Division of
ALCOHOLIC
BEVERAGE
CONTROL

140 East Front Street, PO Box 087, Trenton, NJ 08625-0087

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

Applicants should complete the application in full. Where a question is not applicable, please enter the letter "N/A". Where additional pages are necessary, you may photocopy any part of this application. A complete application is required whenever any of the following is requested:

New License
Person-to-Person Transfer
Place-to-Place Transfer
Partnership changes (except Limited Partnerships)
Change of Corporate Structure (of more than 331/3% 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 or the Local Issuing Authority

If you are reporting a change in facts about your license, which does not involve one of the above transactions; complete Page 1 and any page[s] of the application on which information to be changed appears. You must also complete a Certification Page.

The original and two copies of the completed application, or pages reporting changes, should be submitted to the MUNICIPAL CLERK OR BOARD OF ALCOHOLIC BEVERAGE CONTROL SECRETARY of the Municipality which will act on the request. It is the responsibility of the applicant to provide the required copies of the license application. One copy of the application should be returned to the applicant by the Municipality. It should be maintained with other records and available for inspection on the licensed premises.

All fees are to accompany the application at the time of filing with the local issuing authority. A $200.00 filing fee, in the form of CERTIFIED CHECK or MONEY ORDER - payable to the Division of Alcoholic Beverage Control - should accompany all applications for New License, License Transfer or License Renewals. Local licensing fees are established by the Local Issuing Authority; consult the Municipal Clerk or ABC Board Secretary for information in this regard.
STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

[For DIVISION use only _____]

DATE APPLICATION FILLED: __________/________/________

CODE TYPE OF LICENSE (CHECK ONE)
CLASS C LICENSES [N.J.S.A. 33:1-12]

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>31</td>
<td>Club</td>
</tr>
<tr>
<td>32</td>
<td>Plenary Retail Consumption w/Broad Package Privilege</td>
</tr>
<tr>
<td>33</td>
<td>Plenary Retail Consumption</td>
</tr>
<tr>
<td>36</td>
<td>Plenary Retail Consumption (Hotel/Motel Exception)</td>
</tr>
<tr>
<td>37</td>
<td>Plenary Retail Consumption (Theatre Exception)</td>
</tr>
<tr>
<td>35</td>
<td>Seasonal Retail Consumption (November 15 through April 30)</td>
</tr>
<tr>
<td>34</td>
<td>Seasonal Retail Consumption (May 1 through Nov. 14)</td>
</tr>
<tr>
<td>44</td>
<td>Plenary Retail Distribution</td>
</tr>
<tr>
<td>43</td>
<td>Limited Retail Distribution</td>
</tr>
</tbody>
</table>

OTHER
14 Annual State Permit

This Area is Reserved for Municipal Use

Municipal Fee $___________

Effective Date ______/_____/_____
(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee $___________

Date Denied ______/_____/_____
(As Stated in Resolution)

Refund Amount $___________

Special Conditions Attached: ____ Yes _____ No

Type or Print Name (Last name, first, middle initial) of Municipal Clerk or ABC Secretary

Signature of Municipal Clerk or ABC Secretary
2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE NAME"):  
(Last Name, First, Middle Initial or Corporate Name)

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):
Street Address
Municipality
Number Street Name
Zip

Telephone number of business
(Area) (Exchange) (Number)

2.3 If no licensed premises exists or if mailing address is different than the "actual address" given above, provide the mailing address: (insert N/A if not applicable).
Street Address
P.O. Box #
Number Municipality Street Name
State
Zip
Telephone

2.4 New Jersey Sales Tax Certificate of Authority No.

2.5 TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE NJ SECRETARY OF STATE (If a corporation) OR COUNTY CLERK (If a partnership or sole proprietor): 


2.6 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS OTHER THAN APPLICANTS FOR A NEW LICENSE:

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?
   Yes No

B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING PLACE OF BUSINESS):
   ___ / ___ / ___

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?
   Yes No

2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE:

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?
   Yes No

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:
   ___ / ___ / ___
STATE ASSIGNED LICENSE NUMBER _______ - _______ - _______ - _______

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt, or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS answer question 3.1 only, entering N/A for "not applicable." (If you use N/A as a response to questions 3.1, question 2.2 on Page 2 should also be answered N/A).

3.1 HOW MANY SEPARATE BUILDING ARE TO BE INCLUDED UNDER THIS LICENSE? _______

If more than one building is to be included under this license, a separate page number three is to be submitted covering each building.

An up-to-date sketch of the entire licensed premises should be submitted for inclusion, in the State ABC license file.

3.2 BUILDING NO. _______ OF _______ TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ______ Yes ______ No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

3.4 Basement ______ Yes ______ No

1st floor ______ Yes ______ No

2nd floor ______ Yes ______ No

3rd floor ______ Yes ______ No

All of it ______ Yes ______ No

All of it ______ Yes ______ No

All of it ______ Yes ______ No

Specify each additional floor number to be included under this license: _______

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES?

_______ Yes ______ No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?

_______ Yes ______ No

IF ANSWER IS "YES" ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

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 THE BUILDING?

_______ Yes ______ No

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

________________________________________

_Last Name, First Name, Middle Initial or Corporate Name_

Street Address __________________________________________

P.O. Box # _________ Number _________ Municipality _________ Street Name _________ State _________

Zip _________ - _________

3.9 LANDLORD (HOLDER OF LEASE):

________________________________________

_Last Name, First Name, Middle Initial or Corporate Name_

Street Address __________________________________________

P.O. Box # _________ Number _________ Municipality _________ Street Name _________ State _________

Zip _________ - _________
STATE ASSIGNED 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 WAIVER SIGNED BY THE APPROPRIATE OFFICIAL ATTACHED TO THIS APPLICATION? _____Yes _____No

4.2 DOES THE APPLICANT INTEND TO USE ANY VEHICLE FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES? _____Yes _____No (TRANSIT INSIGNIA IS NECESSARY BEFORE BEVERAGES MAY BE TRANSPORTED.)

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (ATF F 5530.5) WITH THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS? _____Yes _____No

IF "YES", DATE FILED __/___/___

4.4 WILL ANY BUSINESS OTHER THAN THE SALE OF ALCOHOLIC BEVERAGES BE CONDUCTED ON THE PREMISES TO BE LICENSED? _____Yes _____No

IF THE ANSWER IS "YES", INDICATE THE NATURE OF THE BUSINESS AND WHO WILL CONDUCT IT BY RESPONDING TO THE FOLLOWING QUESTIONS:

_____ Restaurant _____ Catering _____ Hotel/Motel _____ Amusements _____ NJ Lottery _____ Grocery of Delicatessen _____ Other (specify)

_____ Applicant _____ Applicant _____ Applicant _____ Applicant _____ Applicant _____ Applicant

_____ Other _____ Other _____ Other _____ Other _____ 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 __________________________________________

(First Name, Middle Name, Last Name, or Corporate Name)

Street Address __________________________________________

Number Street Name ______________________________

Municipality ______________________________ State ______________________________

Zip _______ - _______ NJ Sales Tax Certificate of Authority No. ______________________________
ALL APPLICANTS ANSWER THE FOLLOWING

5.1 IS THE APPLICATION OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR 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   Middle Initial

Title of position held ___________________________________________________________________

Name of Employing Agency __________________________________________________________________

5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? ______ Yes ______ No

IF THE ANSWER IS 'YES', COMPLETE THE FOLLOWING:

Name of individual ____________________________________________

Last Name   First   Middle Initial

Title of office ___________________________________________________________________

Municipality ____________________________________________

5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLER, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER, OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE, OR OTHERWISE?

Yes [ ] No [ ]

IF THE ANSWER IS "YES" ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING:

A. New Jersey license number, if applicable ________________________________

B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

Name of entity conducting business (Corporation, Partnership or Individual)

(Last Name, First Name, or Corporate Name)

Street Address ____________________________________________

Number    Street Name _________________________________________

P.O. Box # ____________ Municipality ___________________________ State __________________________

Zip _______ - ______________________________________________

Type of Business ____________________________________________
PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER

ALL APPLICANTS ANSWER THE FOLLOWING

6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY?
   Yes ____ No ____
   IF THE ANSWER TO THIS QUESTION IS "YES", ANSWER THE FOLLOWING:
   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: ________________________________

6.2 HAS ANY CORPORATION, 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:
   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 APPLI-
   CATION, 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 for each action):
   Name of Individual: ___________________________
   DATE OF ACTION ____ / ____ / ____
   DOCKET NO. __________________________
   PENALTY WAS IMPOSED BY: __________________________
   PENALTY CONSISTED OF: __________________________
   FINE $ __________________________
   SUSPENDED (no. of days) __________________________
   NOT RENEWED __________________________
   REVOKED __________________________
   CANCELLED __________________________
   OTHER (explain) __________________________

6.4 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: __________________________
   Date of Birth ____ / ____ / ____
   Last Name: __________________________
   Conviction Date ____ / ____ / ____
   First: __________________________
   Court of Jurisdiction: __________________________
   Middle Initial: __________________________
   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 NJ Division of Alcoholic Beverage Control issued an order approving or disapproving
   disqualification removal: ____ / ____ / ____ (No license may be issued without an order from the Director, Division of Alcoholic
   Provide Agency Docket No.: __________________________
STATE ASSIGNED 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?

_____Yes _____No

IF THE ANSWER IS "YES", COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S), AND THE NAMES(S) OF THE PERSON(S) OR CORPORATIONS(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License number

Name

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

Relationship to applicant

B. License number

Name

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

Relationship to applicant

C. License number

Name

(Last Name, First, 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, CRIMINAL CONVICTION, OR PROHIBITED INTERESTS IN OTHER LICENSES?

_____Yes _____No

IF THE ANSWER IS "YES", ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION, THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

Name

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

Social Security number

or

NJ Sales Tax Certificate of Authority No.

Date of Birth _____/_____/____
STATE ASSIGNED LICENSE NUMBER

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 N.J.S.A. 33:1-12.207?

____ Yes _____ No

8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (N.J.S.A. 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 FOLLOWING 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

Municipality ____________________________ Number Street Name New Jersey

Zip ____________________________

THE FOLLOWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.

8.7 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 _____ / _____ / _____

Date of second notice _____ / _____ / _____

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE

8.9 THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN 1 PERCENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED).

Date of notice _____ / _____ / _____

Name of newspaper publishing notice ____________________________

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

8.10 HAS THE CLUB BEEN IN ACTIVE OPERATION IN THE STATE OF NEW JERSEY FOR AT LEAST THREE YEARS CONTINUOUSLY IMMEDIATELY PRIOR TO THE SUBMISSION OF ITS APPLICATION FOR LICENSE?

____ Yes _____ No

8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCHISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?

____ Yes _____ No

8.12 HAS THE CLUB HAD EXCLUSIVE POSSESSION AND USE OF CLUB QUARTERS FOR THREE CONTINUOUS YEARS?

____ Yes _____ No

8.13 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?

____ Yes _____ No
PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER

ALL APPLICANTS ANSWER THE FOLLOWING

9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION, OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY 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

Social Security number _______ or
NJ Sales Tax Certificate of Authority No. ______________
Street Address

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 OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

Social Security number _______ or
NJ Sales Tax Certificate of Authority No. ______________
Street Address

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 AGREE 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 OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

Social Security number _______ or
NJ Sales Tax Certificate of Authority No. ______________
Street Address

P.O. Box # _______ Municipality _______ State _______
Zip _______ ______________

Describe Nature of Interest

APPLICANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10A. CORPORATIONS COMPLETE PAGE 10.
STATE ASSIGNED LICENSE NUMBER ___________ - _________ - _________ - _________

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY. ANY CORPORATION THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE L ISENSEE COMPANY, THE PARENT CORPORATION OR THE LICENSED COMPANY, HOLDING COMPANY, OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN MUST ANSWER THE FOLLOWING USING SEPARATE PAGE 10 AND 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND 10A FOR EACH CORPORATION.

10.1 Name or corporation _______________________________________________________

10.2 Street address of home office

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Zip</th>
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</table>

State ________________________  Zip ____________ - ____________

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.

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>Number</td>
</tr>
<tr>
<td>Municipality</td>
</tr>
<tr>
<td>New Jersey</td>
</tr>
</tbody>
</table>

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 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 OF U.S. DISTRICT COURT, MAY BE MAID:

Name ____________________________________________ (Last Name, First Name, Middle Initial or Corporate Name)

<table>
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<td>Number</td>
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<tr>
<td>Municipality</td>
</tr>
<tr>
<td>New Jersey</td>
</tr>
</tbody>
</table>

Telephone Number (_______) _______ Area Exchange _______ Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR 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 ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).
PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER ____________

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

LIMITED PARTNERSHIP: 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.

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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
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<th>Number</th>
<th>Street Name</th>
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P.O. Box # ___________ Municipality ___________ State ______________________________

Zip ___________

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 ____________

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):

<table>
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<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle Initial</th>
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STATE ASSIGNED LICENSE NUMBER ________________________________

LICENSE PERIOD APPLIED FOR FROM ___________________ TO ___________________

DATE:

State of ____________________________ )
County of ___________________________ )

SS:

As provided by law (N.J.S.A. 33:1-35),

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. ___________________________ of ___________________________

(Chairman/President/Principal)

(Firm or Corporation)

Affidavit(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 signor 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 Applicant / sole proprietor)

(Corporations Only)

Attestation by Corporate Secretary

______________________________

(Partnership Name)

______________________________

(Signature of Partner)

______________________________

(Signature of Partner)

______________________________

(Signature of Partner)

______________________________

(Signature of Partner)

Attest:

______________________________

Corporate Name

______________________________

By ___________________________

(Signature of Corporate President or Vice President)

______________________________

(Signature of Corporate President or Vice President)

______________________________

(Signature of Corporate President or Vice President)

______________________________

(Signature of Corporate President or Vice President)

Affix Corporate Seal

Sworn to and subscribed before me

this __________ day of __________ 2_____.

______________________________

(Signature of Officer Administering Oath)

______________________________

(Printed Name of Officer Administering Oath)

______________________________

(Title of Officer Administering Oath)

______________________________

(Date of Expiration of Commission, if applicable)