

Division of

# **ALCOHOLIC BEVERAGE CONTROL**

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140 East Front Street, P.O. Box 087, Trenton, New Jersey 08625-0087

## **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, 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 (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 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 – 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.

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TR#: \_\_\_\_\_

FEE: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

Action ID Code  
[ ] [ ] [ ] [ ]  
A W D U

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

DATE APPLICATION FILED:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

[For DIVISION use only \_\_\_\_\_]

CODE TYPE OF LICENSE (CHECK ONE)

THIS APPLICATION IS FOR:

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

- 31 \_\_\_\_\_ Club
- 32 \_\_\_\_\_ Plenary Retail Consumption  
w/Broad Package Privilege
- 33 \_\_\_\_\_ Plenary Retail Consumption
- 36 \_\_\_\_\_ Plenary Retail Consumption  
(Hotel/Motel Exception)
- 37 \_\_\_\_\_ Plenary Retail Consumption  
(Theatre Exception)
- 35 \_\_\_\_\_ Seasonal Retail Consumption  
(November 15 through April 30)
- 34 \_\_\_\_\_ Seasonal Retail Consumption  
(May 1 through November 14)
- 44 \_\_\_\_\_ Plenary Retail Distribution
- 43 \_\_\_\_\_ Limited Retail Distribution

- \_\_\_\_\_ A New License
- \_\_\_\_\_ Person-to-Person Transfer  
(Including Partnership change,  
except Limited Partnership)
- \_\_\_\_\_ Place-to-Place Transfer  
(Including expansion of premises)
- \_\_\_\_\_ Change of Corporate Structure
- \_\_\_\_\_ Extension of License (to Executor,  
Receiver, Administrator, etc.)
- \_\_\_\_\_ Renewal of License
- \_\_\_\_\_ Amendment of Application on File
- \_\_\_\_\_ Other \_\_\_\_\_

OTHER

- 14 \_\_\_\_\_ Annual State Permit  
(R.S. 33:1-42, NJAC 13:2-52)
- 40 \_\_\_\_\_ Special Permit for a Golf Facility  
(NJAC 13:2-5.3)

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





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. \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ALL APPLICANTS ANSWER THE FOLLOWING

5.1 IS THE APPLICANT 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 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, 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, Middle Initial 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:

Name of Entity \_\_\_\_\_

Last Name First Name Middle Initial

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 APPLICATION, 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 6 for each action]:

Name of Individual \_\_\_\_\_

Last Name First Name Middle Initial

DATE OF ACTION \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DOCKET NO. \_\_\_\_\_

PENALTY WAS IMPOSED BY \_\_\_\_\_  
[Indicate whether by Division of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

\_\_\_\_ FINED \$ \_\_\_\_\_ NOT RENEWED  
[amount]  
\_\_\_\_ SUSPENDED \_\_\_\_\_ REVOKED \_\_\_\_ CANCELLED  
(number of days)  
\_\_\_\_ 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 \_\_\_\_\_

Last Name First Name Middle Initial

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Conviction Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

State \_\_\_\_\_ Court of Jurisdiction \_\_\_\_\_

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 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 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 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_





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 \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

NJ Sales Tax Certificate of Authority Number \_\_\_\_\_

Street Address \_\_\_\_\_

Number Street Name  
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 TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

NJ Sales Tax Certificate of Authority Number \_\_\_\_\_

Street Address \_\_\_\_\_

Number Street Name  
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 OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

NJ Sales Tax Certificate of Authority Number \_\_\_\_\_

Street Address \_\_\_\_\_

Number Street Name  
P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ - \_\_\_\_\_

Describe Nature of Interest \_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY 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. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation \_\_\_\_\_

10.2 Street address of home office \_\_\_\_\_  
Number Street Name

Municipality \_\_\_\_\_

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.

Street Address \_\_\_\_\_  
Number Street Name

Municipality \_\_\_\_\_ New Jersey

Zip \_\_\_\_\_

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 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 Corporation)

Street Address \_\_\_\_\_  
Number Street Name

Municipality \_\_\_\_\_ New Jersey

Zip \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS 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)

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

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: 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.

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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:

Last Name		First Name	Middle Initial
Home Street Address		Street Name	
	Number		
P.O. Box #	Municipality		State
Zip			
Social Security Number		Date of Birth	/ /
Home telephone number	( )	Exchange	Number
	Area		
Office telephone number	( )	Exchange	Number
	Area		
% of business owned or controlled		Number of shares	
Check position that applies:	<input type="checkbox"/> Sole owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Stockholder
	<input type="checkbox"/> President	<input type="checkbox"/> Vice-President	<input type="checkbox"/> Secretary
	<input type="checkbox"/> Trustee	<input type="checkbox"/> Manager	<input type="checkbox"/> Agent
	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Treasurer
			<input type="checkbox"/> Director
			<input type="checkbox"/> Executor/Administrator
			<input type="checkbox"/> Receiver

Name of individual (last name first), stockholder, partner, officer or director:

Last Name		First Name	Middle Initial
Home Street Address		Street Name	
	Number		
P.O. Box #	Municipality		State
Zip			
Social Security Number		Date of Birth	/ /
Home telephone number	( )	Exchange	Number
	Area		
Office telephone number	( )	Exchange	Number
	Area		
% of business owned or controlled		Number of shares	
Check position that applies:	<input type="checkbox"/> Sole owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Stockholder
	<input type="checkbox"/> President	<input type="checkbox"/> Vice-President	<input type="checkbox"/> Secretary
	<input type="checkbox"/> Trustee	<input type="checkbox"/> Manager	<input type="checkbox"/> Agent
	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Treasurer
			<input type="checkbox"/> Director
			<input type="checkbox"/> Executor/Administrator
			<input type="checkbox"/> Receiver

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

AFFIDAVIT

LICENSE 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 \_\_\_\_\_  
(President/Vice-President) (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

\_\_\_\_\_  
(Partnership Name)

\_\_\_\_\_  
(Signature of Partner)

Attest: \_\_\_\_\_  
Corporate Name

\_\_\_\_\_  
(Signature of Partner)

Secretary \_\_\_\_\_  
Signature By \_\_\_\_\_  
(Signature of Corporate President or Vice President)

\_\_\_\_\_  
(Signature of Partner)

Affix Corporate Seal \_\_\_\_\_  
(Signature of Partner)

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)