

Lumberton Township  
Burlington, New Jersey

**Bid Package for sale of  
Plenary Retail Consumption License**

Due: April 30, 2019 at 3:00 p.m.

**NOTICE TO BIDDERS**  
**INVITATION TO BIDDERS**  
**TOWNSHIP OF LUMBERTON**  
**PLENARY RETAIL CONSUMPTION LICENSE**

TAKE NOTICE that the Township of Lumberton is accepting sealed bids on **Tuesday, the April 30, 2019 at 3:00 p.m.** in the Township Clerk's Office, 35 Municipal Drive Lumberton, NJ 08048 for the issuance of a Plenary Retail Consumption License.

**CONDITIONS OF THE SALE**

1. Bidders shall file a completed application form with the Township Clerk with the requisite filing fees for the Division of Alcoholic Beverage Control by certified check or money order, in the amount of Two-Hundred Dollars (\$200.00) made payable to the Alcoholic Beverage Control Commission, no later than 3:00 p.m. on April 30, 2019.
2. All bidders must be qualified to hold an interest in a retail alcoholic license pursuant to the standards set forth in the Alcoholic Beverage Control Act, the Rules and Regulations promulgated thereunder, and any applicable municipal ordinances.
3. Bidders must submit, with the application, proof of qualification as follows:
  - a. A separate sealed self-addressed envelope with the prospective bidders bid and bid deposit fee. Such sealed envelope containing the bid and bid deposit fee must have on its face the words and only the words: "Bid for Plenary Retail Consumption License by (name of bidder)."
  - b. Separate Certification of proof of compliance by the applicant that it meets any and all special conditions or requirements contained in this notice.
  - c. Proof of financial ability to undertake the purchase of the license including the recital of the method by which the balance of the bid shall be obtained and provided to the Township of Lumberton within twenty (20) days after the award.
  - d. Information regarding type, size, location and special features of the contemplated project/premises at which the bidder intends to locate the license to be awarded.

- e. Records of past ABC violations, if any, involving the prospective bidder or bidders' principles (i.e. owner of more than a 10% equity or debt interest).
4. The minimum acceptable bid will be Two Hundred Fifty Thousand Dollars (\$250,000.00).
5. All bids must be submitted with a certified check in the amount of ten percent (10%) of the bid in a separately sealed envelope with bidder's name clearly noted thereon, and shall be included with the application package.
6. The bidder must clearly identified the premises it will utilize if the bidder is successful.
7. The premises to be utilized by the successful bidder must conform to the Lumberton Township Zoning Ordinance or receive an appropriate approval pursuant to the New Jersey Municipal Land Use Law, NJSA 40:55D-1 et seq.
8. On Tuesday, May 7, 2019 at 10:00 a.m., the Township Clerk will open bids from qualified bidders. The Township will not open bids from or on behalf of any prospective bidder who does not qualify.
9. The Clerk will open the monetary bids for each qualified bidder on Tuesday, May 14, 2019 at 10:00 a.m.
10. Prospective conditional award is slated for Thursday, May 16, 2019 at the regular meeting of the Township Committee. The bidder's award will be made final following completion of the background check and payment of all costs and fees.
11. The actual award of the license/sale may be postponed or cancelled at any time prior to the opening of the bids.
12. The Township reserves the right to reject all bids where the highest bidder is not accepted or in the event of default by the highest bidder.

**Debra Shaw-Blemings, RMC**  
**Municipal Clerk**

Publication dates: March 21, 2019 and March 28, 2019

### **Liquor License Process and Timeline**

1. **MARCH 14, 2019** – Township Committee adopts Resolution Authorizing Sale
2. **MARCH 21, 2019 & MARCH 28, 2019** – Newspaper advertisement
3. **TUESDAY, APRIL 30, 2019, 3:00 p.m.** – Bid Package Due at Municipal Clerks Office.
4. **TUESDAY, MAY 7, 2019** –Clerk Announces Qualified Bidders
5. **TUESDAY, MAY 14, 2019** - Opening of the bids prices
6. **THURSDAY, MAY 16, 2019** - Resolution awarding the bid subject to background check (or rejecting all bids)
7. **MAY 17, 2019** - Background check process begins.
8. **August 2019** – (approximate) – License issued.

**TOWNSHIP OF LUMBERTON**

**RESOLUTION NO. 2019-072**

**RESOLUTION AUTHORIZING PUBLIC SALE OF  
ONE PLENARY RETAIL CONSUMPTION LICENSE**

**WHEREAS**, Chapter 94-3 of the Lumberton Township Code permits the Township to sell as many plenary retail consumption licenses as are permitted by law; and

**WHEREAS**, the Township currently has three (3) licenses issued and in use within the Township; and

**WHEREAS**, N.J.S.A. 33:1-12.14 permits one retail consumption license for every 3,000 residents of the municipality; and

**WHEREAS**, the Township's population as of the 2010 census was 12,559 allowing the issuance of one additional plenary retail consumption license; and

**WHEREAS**, the Township Committee of the Township of Lumberton has determined that it is in the best interest of the Township of Lumberton to conduct a public sale of one Plenary Retail Distribution License to the highest qualified bidder; and

**WHEREAS**, N.J.S. 33:1-19 et seq., permits the governing body to prescribe qualifications for prospective bidders; to fix a minimum bid; and to set conditions of the sale;

**NOW, THEREFORE, BE IT RESOLVED** by the Township Committee of the Township of Lumberton, County of Burlington, and State of New Jersey, as follows:

1. In order to qualify for the right to submit a bid on the above license, a prospective bidder must submit to the Township Clerk no later than 3:00 p.m. on Tuesday, April 30, 2019:
  - a. Proof of qualification of the bidder.

- b. Proof of financial ability to undertake the purchase of the license and the contemplated project/premises.
    - (1) The prospective licensee must provide proof of either ownership, equitable ownership, or some other right or entitlement, or contractual relationship, with the owner of the property proposed for the local of this License.
  - c. Information regarding type, size and special features of the completed project/premises.
  - d. Records of past ABC violations involving the prospective bidder or bidder's principals (i.e., owners of more than a 10% equity or debt interest).
2. The Township Clerk will announce qualified bidders at 10:00 a.m. on Tuesday, May 7, 2019 in the Municipal Building, 35 Municipal Drive, Lumberton, New Jersey.
  3. The Clerk will open the monetary bids for each qualified bidder on Tuesday, May 14, 2019 at 10:00 a.m. The Township will not open bids from or on behalf of any prospective bidder who does not qualify.
  4. The minimum bid for said Plenary Retail Distribution License is Two Hundred and Fifty Thousand Dollars (\$250,000.00).
  5. The conditions of the sale shall be as follows:
    - a. Bidder must file a complete application as required by the Division of Alcoholic Beverage Control with the appropriate filing fee by certified check or money order payable to the Division of Alcoholic Beverage

Control within five business days of award and successful conclusion of the background check.

b. All bids must be submitted by certified check or money order in a separate sealed envelope with the bidder's name clearly noted thereon, and shall be included with the application package.

6. The Township Committee reserves the right to reject all bids if the highest bid should not be accepted.

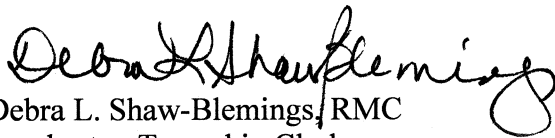
### LUMBERTON TOWNSHIP COMMITTEE

Adopted: March 14, 2019

COMMITTEE MEMBER	MOTION	2 <sup>ND</sup>	YES	ABSTAIN	NO	ABSENT
J. Dwyer			√			
S. Earlen			√			
K. Hatfield		√	√			
K. Januseski			√			
R. Tuno	√		√			

### CERTIFICATION

I, Debra L. Shaw-Blemings, RMC, Lumberton Township Clerk, hereby certify that the foregoing resolution was duly adopted by the Lumberton Township Committee at its Regular Business Meeting held on 14<sup>th</sup> day of March, 2019.

  
Debra L. Shaw-Blemings, RMC  
Lumberton Township Clerk

**Questions and Clarifications** – All questions concerning this notice or the bid specifications should be in writing and addressed to the Township Attorney, George M. Morris, Esq., at gmmorris@parkermccay.com. Questions must be submitted no later than three (3) business days, weekends and holidays excepted, prior to the scheduled opening date.

**Bid Proposal Form** – All information provided, including but not limited to, the ABC Application and the bid submission page must be written in ink or preferably machine-printed on the **provided forms**. Bids containing any conditions, omissions, unexplained erasures or alterations, items not called for in the Bid Package, attachment of additive information not required by the specifications, or irregularities of any kind, may be cause for rejection by the Township in accordance with applicable law. Any changes, whiteouts, strikeouts, etc. in the bid must be initialed in ink by the person signing the bid. Failure to include the provided forms shall result in rejection of the bid.

Each submission must give the full business address, business phone, fax, e-mail, the contact person of the bidder, and be signed by an authorized representative as follows:

- Bids by partnerships must be signed in the partnership name by one of the members of the partnership or by an authorized representative, followed by the signature and designation of the person signing.
- Bids by corporations must be signed in the legal name of the corporation, followed by the name of the State in which incorporated and must contain the signature and designation of the president, secretary or other person authorized to bind the corporation in the matter.
- Bids by sole-proprietorship shall be signed by the proprietor.
- When requested, satisfactory evidence of the authority of the officer signing shall be furnished.

**Discrepancies in Bids** – If the amount shown in words and its equivalent in figures do not agree, the written words shall be binding. Ditto marks are not considered writing or printing and shall not be used.

**Bidder Certification** – Bidders must complete the Bidder Certification declaring and certifying that they have no conflicts of interest, that they have not offered or paid any gift, fee, commission, or compensation to any Municipal official or employee, and that the bidder understands and is in compliance with vendor contribution laws. Failure to include the Bidder Certification may result in rejection of the bid.

**Specification Challenges and Addenda** – The bidder understands and agrees that its bid is submitted on the basis of the specifications prepared by the Township. The bidder accepts the obligation to become familiar with these specifications. Bidders are expected to examine the specifications and related bid documents with care and observe all their requirements. Ambiguities, errors or omissions noted by bidders should be promptly reported in writing to the appropriate official. Any prospective bidder who wishes to challenge a bid specification shall file such challenges in writing with the Municipal Clerk no less than three business days prior to the opening of the bids. Challenges filed after that time shall be considered void and have no impact on the Township or the award of a license. In the event the bidder fails to notify the Owner of such ambiguities, errors or omissions, the bidder shall be bound by the requirements of the specifications and the bidder's submitted bid. No oral interpretation and or clarification of the meaning of the specifications will be made to any bidder. Such request shall be in writing, addressed to the Owner's representative stipulated in the specification. In order to be given consideration, a written request must be received at least three (3) business days prior to the date fixed for the opening of the bid for goods and services. All interpretations, clarifications and any supplemental instructions will be in the form of written addenda to the specifications and will be distributed to all prospective bidders. All addenda so



issued shall become part of the specification and bid documents and shall be acknowledged by the bidder in the bid by completing the Acknowledgement of Addenda form. The Township's interpretations or corrections thereof shall be final. The Township shall provide required notice prior to the official receipt of bids to any person who has submitted a bid or who has received a bid package. The Clerk will send all notices from dshaw@lumbertontwp.com. It is recommended that bidders include this address in the recipient email's contact list to ensure it is not routed to a junk email folder. Bidders must include the Acknowledgment of Addenda form with their bids. Failure to submit the Acknowledgment of Addenda form shall result in rejection of the bid.

**Statutory and Other Requirements** – The following are additional requirements of this bid:

- 1. STATEMENT OF OWNERSHIP DISCLOSURE** –The included Statement of Ownership shall be completed and attached to the bid proposal. This requirement applies to all forms of business organizations, including, but not limited to, corporations and partnerships, publicly-owned corporations, limited partnerships, limited liability corporations, limited liability partnerships, sole proprietorship, and Subchapter S corporations. Failure to submit a Statement of Ownership Disclosure shall result in rejection of the bid as it cannot be remedied after bids have been opened.
- 2. NON-COLLUSION AFFIDAVIT** – The enclosed Non-Collusion Affidavit shall be properly executed and submitted with the bid proposal.

**Withdrawal of Bids** – Sealed bids forwarded to the Township before the time of opening of bids may be withdrawn upon written application of the bidder who shall be required to produce evidence showing that the individual is or represents the principal or principals involved in the bid.

It is the bidder's responsibility to present bids to the Township prior to or at the time and at the place designated. Bids may be hand delivered or mailed; however, the Township disclaims any responsibility for bids forwarded by regular or overnight mail. Bids sent by mail or delivery service must be in a separate envelope inside the delivery envelope and the envelope marked as required above. Bids received after the designated time and date will be returned unopened.

All bids must be received by the Lumberton Township Municipal Clerk at the Lumberton Township Municipal Building no later than the time and date listed above. The sealed envelope shall include the information noted above.

All responses shall be opened and announced publicly as indicated in the within schedule.

**LUMBERTON TOWNSHIP  
BID PROPOSAL FORM**

**This page and the accompany check of 10% to be submitted in a separately sealed envelope contained within the bid package. The envelope shall be marked with the vendor's name and "Bid Proposal Form and Deposit Check for one Plenary Retail Consumption License."**

**One Plenary Retail Consumption License  
(Minimum Bid \$250,000.00)**

The undersigned proposes to purchase Lumberton Township's available Plenary Retail Consumption License pursuant to the bid specification and made part hereof for the amount of:

\_\_\_\_\_

Amount in words

\$ \_\_\_\_\_

Amount in numbers

\_\_\_\_\_

Company Name

\_\_\_\_\_

Federal I.D. # or Social Security #

\_\_\_\_\_

Address

\_\_\_\_\_

Signature of Authorized Agent

\_\_\_\_\_

Type or Print Name

Title: \_\_\_\_\_

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Date

\_\_\_\_\_

Fax Number

\_\_\_\_\_

E-mail address

# LUMBERTON TOWNSHIP BIDDER CERTIFICATION

## Direct/Indirect Interests

I declare and certify that no member of the Lumberton Township Committee, nor any officer or employee or person whose salary is payable in whole or in part by Lumberton Township or their immediate family members are directly or indirectly interested in this bid or in the supplies, materials, equipment, work or services to which it relates, or in any portion of profits thereof. If a situation so exists where a Committee Member, employee, officer of the Township has an interest in the bid, etc., then please attach a letter of explanation to this document, duly signed by the President of the firm or company.

I certify that I am not an official or employee of the Township of Lumberton.

## Gifts; Gratuities; Compensation

I declare and certify that no person from my firm, business, corporation, association or partnership offered or paid any fee, commission or compensation, or offered any gift, gratuity or other thing of value to any Township official, Committee Member or employee of the Township.

I further certify that I understand that it is a crime in the second degree in New Jersey to knowingly make a material representation that is false in connection with the negotiation, award or performance of a government contract.

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President or Authorized Agent (Print)

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***SIGNATURE***

# TOWNSHIP OF LUMBERTON

## ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

<u>Addendum Number</u>	<u>Dated</u>	<u>Acknowledge Receipt</u> (initial)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**No addenda were received:**

Acknowledged for: \_\_\_\_\_  
(Name of Bidder)

By: \_\_\_\_\_  
(Signature of Authorized Representative)

Name: \_\_\_\_\_  
(Print or Type)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**LUMBERTON TOWNSHIP**

**STATEMENT OF OWNERSHIP DISCLOSURE**

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

**Name of Organization:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**Part I Check the box that represents the type of business organization:**

- Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- For-Profit Corporation (any type)     Limited Liability Company (LLC)
- Partnership     Limited Partnership     Limited Liability Partnership (LLP)
- Other (be specific): \_\_\_\_\_

**Part II**

The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**

**OR**

No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. **(SKIP TO PART IV)**

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Home Address (for Individuals) or Business Address

(continued)

**Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II**

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed.**

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

**Please list** the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II **other than for any publicly traded parent entities referenced above.** The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Address

**Part IV Certification**

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the Township of Lumberton (the "Township") is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through award of a license from the Township to notify the Township in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the Township, permitting the Township to declare any license issued resulting from this certification void and unenforceable.

Full Name (Print):		Title:	
Signature:		Date:	

Subscribed and sworn before me this \_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

(Notary Public)

My Commission expires:

\_\_\_\_\_  
(Affiant)

\_\_\_\_\_  
(Print name of affiant and title if applicable)

(Corporate Seal if a Corporation)

**LUMBERTON TOWNSHIP  
NON-COLLUSION AFFIDAVIT**

State of New Jersey  
County of \_\_\_\_\_

ss:

I, \_\_\_\_\_ residing in \_\_\_\_\_  
(name of affiant) (name of municipality)  
in the County of \_\_\_\_\_ and State of \_\_\_\_\_ of full age,  
being duly sworn according to law on my oath depose and say that:

I am \_\_\_\_\_ of the firm of \_\_\_\_\_  
(title or position) (name of firm)

\_\_\_\_\_ the bidder making this Proposal for the bid  
entitled \_\_\_\_\_,  
(title of bid proposal)

and that I executed the said proposal with full authority to do so that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named bid; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that Lumberton Township relies upon the truth of the statements contained in said submission and in the statements contained in this affidavit in issuing a plenary retail consumption license.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such license upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by \_\_\_\_\_.

Subscribed and sworn to

before me this day

\_\_\_\_\_  
Signature

\_\_\_\_\_, 2 \_\_\_\_\_

\_\_\_\_\_  
(Type or print name of affiant under signature)

\_\_\_\_\_  
Notary public of

My Commission expires \_\_\_\_\_

(Seal)



# LUMBERTON TOWNSHIP

## BID DOCUMENT CHECKLIST\*

Required by Owner	Submission Requirement	Initial each required entry and if required submit the item
<input type="checkbox"/>	Bid Proposal Form (in separate sealed envelope)	
<input type="checkbox"/>	Bid Deposit (in envelope with Bid Proposal Form)	
<input type="checkbox"/>	Bidder Certification	
<input type="checkbox"/>	Acknowledgement of Addenda	
<input type="checkbox"/>	Statement of Ownership Disclosure	
<input type="checkbox"/>	Non-Collusion Affidavit	
<input type="checkbox"/>	ABC Application	
<input type="checkbox"/>	Supporting Documents required in Public Notice	

\*This form need not be submitted. It is provided for bidder's use in assuring compliance with all required documentation.

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.

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

Application is made on behalf of: \_\_\_\_\_

1 = An Individual  
3 = A Partnership  
5 = Incorporated Club

2 = Business Corporation  
4 = Unincorporated 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 (Last Name, First Name, Middle Initial), Partnership or Corporation.

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

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

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

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

Telephone number of business ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Area Exchange Number

2.3 If no licensed premises exists or if a mailing address is different than 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 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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 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 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 All of it \_\_\_\_\_ Yes \_\_\_\_\_ No
- 1<sup>st</sup> floor \_\_\_\_\_ Yes \_\_\_\_\_ No All of it \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2<sup>nd</sup> floor \_\_\_\_\_ Yes \_\_\_\_\_ No All of it \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3<sup>rd</sup> floor \_\_\_\_\_ 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 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

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," 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

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:

- |  |                                    |                                |
|--|------------------------------------|--------------------------------|
| <input type="checkbox"/> Restaurant              | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Catering                | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hotel/Motel             | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Amusements              | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> N.J. Lottery            | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grocery or Delicatessen | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other (specify)         | <input type="checkbox"/> Applicant | <input type="checkbox"/> 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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 \_\_\_\_\_

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 \$ \_\_\_\_\_ [amount] \_\_\_\_ NOT RENEWED  
\_\_\_\_ SUSPENDED \_\_\_\_\_ (number of days) \_\_\_\_ 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 \_\_\_\_\_  
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 THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH, IF AN INDIVIDUAL. 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 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), 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 \_\_\_\_\_  
   Number  Street Name

Municipality \_\_\_\_\_ 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 A LICENSE?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No
- 8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCISED 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

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 _____		
Number	Street Name	
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) , stockholder, partner, officer or director:

_____		
Last Name	First Name	Middle Initial
Home Street Address _____		
Number	Street Name	
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) _____	

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)