APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE 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;
Person-to-Person Transfer;
Place-to-Place Transfer (including expansion of premises);
Partnership changes (except Limited Partnerships);
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) OR

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 (Page 11).

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 be 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 a CERTIFIED CHECK or MONEY ORDER made payable to the Division of Alcoholic Beverage Control should accompany all applications for New Licenses, License Transfers 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.

New Jersey Department of Law & Public Safety
**STATE OF NEW JERSEY**  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL  

**RETAIL LIQUOR LICENSE APPLICATION**

For DIVISION use only:

<table>
<thead>
<tr>
<th>STATE ASSIGNED LICENSE NUMBER</th>
<th>DATE APPLICATION FILED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ - _____ - _____ - _____</td>
<td>_____ / _____ / _____</td>
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</table>

**CODE**  
**TYPE OF LICENSE (CHECK ONE)**  

**CLASS C LICENSES [R.S. 33:1-12]**

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

**OTHER**

<table>
<thead>
<tr>
<th>CODE</th>
<th>TYPE OF LICENSE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Annual State Permit (R.S. 33:1-42, NJAC 13:2-52)</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Special Permit for a Golf Facility (NJAC 13:2-5.3)</td>
<td></td>
</tr>
</tbody>
</table>

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 Name, Middle Initial) of Municipal Clerk or ABC Secretary

Signature of Municipal Clerk or ABC Secretary
PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER ______ - ______ - ______ - ______

Application is made on behalf of: ________

1 = An Individual 2 = Business Corporation 3 = A Partnership 4 = Unincorporated Club 5 = Incorporated Club
6 = Limited Partnership 7 = Limited Liability Company

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):
License may be held by Individual, Corporation, Limited Liability Company or Partnership.

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

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES MUST BE A NEW JERSEY LOCATION):
Street Address_________ Number _______ Street Name_________
Municipality_________ Zip _______ - _______
Telephone Number of Business E-Mail Address____________________
Area Exchange Number

2.3 IF NO LICENSED PREMISES EXISTS OR IF MAILING ADDRESS IS DIFFERENT THAT THE "ACTUAL ADDRESS"
GIVEN ABOVE, PROVIDE THE MAILING ADDRESS (insert N/A if not applicable):
Street Address_________ Number _______ Street Name_________
P.O. Box #_________ Municipality_________ State_________
Zip _______ - _______ Telephone (____) _______ - _______ E-Mail Address____________________

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 N.J. SECRETARY OF STATE [if a corporation or limited liability company] OR WITH THE
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 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 question 3.1, question 2.2 on Page 2 should also be answered N/A.]

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

If more than one building is to be included under this license, a separate Page 3 covering each building is to be submitted. 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:

- Basement ______ Yes ______ No
- 1st floor ______ Yes ______ No
- 2nd floor ______ Yes ______ No
- 3rd floor ______ 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 areas 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

If the answer to question 3.5 is "Yes," include a sketch showing the exact grounds and their location next to the licensed premises. Designate the footage of the perimeter of the adjacent grounds.

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

_______ Yes _______ No

If the answer is "Yes," attached a sketch of the licensed and licensed 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

If there is a mortgage on the property, answer question 3.8. If the licensed premise is leased, answer question 3.9.

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

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

Street Address __________________ Number __________________ Street Name __________________
P.O. Box # __________ Municipality __________________ State __________________
Zip __________ - __________

3.9 LANDLORD (HOLDER OF LEASE):

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

Street Address __________________ Number __________________ Street Name __________________
P.O. Box # __________ Municipality __________________ 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 VEHICLES FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES? _____ Yes _____ No (A TRANSIT INSIGNIA IS NECESSARY BEFORE ALCOHOLIC BEVERAGES MAY BE TRANSPORTED.)

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB F 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?

_____ 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 ____ Applicant ____ Other

_____ Catering ____ Applicant ____ Other

_____ Hotel/Motel ____ Applicant ____ Other

_____ Amusements ____ Applicant ____ Other

_____ N.J. Lottery ____ Applicant ____ Other

_____ Grocery or Delicatessen ____ Applicant ____ Other

_____ Other (specify) ____ Applicant ____ 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 ____________________________________________ (Last Name, First Name or Corporate Name)

Street Address ___________________________ Number ___________________________ Street Name ___________________________

Municipality ___________________________ State ___________________________

Zip __________ - __________ NJ Sales Tax Certificate of Authority No. ____________________________
STATE ASSIGNED LICENSE NUMBER ______-_______-_______-_______

5.1 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 _________________________________________

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 Name 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, DISTILLERY, RECTIFYING AND BLENDING PLANT, IMPORTING 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, LLC, Partnership or Individual)

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

Street Address ______________

Number Street Name

P.O. Box # ________________ Municipality __________________________ State __________

Zip __________ - __________

Type of Business __________________________
6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY?  __ Yes  ___ No

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

<table>
<thead>
<tr>
<th>Type of License or Permit Denied:</th>
<th>Retail</th>
<th>Wholesale</th>
<th>Transportation</th>
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<tr>
<th>Unit of Government which denied License or Permit:</th>
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<tr>
<th>Date of Denial (approximate if not known)</th>
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Reason for Denial: _____________________________________

6.2 HAS ANY CORPORATION, LLC, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT IN NEW JERSEY?  ___ Yes  ___ No

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

Name of Entity  _____________________________________

<table>
<thead>
<tr>
<th>Type of License or Permit Denied:</th>
<th>Retail</th>
<th>Wholesale</th>
<th>Transportation</th>
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<tr>
<th>Unit of Government which denied License or Permit:</th>
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<tr>
<th>Date of Denial (approximate if not known)</th>
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</table>

Reason for Denial: _____________________________________

6.3 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 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 [Submit an additional Page 6 for each action]:

Name of Individual  _____________________________________

<table>
<thead>
<tr>
<th>DATE OF ACTION</th>
<th>AGENCY DOCKET NO.</th>
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</table>

PENALTY WAS IMPOSED BY: ____________________________

PENALTY CONSISTED OF:

<table>
<thead>
<tr>
<th>FINED</th>
<th>$ [amount]</th>
<th>NOT RENEWED</th>
</tr>
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<tr>
<th>SUSPENDED</th>
<th>[number of days]</th>
<th>REVOKED</th>
<th>CANCELLED</th>
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<th>OTHER [explain]</th>
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</table>

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:

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>(Last Name, First Name, Middle Initial or Corporate Name)</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Conviction Date</th>
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<tbody>
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<table>
<thead>
<tr>
<th>State Court of Jurisdiction</th>
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<td></td>
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<table>
<thead>
<tr>
<th>Description of Offense (specific charge)</th>
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<tr>
<th>Disposition (fine, penalty, etc.)</th>
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</table>

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.)

Provide Agency Docket No.: [NN]-
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 NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License Number _______ - _______ - _______ - _______

Name ___________________________________________

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

Relationship to Applicant __________________________________

B. License Number _______ - _______ - _______ - _______

Name ___________________________________________

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

Relationship to Applicant __________________________________

C. License Number _______ - _______ - _______ - _______

Name ___________________________________________

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

Relationship to Applicant __________________________________

7.2 IF THE ANSWER IS “YES,” ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION. IF AN INDIVIDUAL, INSERT THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH. IF A CORPORATION, INSERT THE NJ SALES TAX CERTIFICATE OF AUTHORITY NUMBER. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

_____ Yes _____ No

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

Name ___________________________________________

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

Social Security Number _______ - _______ - _______ OR

NJ Sales Tax Certificate of Authority No. ___________________________________________

Date of Birth _______ / _______ / _______
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 R.S. 33:1-12.20?

____ Yes ____ No

IF THE ANSWER IS "YES," IS IT FOR A HOTEL/MOTEL FACILITY OF 50 OR 100 ROOMS?

CHECK ONE: _____ 50 ROOMS _____ 100 ROOMS

8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (R.S. 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), CORPORATION, LLC OR PARTNERSHIP 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 ______ / ______ / ______

NAME OF NEWSPAPER TO PUBLISH NOTICE __________________________

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

Date of notice ______ / ______ / ______

NAME OF NEWSPAPER TO PUBLISH NOTICE __________________________

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

8.9 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 A LICENSE?

____ Yes ____ No

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

____ Yes ____ No

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

____ Yes ____ No

8.12 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?

____ Yes ____ No
9.1 DOES ANY INDIVIDUAL, CORPORATION, LLC, PARTNERSHIP OR ASSOCIATION OTHER THAN THE APPLICANT HAVE ANY 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), Corporation, LLC or Partnership

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

Social Security Number ________ - ________ - ________ OR

NJ Sales Tax Certificate of Authority Number ____________________________

Street Address

P.O. Box # ________ Municipality ____________________________ State ________

Zip ________ - ________

Describe Nature of Interest ____________________________

9.2 DOES ANY INDIVIDUAL, CORPORATION, LLC, PARTNERSHIP OR ASSOCIATION OTHER THAN THE APPLICANT 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 TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First), Corporation, LLC or Partnership

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

Social Security Number ________ - ________ - ________ OR

NJ Sales Tax Certificate of Authority Number ____________________________

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 AGREED 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, CORPORATION, LLC OR PARTNERSHIP TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First), Corporation, LLC or Partnership

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

Social Security Number ________ - ________ - ________ OR

NJ Sales Tax Certificate of Authority Number ____________________________

Street Address

P.O. Box # ________ Municipality ____________________________ State ________

Zip ________ - ________

Describe Nature of Interest ____________________________

APPLICANTS THAT ARE SOLE PROPRIETORS GO TO PAGE 10A. CORPORATIONS, LLCs AND PARTNERSHIPS COMPLETE PAGES 10 AND 10A
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 LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION, LLC OR PARTNERSHIP. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH.

10.1 Name of Corporation/LLC/Partnership _________________________

10.2 Street address Number Street Name

Municipality _________________________

State ________________ Zip __________ - __________ E-Mail Address __________________________

10.3 NJ Sales Tax Certificate of Authority Number ____________________________

10.4 IF CORPORATION/LLC/PARTNERSHIP 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.

Street Address Number Street Name

Municipality _________________________ New Jersey

Zip __________ - __________

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

10.6 DATE CHARTERED OR INCORPORATED _______ / _______ / _______ STATE _________________________

10.7 CERTIFICATE OF INCORPORATION NUMBER ____________________________

10.8 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

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 THE 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.

Name _________________________

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

Street Address Number Street Name

Municipality _________________________ New Jersey

Zip __________ - __________ Telephone Number ( _______ ) _______ - _______

10.11 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 OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).
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 10. Information on this page, 10A, will identify all members, officers, directors and stockholders holding one percent or more of the shares of the respective corporation or LLC. The first corporation or LLC listed should be the corporation or LLC to be licensed. Club licenses must list names of officers and directors and attach a current membership list.

NAME OF CORPORATION, LLC, PARTNERSHIP OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION, LLC, PARTNERSHIP OR CLUB):

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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</table>

Home Street Address

P.O. Box #

Zip

Social Security Number

Date of Birth

Home telephone number

Office telephone number

% of business owned or controlled

Check position that applies:

Sole owner

Partner

Stockholder

President

Vice-President

Secretary

Treasurer

Director

Trustee

Manager

Agent

Executor/Administrator

Beneficiary

Other (specify)

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

<table>
<thead>
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Home Street Address

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Zip

Social Security Number

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Home telephone number

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% of business owned or controlled

Check position that applies:

Sole owner

Partner

Stockholder

President

Vice-President

Secretary

Treasurer

Director

Trustee

Manager

Agent

Executor/Administrator

Beneficiary

Other (specify)
STATE ASSIGNED LICENSE NUMBER __________ - ________ - ________ - ________ AFFIDAVIT

LICENS 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 ____________________________ (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 the fact, and that the contents of this application are true.

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)
Attestation by Corporate Secretary

Attest: Corporate Name (Signature of Partner)

By (Signature of Corporate President or Vice President) (Signature of Partner)

Affix Corporate Seal

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)