

BOROUGH OF ROSELLE
ENTERTAINMENT LICENSE APPLICATION
FOR A LICENSE FOR AN OWNER, OPERATOR, MANAGER, OR ENTERTAINER FOR A PUBLIC
PLACE OF ENTERTAINMENT

Filing Requirements:

- A non-refundable licensing fee of \$300 by check, made payable to the Borough of Roselle is to be submitted along with this application to the Borough Clerk.
- Applicant shall present photo identification with this application.
- At the time of the application, a picture shall be taken of the applicant by the Roselle Police Department.
- If the identify of any person changes, notice shall be provided in writing to the Borough Clerk forthwith.
- The Borough Clerk, upon presentation of the application and before acting upon the same, shall refer the application to the Police Department which shall make a full investigation as to the truth of the statements contained therein.
- The application shall be approved or denied within ten (10) business days after submission of all required information and payment of the required fees.

<u>For Office Use Only</u>
Date Complete Application Received: _____
Appropriate Fees Received: \$300 Yes__ No __
Referred to Police Department: (date) _____
Report from Police Department: _____
Applicant Agrees to Extension of Time: ____
If Incomplete, Notice Sent: _____
Action Taken: ____ Issued ____ Renewed ____ Denied
If Denied, Applicant Notified: _____
Receipt #: _____
Check #: _____

PLEASE PRINT

APPLICANT NAME: _____

APPLICANT TYPE (Check one)

INDIVIDUAL () PARTNERSHIP () CORPORATION () OTHER ()*

***IF APPLICANT TYPE IS "OTHER", PROVIDE A FULL EXPLANATION AND DESCRIPTION THEREOF:**

ADDRESS: _____

(If applicant is an individual, use applicant's residential address)

TOWN: _____

STATE/ZIP CODE: _____

TELEPHONE NUMBER(S): _____

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IF APPLICANT IS A PARTNERSHIP, PROVIDE THE FULL NAMES, RESIDENCE ADDRESSES, DATES AND PLACES OF BIRTH FOR EACH PARTNER:

***If additional space is needed, please attach pages to this application**

IF APPLICANT IS A CORPORATION, PROVIDE THE FULL NAMES, RESIDENCE ADDRESSES, DATES AND PLACES OF BIRTH OF EACH MAJOR OFFICER AND EACH STOCKHOLDER (OWNING OR HAVING LEGAL OR EQUITABLE INTEREST OF 10% OR MORE), THE NAME AND ADDRESS OF THE REGISTERED AGENT:

***If additional space is needed, please attach pages to this application**

IF APPLICANT IS AN "OTHER" ENTITY, PROVIDE THE FULL NAMES, RESIDENCE ADDRESSES, DATES AND PLACES OF BIRTH OF EACH PERSON OWNING OR HAVING LEGAL OR EQUITABLE INTEREST OF 10% OR MORE OF THE TOTAL CAPITAL OF SAID ENTITY, THE NAME AND ADDRESS OF THE REGISTERED AGENT:

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NAME AND ADDRESS OF EMPLOYER (IF APPLICABLE):

***If applicable, provide credentials establishing the employer-employee relationship**

IS THE APPLICANT OR THE EMPLOYER OF THE APPLICANT, OR ANY PARTNERS, OFFICERS OR STOCKHOLDERS THEREROF EVER BEEN ARRESTED OR CONVICTED OF A CRIME, OR THE VIOLATION OF ANY MUNICIPAL ORDINANCE OTHER THAN TRAFFIC OFFENSES? _____

IF THE ANSWER TO THE ABOVE QUESTION YES, NAME THE PERSON ARRESTED, CONVICTED, OR FOUND IN VIOLATION AND PROVIDE THE DATE OF ARREST, CONVICTION OR VIOLATION, THE CRIME, CHARGE OR VIOLATION INVOLVED AND THE DISPOSITION THEREOF:

NUMBER OF PLENARY RETAIL CONSUMPTION LICENSES HELD BY APPLICANT: _____

DESCRIBE, WITH SPECIFICITY, THE NATURE AND TYPE OF ENTERTAINMENT TO BE PROVIDED ON THE LICENSED PREMISES:

PROVIDE APPROPRIATE EVIDENCE OF THE GOOD CHARACTER AND BUSINESS RESPONSIBILITY OF THE APPLICANT SO AN INVESTIGATOR MAY PROPERLY EVALUATE APPLICANT'S CHARACTER AND RESPONSIBILITY:

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I _____ do swear or affirm under oath that the statements contained in this application are true and correct. This statement is executed with the knowledge that false statements, untrue statements, misrepresentations or failure to reveal Information Requested may be deemed sufficient cause for the refusal to issue said license or revocation of a license issued hereunder.

SIGNATURE

DATE

PRINT NAME