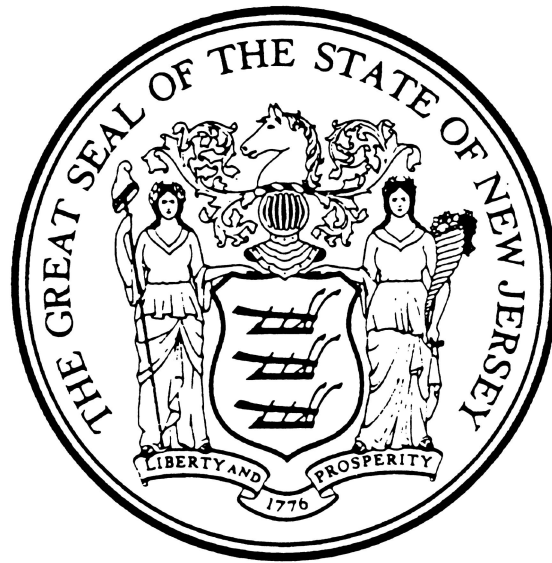


STATE OF NEW JERSEY
Division of Gaming Enforcement



CASINO HOTEL ALCOHOLIC BEVERAGE -
LICENSE RESUBMISSION

**CASINO HOTEL ALCOHOLIC BEVERAGE-
LICENSE RESUBMISSION**

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. This form is to be completed if you are the holder of a valid Casino Hotel Alcoholic Beverage License and are filing an application for resubmission in compliance with N.J.A.C. 13:69I-1.5C.
- B. This application must be filed simultaneously with (1) a Casino Hotel Alcoholic Beverage Licensee-Business Entity Disclosure Form (CHAB BED), (2) if applicable, a Casino Hotel Alcoholic Beverage Licensee-Business Entity Disclosure Form-Holding Company (CHAB Holding Company), (3) a Casino Hotel Alcoholic Beverage Licensee-Qualifier Disclosure Form for every individual identified as a qualifier in the CHAB BED and, if applicable, CHAB Holding Company, form(s), and (4) an Equal Opportunity and Affirmative Action Obligations Form.
- C. For this application to be considered complete, all questions must be answered in detail. All entries on this form, except signatures, must be typed or printed in block lettering using dark ink. If your application is not readable, it will not be accepted. If more space is needed to answer any of the questions, attach additional pages and be sure to identify the question number you are answering.
- D. You must send an original and two copies of this application and submissions required under "B" above, along with all attachments, to:

New Jersey Division of Gaming Enforcement
Service Industry Licensing Bureau (SILB), Intake Unit
1300 Atlantic Avenue, 3rd Floor
Atlantic City, NJ 08401
Attn.: CHAB Licenses

FOR STATE OF NEW JERSEY USE ONLY				
VERF #	LOG #	FILED DATE	NOB CODE(S)	FOR TIME PERIOD

- E. A resubmission fee of \$3,500 is required pursuant to *N.J.A.C. 13:69A-9.9(c)*. 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. **A resubmission application form** must be filed a minimum of 120 days prior to five years from the date of initial licensure and each five-year period thereafter.
- G. Please call (609) 317-6218 if you have any questions pertaining to this form or the CHAB resubmission 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 revocation of the company's casino hotel alcoholic beverage 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 Resubmission 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 Fax Number (if available) E-Mail Address

7.

FEDERAL EMPLOYER IDENTIFICATION NUMBER: ____ - ____ - ____ - ____ - ____

VENDOR IDENTIFICATION NUMBER: _____

CASINO HOTEL ALCOHOLIC BEVERAGE, CASINO SERVICE INDUSTRY ENTERPRISE LICENSE NUMBER: _____

8. Describe the primary use (e.g., restaurant) and hours of operation for each location within your facility where alcoholic beverages are dispensed, sold, consumed, and/or stored. Next to each, identify the type of CHAB authorization being resubmitted. (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 use, or do you plan to use, an off-premise storage facility for 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. 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 is displayed:

11. 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

12. Since the date of your last licensure, has the enterprise or any qualifier of the applicant:

(a) acquired any new license, permit, approval or registration in this or any other jurisdiction? If so, explain and include any license, permit, approval or registration number or identifier.

(b) been denied , suspended, revoked or withdrawn any license, permit, approval, or registration in this or any other jurisdiction? If so, explain and include any license, permit, approval or registration number or identifier.

(c) had a judgment, order, consent decree or consent order pertaining to a violation or an alleged violation of the federal laws or laws of any state, province, or country entered against it? If so, explain and include the date and any case file, docket number or judgment number.

13. Since the date of your last licensure, has a judgment, order, or consent order been entered against the enterprise with respect to a debt owed to the State of New Jersey? If yes, please provide the date and nature of debt, and any case file, docket number or judgment number.

14. Identify below all parties to the lease agreement executed between you, your business or enterprise and the casino where the licensed CHAB facility is located:

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15. Is there a management agreement, profit-sharing agreement, franchise agreement, or service agreement, related to the operation of the licensed CHAB facility?

Yes No

If YES, include as Exhibit 15 a copy of the agreement or a precise written description of any such unwritten agreement.

16. 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). Include as Exhibit 14 a current listing of your employees on the attached form).

17. Attach as Exhibit 17, a listing of all alcoholic beverage enterprises (wholesale distributors, suppliers, manufacturers, others), with which you have transacted business during the preceding five years. For each enterprise listed, include the business name, address, telephone number, and the name of the sales representative(s) with whom you dealt. Also include the dollar amount of business with each enterprise listed.

18. Have any alterations to the authorized CHAB location(s) been made during the preceding five years?

Yes No

If YES, attach as Exhibit 18, a complete description of those changes. (Include a 1/8" = 1" scale blueprint highlighting the alcoholic beverage outlets).

19. During the preceding five years, have any organizational structure changes been made?

Yes No

If YES, attach as Exhibit 19, a complete description of the changes, including names, addresses and telephone numbers of newly-acquired entities or persons associated with the CHAB license.

20. Please provide the expiration date of the current lease: _____

Have there been any changes in the lease agreement between you and the casino hotel where your business is located during the preceding five years?

Yes No

If YES, attach as Exhibit 20, the new agreement and a brief narrative setting forth all the changes from the previous agreement.

21. Do you have any other written or verbal agreement in effect between you, your business, and the casino hotel where your business is located? (Include such things as providing of meals, or other goods or services, either provided by you, your business, or by the casino licensee, its employees, agents or guests).

Yes No

If such other agreements are in effect, describe them fully and indicate the dollar amount paid or received pursuant to such agreements. Attach as Exhibit 21.

22. Provide the total amount of compensation paid to the casino where your business is located, during the preceding license term, pursuant to the lease agreement, and describe how the figure was calculated.

Total amount of compensation: \$ _____

Description of how the above figure was calculated:

23. Provide the total amount of alcoholic beverage sales for the period commencing on the effective date of your initial CHAB license, or the last five-year period therefrom, and ending within 30 days of the date of this application. Include the dates of the period covered.

Total amount of alcoholic beverage sales: \$ _____

Dates for the total amount of alcoholic beverage sales listed above:

_____ to _____

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)

