit 9 a copy of the completed application requesting the license.

10. Anticipated date of business opening: _____

11. N.J.A.C. 13:2-23.13(a)1 requires alcoholic beverage licenses to be conspicuously displayed on the premises of a licensed facility. Indicate below where your CHAB license will be displayed:

12. Do you, or does any officer, director, shareholder owner, partner, holding company, intermediary company, subsidiary, employee, or individual connected with the business or enterprise, in any business capacity, have any interest, direct or indirect, in the manufacture, wholesale, importation, or distribution of any alcoholic beverage within the State of New Jersey or any other jurisdiction?

Yes No

If YES, complete the following:

NAME OF PERSON OR ENTITY	ADDRESS	TELEPHONE NUMBER (WITH AREA CODE)	PERCENTAGE OF INTEREST HELD

13. Include as Exhibit 13, a copy of the lease agreement executed between you, the business or enterprise applying for a CHAB license and the casino where the proposed licensed CHAB facility will be located:
14. Is there a management agreement, profit-sharing agreement, franchise agreement, or service agreement, related to the operation of the proposed licensed CHAB facility?

Yes No

If YES, include as Exhibit 14, a copy of the agreement or a precise written description of any such unwritten agreement.

15. As the holder of a CHAB license, you are required to maintain a listing of all employees, pursuant to *N.J.A.C. 13:69I-2.3*. The names of your employees should be maintained on the Employee Listing Form attached to this application or in a similar format. This form is to be kept current and retained on the premises in a designated location. (This employee listing is subject to inspection by the Division of Gaming Enforcement). The required information is to be filed with the Division a minimum of 21 days (three weeks), before you open for business and it is your responsibility to file this form on time.

16. Include as Exhibit 16 an architectural blueprint (1/8" = 1" scale) of the facility. All alcoholic beverage locations (bar area, service bar station, restaurant, storage areas, etc.), are to be clearly identified on these blueprints. It should also show ingress and egress to your business and its relationship to other areas (such as stairs, escalators, hallways, open areas, etc.) in the casino where your business will be located.

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, being duly sworn according to law, on my oath, deposes and says:
(Print Name)

- 1. I am the applicant who is submitting this application form.
- 2. I personally supplied the information contained in this form.
- 3. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

(Date)

_____ (Legal Signature)
(Signature of Applicant)

Subscribed and sworn to before me
this ____ day of _____, 20__.

(Notary Public)

(State)

DIVISION OF GAMING ENFORCEMENT
CASINO HOTEL ALCOHOLIC BEVERAGE -EMPLOYEE LISTING

NAME OF CHAB LICENSEE: _____ CHAB IDENTIFICATION NUMBER: _____

EMPLOYEE NAME/ SOCIAL SECURITY NO. ¹	CASINO CREDENTIAL NUMBER	EMPLOYEE ADDRESS	DATE OF BIRTH/ PLACE OF BIRTH	U.S. CITIZEN? YES/NO	JOB TITLE	HANDLES, SERVES, DELIVERS, PURCHASES, CONTROLS, OR STORES ALCOHOL? YES/NO	DATE HIRED	DATE TERMINATED	CONVICTED OF A CRIME ENUMERATED IN N.J.S.A. 5:12-86(c)1? YES/NO

This form must be fully completed, kept current and retained on the licensed premises.

¹In accordance with Section 7 of the Privacy Act, 5 U.S.C. 552a, disclosure of a Social Security Number is voluntary.