STEP-BY-STEP GUIDE FOR PROCESSING TRANSFER APPLICATIONS
PLENARY RETAIL CONSUMPTION OR DISTRIBUTION LICENSE
(PERSON-TO-PERSON AND/OR PLACE-TO-PLACE)

Please be advised, you will need to supply an original and three (3) copies of a 12 Page Transfer Application along with supporting documents to the ABC Board and the Division of Commerce.

The following documents are needed:

1. A letter from the Division of Zoning confirming approval of licensed location. Zoning approval is required for outdoor cafes and/or expansions of premises. Contact - Director Nick Taylor, Zoning Division 201-547-4832. Specifically, for Place-to-Place and/or Expansion of Premises transfers.

2. Consent of Transfer form by the Seller (licensee) must be signed and notarized. Form included.

3. Consent to Purchase form by the Buyer (applicant) must be signed and notarized. Form included.

4. Affidavit Affirming Transferee's Obligations form pursuant to N.J.A.C. 13:2-7.10 (2, 3 and 4). Form included.

5. Must obtain a Tax Clearance Certificate from the State of New Jersey Division of Taxation (973-648-4700).

6. Licensee and/or Applicant - if your establishment is a Limited Liability Company, you must provide a Certification of Formation.

7. Licensee and/or Applicant - if your establishment is an Corporation, you must provide a Certification of Incorporation.

8. Licensee and/or Applicant - if your establishment is a Partnership, you must provide a Partnership Agreement.

9. A fully executed Business Agreement and/or Contract of Sale is required.
10. A copy of a fully executed Lease - if premises are rented, if purchased - a copy of a Deed with recondition date of filing with the County Clerk is required.

11. A Bulk Sale Permit Application must be filed along with a certified check or money order in the amount of $75.00 for the transfer of liquor stock - payable to the New Jersey Alcoholic Beverage Control. If no stock is being transferred, a negative form must be filed. Form included.

12. Publication of Transfer: Notice of Application must be published in the Jersey Journal “twice” prior to hearing date of transfer. Notices must appear at least seven (7) days apart with the second notice to be published no less than five (5) days before the hearing date. Form included.

13. Transfer Fees:

(a) Municipal Fee = $250.00 (for each transfer type)
Person Check, Business Check or Money Order Payable to:
City of Jersey City

(b) State Fee = $200.00
Certified Check or Money Order Payable to:
New Jersey Division of Alcoholic Beverage Control

14. E-mail of applicant must be provided on 12 Page Transfer Application.

15. Form included to supply ABC Board with attorney information.

16. Applicant must contact Sgt. Robert Vogt at the ABC Enforcement Unit located at 207-7th Street, Jersey City, New Jersey 07302 to begin the Police Background Check and investigation.

17. Federal and State background checks are required for all applicants. When being fingerprinted at B.C.I. (365 Summit Avenue) identify yourself as a Liquor License Applicant and present a money order in the amount of $20.00 for the background check. There is a waiting period for results, therefore transfer applications must be filed at least three (3) weeks prior to meeting date. Fee: $49.00 per applicant (each person listed on application). Payable by money order to the New Jersey Division of State Police.
ADDITIONAL NOTES FOR YOUR INFORMATION

* When the same document is requested by both the ABC Office at 382 Martin Luther King Drive, Jersey City, New Jersey and the ABC Enforcement Unit at 207-7th Street, Jersey City, New Jersey; a separate copy is to be submitted to each office.

* To better assist you and for your convenience, our office has attached a list of documents required for each type of transfer.

* If a liquor license is purchased that has outstanding liquor bills, you will be required to pay C.O.D. (Cash on Delivery) for all your future purchases.

* To prevent this, before buying a license, call any local liquor wholesaler/distributor and inquire if the license is up to date with their bills or if they are already on a C.O.D. basis. (If a license is on C.O.D. with one distributor, they are on C.O.D. with all distributors).

* If there is a problem, it should be taken up with the seller prior to the transfer of the license.

* After the closing is held, the applicant must submit a copy of the Bill of Sale and the actual license certificate to the Division of Commerce. LICENSE TRANSFER DOES NOT BECOME EFFECTIVE UNTIL THESE TERMS AND CONDITIONS ARE COMPLIED WITH.

* Enclosed form E-141-A is supplied for your use upon effectiveness of the transfer. The form must be maintained in an up-to-date manner at all times and kept on the licensed premises at all times. This is required by N.J.A.C. 13:2-23.13 (a) 3.

IMPORTANT NOTICE

Please be advised, we recommend buyers to make an inquiry with the New Jersey Division of Alcoholic Beverage Control in order to be certain there are no outstanding violations and disciplinary actions pending against the liquor license. If you buy a license with disciplinary actions pending, you inherit the consequences.

The procedure is as follows: Send a $25.00 certified check or money order with a request for Violations Search with Name, Address, and License Number

Enforcement Bureau
Division of Alcoholic Beverage Control
P.O. Box 087
Trenton, New Jersey 08625-0087
FOR PLACE-TO-PLACE / EXPANSION-OF-PREMISES TRANSFERS

NOTE TO APPLICANT BEFORE SUBMITTING YOUR 12 PAGE TRANSFER APPLICATION

*** You must contact Director, Nick Taylor at the Division of Zoning to confirm liquor license location is zone approved. ***

Department of Housing, Economic Development & Commerce
1 Jackson Square - Division of Zoning – 2nd Floor
Jersey City, New Jersey 07305
Director - Nick Taylor
Office # 201-547-4832 / Fax # 201-547-5145

The Division of Zoning will need the following:

(1) A current photo of the business address (not a Google photo).
(2) A money order or bank check (no personal checks) for $100.00 made payable to the City of Jersey City.
(3) A letter on letterhead requesting the type of license you are applying for and any copies of previous licenses held at the business address. Please include your return address, phone number and fax number in the letter.
(4) ABC letters must include type of license and where the license is moving from.

Date:

To: Nick Taylor - Director of Zoning

From: Division of Commerce (ABC) 382 Martin Luther King Drive

Subject: Place-to-Place and/or Expansion-of-Premises Liquor License Transfer

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ALCOHOLIC BEVERAGE CONTROL ENFORCEMENT UNIT
207 - 7th Street
Jersey City, New Jersey 07302
201-547-5795 or 201-547-5370

To: ALL APPLICANTS FOR LIQUOR LICENSE TRANSFERS

Re: INVESTIGATION OF APPLICANTS

Upon filing your application for a liquor license transfer, you must follow the below procedures for the investigation interview of the transfer:

1. Call for an appointment 201-547-5371 / 201-547-5795
   PLEASE NOTE: ALL INVESTIGATIONS TAKE AT LEAST THREE (3) WEEKS TO COMPLETE.

2. On the scheduled appointment date you must provide the following documentation:
   * Copy of 12 Page Transfer Application
   * Sheets with personal information
   * Contract of sale
   * Lease agreement
   * Source of cash monies (Bankbooks, mortgage commitment, bank statements for one (1) year or any documentation allowing where you received your cash monies
   * If you are a Corporation, a Corporate Resolution and/or minutes are required
   * A sketch of premises for any structural changes
   * Receipt for fingerprints

DOCUMENTS NEEDED FOR A PLACE-TO-PLACE TRANSFER

   * Copy of 12 Page Transfer Application
   * Contract of sale
   * Sheets with personal information
   * Lease agreement
   * Source of cash monies (Bankbooks, mortgage commitment, bank statements for one (1) year or any documentation allowing where you received your cash monies
   * A sketch of premises for any structural changes
   * Location must be completed and ready before transfer
   * If you are a Corporation, a Corporate Resolution and/or minutes are required
   * A copy of the Certificate of Occupancy
   * On site investigation by this unit will also be necessary
   * Receipt for fingerprints
   * Off street parking may be required for some locations

For the above and other types of Transfers, there may be additional information needed. You will be made aware of this at your interview with the ABC Enforcement Unit. **PLEASE FEEL FREE TO BRING AN INTERPRETER WITH YOU - IF NEEDED**
Re: Affidavit Affirming Transferee's Obligations Pursuant to N.J.A.C. 13:2-7.10 (2, 3, & 4)

Plenary Retail Consumption / Distribution License No.:

License Number #: 0906-__________________________

Jersey City, New Jersey 073________

Attention: Rachael Riccio - ABC Board Secretary

Dear Sir/Madam:

I/We ________________________________, the applicant (transferee upon approval by the Municipal Board of Alcoholic Beverage Control of the City of Jersey City) for the afore noted license due hereby acknowledge, under oath, my/our awareness of the requirements pursuant to the authority of N.J.S.A. Procedure Act, the amendment set forth herein below to N.J.A.C. 13:2-7.10 adopted, effective November 2, 1981;

(a) The applicant is qualified to be licensed according to all standards established by Title 33 of the N.J. Statutes; Regulations, promulgated thereunder as well pertinent local Ordinances and conditions consistent with Title 33; and

(b) The applicant has/will disclose through investigation reviewed by the Municipal Board’s Enforcement Unit the source of all funds used in the purchase of the license and the licensed business and all additional financing obtained in connection with the licensed business; and

(c) In the case of a Person-to-Person Transfer that a written statement, under oath by the applicant affirming their awareness of all obligations outstanding to the New Jersey alcoholic manufacturers, wholesalers and distributors and that either the transferee has assumed/will assume any such obligations or the obligations, if any will be/has been satisfied by the transferor out of the proceeds of the sale of the licensed business.

__________________________________________
Signature of Applicant

This _________ Day of ____________ 20 _____

__________________________________________
Signature of Officer Administering Oath
Re: Consent to Transfer Plenary Retail Consumption/Distribution License

License #: 0906------------------------------

Heretofore Issued to: -----------------------------------------------------------

Jersey City, New Jersey 07305

Attention: Rachael Riccio - ABC Board Secretary

Dear Sir/Madam:

I/We, the holder of the afore noted license for premises so stated do hereby consent and agree to transfer said license to:

pursuant to the provisions of N.J.A.C. 13:2-7.10 (2, 3, & 4) whereby upon investigation by the Jersey City Enforcement Unit of Alcoholic Beverage Control and their approval of the transferee/applicant pursuant to Sections 2 & 3 of N.J.A.C. 13:2-7.10 that:

I/We, the holder of the afore noted license in regards to a Person-to-Person Transfer due an authorized representative affirming that the transferee is aware of all obligations outstanding to New Jersey alcohol manufacturers, wholesalers, distributors and that either the transferee has assumed any such obligation or the obligations has been or will be satisfied by me/us, the transferor, out of the proceeds of the sale of the licensed premises in accordance to Section 4 of N.J.A.C. 13:2-7.10 and request the Jersey City Board of Alcoholic Beverage Control of the City of Jersey City to grant said transfer.

--------------------------------------------------------------------------------

Signature of Licensee

Sworn to and Subscribed Before Me

This ______ Day of ______ 20___

--------------------------------------------------------------------------------

Signature of Officer Administering Oath
JERSEY CITY BOARD OF ALCOHOLIC BEVERAGE CONTROL
DIVISION OF COMMERCE
4 Jackson Square a/k/a 39 Kearney Avenue
JERSEY CITY, NEW JERSEY 07305

Re: Consent to Purchase Plenary Retail Consumption/Distribution License

License Number: #0906---------------------------------------------------

Heretofore Issued To: Principal(s) ------------------------------------

Attention ABC Enforcement Unit

Dear Sir/Madam:

I/We (buyer) __________________________________________
of the afore noted license for premise so stated do hereby consent and agree to
purchase said license from the seller ________________________________

pursuant to the provision of N.J.S.A. 33:1-25 whereby upon investigation by the Jersey
City Enforcement Unit of Alcoholic Beverage Control and their approval of the
transferee/applicant pursuant to N.J.S.A. 33:1-25 that

I/We (purchaser) __________________________________________

the buyer of the afore noted license in regards to a Person-to-Person Transfer due to
an authorized representative affirming that the transferee is aware of all obligations
outstanding to New Jersey alcohol manufacturers, wholesalers, distributors and that
either the transferor has assumed any such obligation or the obligations has been or
will be satisfied by me/us, the transferee, out of the proceeds of the sale of the
licensed premised in accordance to N.J.S.A. 33:1-25 and request the Jersey City Board
of Alcoholic Beverage Control of the City of Jersey City to grant said transfer.

________________________________________
Signature of Licensee

Sworn to and Subscribed Before Me

This __________ Day of __________ 20 _____

________________________________________
Signature of Officer Administering Oath
In order to expedite this transfer transaction, kindly furnish the ABC Board with the following information upon presenting your application:

1. The telephone number of the licensed premises

2. A personal phone number or where this ABC Board can contact you in case of an emergency and/or where your personal and business interest are concerned.

Please take note: Unlisted phone numbers will not be divulged.

3. Name of Licensee's Attorney: __________________________________________
   Licensee Attorney's Address: __________________________________________
   Licensee Attorney's Phone #: __________________________________________
   Licensee Attorney's E-Mail Address: ____________________________________

4. Name of Applicant's Attorney: _________________________________________
   Applicant Attorney's Address: _________________________________________
   Applicant Attorney's Phone #: _________________________________________
   Applicant's Attorney's E-Mail Address: ________________________________

Additional Information:

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PUBLIC NOTICE

JERSEY CITY MUNICIPAL BOARD OF ALCOHOLIC BEVERAGE CONTROL

Take notice that this application has been made to the Jersey City Municipal Board of Alcoholic Beverage Control City of Jersey City to transfer to:

trading as

for premises located at

Jersey City, New Jersey the plenary Retail Consumption

Distribution License, State Assigned License

License #: 0906-____-____-____-____-____ hereto fore issued to

trading as

for premises located at

Jersey City, New Jersey.

Objections if any, should be made immediately in writing:

To: Jersey City Alcoholic Beverage Control Board
Division of Commerce
4 Jackson Square a/k/a 39 Kearney Avenue
Jersey City, New Jersey 07305
Attention: Rachael Riccio, ABC Secretary

Applicant

Address

City/State/Zip Code

Corporations: List Officers, Address, City, State & Zip Code also the amount of Stock and Percentages held

____________________________________________________

____________________________________________________
CORPORATE STRUCTURE CHANGE

JERSEY CITY BOARD OF ALCOHOLIC BEVERAGE CONTROL
DIVISION OF COMMERCE
4 Jackson Square a/k/a 39 Kearney Avenue
JERSEY CITY, NEW JERSEY 07305

Liquor License #: 0906-__________________________

Take notice that on ____________________________, 20____ a change
occurred in the stockholdings of _____________________________________________
(Licensee)

trading as ____________________________________________
(Trade Name – if any)

holder of ____________________________________________ for premises located at
(Type of License)

(No.:# Street City State)

resulting on the following persons, each acquiring one percent or more of the
corporate licensee's stock.

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Any information concerning the qualifications of any of the above stockholders should
be commercial in writing:

To: Jersey City Alcoholic Beverage Control Board
Division of Commerce
4 Jackson Square a/k/a 39 Kearney Avenue
Jersey City, New Jersey 07305
Attention: Rachael Riccio, ABC Secretary
CHECKLIST FOR SUPPORTING DOCUMENTS
NEEDED TO COMPLETE AN ABC TRANSFER

FEE(S) FOR PROCESSING TRANSFER:
Municipal Fee = $250.00 (for each transfer)
NJ Division of ABC Fee = $200.00

TYPE(S) OF TRANSFER(S)

Person-to-Person
12 Page Application
Consent to Transfer (Seller)
Consent to Purchase (Buyer)
Affidavit Affirming Transferee's Obligations
Fully Executed Lease
Deed (when transferring ownership of property)
Fully Executed Business Contract Agreement
Tax Clearance Certificate
Certificate of Incorporation
Corporate Resolution / LLC Formation
ABC Enforcement Unit Investigation
Bulk Sale Permit = $75.00 if applicable

Place-to-Place
12 Page Application
Fully Executed Lease
Zoning Approval
Deed (when transferring ownership of property)
Exhibit of Drawings / Floor Plans
Proof of Notice of Publication
ABC Enforcement Unit Investigation

Person-to-Person
12 Page Application
Consent to Transfer (Seller)
Consent to Purchase (Buyer)
Affidavit Affirming Transferee's Obligations
Fully Executed Lease
Deed (when transferring ownership of property)
Fully Executed Business Contract Agreement
Tax Clearance Certificate
Certificate of Incorporation
Corporate Resolution / LLC Formation
Exhibit of Drawings / Floor Plans
ABC Enforcement Unit Investigation
Bulk Sale Permit = $75.00 if applicable

Place-to-Place

istar-Richardson

Expansion-of-Premises
12 Page Application
Fully Executed Lease
Zoning Approval
Proof of Notice of Publication
ABC Enforcement Unit Investigation
Exhibit of Drawings / Floor Plans

Change of Corporate Structure

Please Take Note:
If you are applying for a Place-to-Place Transfer and you have answered “YES” to question 4.1 on Page 4 on your 12 Page Transfer Application; you MUST obtain a “Form of Waiver Letter” from the Board of Education and attach it to your 12 Page Application.
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.
STATE ASSIGNED LICENSE NUMBER

[For DIVISION use only] ________

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

31 ___ Club
32 ___ Plenary Retail Consumption w/Broad Package Privilege
33 ___ Plenary Retail Consumption
34 ___ Plenary Retail Consumption (Hotel/Motel Exception)
35 ___ Plenary Retail Consumption (Theatre Exception)
36 ___ Seasonal Retail Consumption (November 15 through April 30)
37 ___ Seasonal Retail Consumption (May 1 through Nov. 14)
38 ___ Plenary Retail Distribution
39 ___ Limited Retail Distribution
40 ___ Annual State Permit
41 ___ Person to Person Transfer (Incl. Partnership change, except Ltd. Partnership)
42 ___ Place to Place Transfer (Including expansion of premises)
43 ___ Change of Corporate Structure
44 ___ Extension of License (To Executor, Receiver, Administrator, etc.)
45 ___ Renewal of License
46 ___ Amendment of Application of File
47 ___ Other

DATE APPLICATION FILED:

_____/_____/_____

This APPLICATION IS FOR:

___ A New License
___ Person to Person Transfer (Incl. Partnership change, except Ltd. 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 of File
___ Other

This Area is Reserved for Municipal Use

Municipal Fee $________

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

State Fee $________

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

Refund Amount $________

Special Conditions Attached: ___ Yes  ___ No

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

Signature of Municipal Clerk or ABC Secretary
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

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE NAME"): 

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

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

Street Address _______________

Municipality _______________  Number _______________  Street Name _______________

Zip _______________  -  _________

Telephone number of business (______) ______  ______  ______

Area  Exchange  Number

2.3 If no licensed premises exists or if mailing address is different than the "actual address" given above, provide the mailing address: (Insert N/A if not applicable).

Street Address _______________

P.O. Box # _______________  Number _______________  Street Name _______________

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 NJ SECRETARY OF STATE (If a corporation) OR COUNTY CLERK (If a partnership or sole proprietor):

________________________

________________________

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

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?

_____ Yes  _____ No

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

_____ / _____ / _____

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?

_____ Yes  _____ No

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

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?

_____ Yes  _____ No

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:

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

3.1 HOW MANY SEPARATE BUILDING ARE TO BE INCLUDED UNDER THIS LICENSE? ________
   If more than one building is to be included under this license, a separate page number three is to be submitted covering each building.
   An up-to-date sketch of the entire licensed premises should be submitted for inclusion, in the State ABC license file.

3.2 BUILDNG 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  All of it _______Yes _______No
   1st floor _______Yes _______No  All of it _______Yes _______No
   2nd floor _______Yes _______No  All of it _______Yes _______No
   3rd floor _______Yes _______No  All or it _______Yes _______No
   Specify each additional floor number to be included under this license: __________
   If only part of any floor is to licensed, attach a more detailed explanation with sketches to clearly delineate licensed from unlicensed areas.

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

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?
   _____Yes _____No
   IF ANSWER IS "YES" ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING?
   _____Yes _____No
   IF "YES", IS THERE A MORTGAGE ON THE BUILDING?
   _____Yes _____No
   DOES THE APPLICANT LEASE THE BUILDING?
   _____Yes _____No

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

   (Last Name, First Name, Middle Initial or Corporate Name)
   Street Address ____________________________
   P.O. Box # _______ Municipality _______ Street Name _______ State _______
   Zip _______ __________

3.9 LANDLORD (HOLDER OF LEASE):

   (Last Name, First Name, Middle Initial or Corporate Name)
   Street Address ____________________________
   P.O. Box # _______ Municipality _______ Street Name _______ State _______
   Zip _______ __________
4.1 IS THE NEAREST ENTRANCE OF THE PLACE TO BE LICENSED WITHIN 200 FEET OF THE
NEAREST ENTRANCE OF ANY CHURCH OR SCHOOL? _____Yes _____No

IF THE ANSWER IS "YES", IS A WAIVER SIGNED BY THE APPROPRIATE OFFICIAL ATTACHED TO
THIS APPLICATION? _____Yes _____No

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

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM
(ATF F 5630.5) WITH THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS?
_____Yes _____No

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

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

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

___ Restaurant  ____Applicant  ____Other
___ Catering    ____Applicant  ____Other
___ Hotel/Motel ____Applicant  ____Other
___ Amusements ____Applicant  ____Other
___ NJ Lottery  ____Applicant  ____Other
___ Grocery of 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 APPLICATION OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

Yes    No

If the answer is "Yes", complete the following:
Name of individual __________________________
Last Name                           First                           Middle Initial
Title of position held ______________________________________
Name of Employing Agency __________________________

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

IF THE ANSWER IS "YES", COMPLETE THE FOLLOWING:
Name of individual __________________________
Last Name                           First                           Middle Initial
Title of office __________________________
Municipality __________________________

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

Yes    No

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

A. New Jersey license number, if applicable __________________________

B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:
Name of entity conducting business (Corporation, Partnership or Individual)

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

Street Address __________________________________________
Number                          Street Name
P.O. Box # __________    Municipality __________________________    State __________________________
Zip __________    __________
Type of Business _________________________________________
6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY?

_____ Yes _____ No

IF THE ANSWER TO THIS QUESTION IS "YES", ANSWER THE FOLLOWING:

Type of License or Permit Denied: _____ Retail _____ Wholesale _____ Transportation

_____ Warehouse _____ Manufacturer

Unit of Government which denied License or Permit:

Date of Denial (approximate, if not known) _____ / _____ / _____

Reason for Denial

6.2 HAS ANY CORPORATION, PARTNERSHIP, OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT?

_____ Yes _____ No

IF THE ANSWER IS "YES", ANSWER THE FOLLOWING:

Type of License or Permit Denied: _____ Retail _____ Wholesale _____ Transportation

_____ Warehouse _____ Manufacturer

Unit of Government which denied License or Permit:

Date of Denial (approximate, if not known) _____ / _____ / _____

Reason for Denial

6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE 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 for each action):

Name of individual

DATE OF ACTION _____ / _____ / _____

DOCKET NO. ______________________

PENALTY WAS IMPOSED BY: (indicate whether by Div. ABC or identify Local Issuing Authority)

PENALTY CONSISTED OF:

_____ FINED $_____

_____ NOT RENEWED

_____ SUSPENDED (no. 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

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 NJ Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal _____ / _____ / ____. (No license may be issued without an order from the Director, Division of Alcoholic Beverage Control determining no disqualification or removing disqualification. (See N.J.S.A. 33:1-31.2 and N.J.A.C. 13:2-15).

Provide Agency Docket No. : (NH): ______________________
PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _______ - _______ - _______ - _______

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS), OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

   Yes    No

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

A. License number _______ - _______ - _______ - _______

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

   Relationship to applicant ____________________________

B. License number _______ - _______ - _______ - _______

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

   Relationship to applicant ____________________________

C. License number _______ - _______ - _______ - _______

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

   Relationship to applicant ____________________________

7.2 WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL, BECAUSE OF AGE, CRIMINAL CONVICTION, OR PROHIBITED INTERESTS IN OTHER LICENSES?

   Yes    No

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

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

   Social Security number _______ - _______ - _______ or

   NJ Sales Tax Certificate of Authority No. ____________________________

   Date of Birth _____ / _____ / _____
STATE ASSIGNED LICENSE NUMBER __________-__________-__________

ALL APPLICANTS ANSWER THE FOLLOWING

8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX, WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW, OR ANY OTHER NEW JERSEY OR FEDERAL LAW?
   _____Yes  _____No

8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED FOR A HOTEL/MOTEL, AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF N.J.S.A. 33:1-12.20?
   _____Yes  _____No

8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (N.J.S.A. 33:1-12.32) FOR A HOTEL/MOTEL, RESTAURANT, BOWLING ALLEY OR INTERNATIONAL AIRPORT?  _____Yes  _____No

   IF THE ANSWER IS "YES", CHECK ONE OF THE FOLLOWING:  ___ HOTEL/MOTEL
   ___ RESTAURANT  ___ BOWLING ALLEY  ____ INTERNATIONAL AIRPORT

   THE FOLLOWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER.

8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED _______ - _______ - _______

8.5 IF THIS IS A REQUEST FOR A PERSON TO PERSON TRANSFER, INSERT NAME(S) OF person (Last Name First), PARTNERSHIP OR CORPORATION CURRENTLY HOLDING THE LICENSE:

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

8.6 IF THIS IS A REQUEST FOR A PLACE TO PLACE TRANSFER OF A POCKET LICENSE (NO SITED PREMISES) MARK AN X HERE:  _______

   IF THIS IS A REQUEST FOR A PLACE TO PLACE TRANSFER OF A SITED LICENSE, INSERT THE ADDRESS OF THE CURRENT SITE FROM WHICH THE LICENSE IS TO BE TRANSFERRED.

   Street Address
   Municipality ___________________________________________ New Jersey

   Zip ___________ - ___________

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

8.7 INSERT THE ANTICIPATED DATES WHEN PUBLIC NOTICE OF APPLICATION WILL BE PUBLISHED, PUBLICATION MAY NOT BE SOONER THAN THE DATE OF FILING OF THIS APPLICATION.

   Date of first notice ___ / ___ / ___

   Date of second notice ___ / ___ / ___

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE ________________________________

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

   Date of notice ___ / ___ / ___

   Name of newspaper publishing notice ________________________________

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

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

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

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

8.13 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?
   _____Yes  _____No
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 FLEDGED 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 Name, Middle Initial or Corporate Name)

Social Security number ___________ - ___________ or
NJ Sales Tax Certificate of Authority No. ___________
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 OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

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

Social Security number ___________ - ___________ or
NJ Sales Tax Certificate of Authority No. ___________
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 OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

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

Social Security number ___________ - ___________ or
NJ Sales Tax Certificate of Authority No. ___________
Street Address ___________ Number ___________ Street Name ___________
P.O. Box #: ___________ Municipality ___________ State ___________
Zip ___________ - ___________

Describe Nature of Interest

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

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

10.1 Name or corporation ____________________________________________________________

10.2 Street address of home office ________________________________________________
   Municipality ___________________________ Number ___________ Street Name ___________
   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 _________________________________________________________________
   Municipality ___________________________ Number ___________ Street Name ___________
   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 REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW, OR PROCEEDINGS IN A STATE OF U.S. DISTRICT COURT, MAY BE MADE.
   Name ____________________________________________ (Last Name, First Name, Middle Initial or Corporate Name)
   Street Address ____________________________________________
   Municipality ___________________________ Number ___________ Street Name ___________
   New Jersey Zip _______ - _______ Telephone Number (_____) _______ Exchange _______ Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).
PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER __________-________-________

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

LIMITED PARTNERSHIP: All information about a general partner 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 the ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on page 10. Information on this page, 10A, will identify all officers, directors, and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

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

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

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<th>Last Name</th>
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<th>Middle Initial</th>
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Home Street Address

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<th>Street Name</th>
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P.O. Box # __________

Municipality __________ State __________

Zip __________

Social Security number _______ Date of birth ___/___/___

Home telephone number (______) _______ Exchange _______ Number

Office telephone number (______) _______ 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):

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<th>Middle Initial</th>
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</table>

P.O. Box # __________

Municipality __________ State __________

Zip __________

Social Security number _______ Date of birth ___/___/___

Home telephone number (______) _______ Exchange _______ Number

Office telephone number (______) _______ 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 (N.J.S.A. 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 fact, and that the contents of this application are true.

(Signature of Individual Applicant / sole proprietor)

(Corporations Only)
Attestation by Corporate Secretary

(Partnership Name)
(Signature of Partner)

Attest:

Corporate Name
By ___________________________.

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

Secretary Signature
Affix Corporate Seal

Sworn to and subscribed before me
this ___________ day of ___________ 2_____.

(Signature of Officer Administering Oath)
(Printed Name of Officer Administering Oath)

(Date of Expiration of Commission, if applicable)
APPLICATION FOR BULK SALE PERMIT [BSP]

Pursuant to R.S. Title 33, c.1; N.J.A.C. 13:2-23.12, this application must be completed and filed with the Municipal Clerk/A.B.C. Board Secretary with ALL Applications for "Person-to-Person" License Transfers. If the new licensee is also purchasing alcoholic beverage inventory, the application must be accompanied by Check or Money Order in the amount of $75.00 payable to the Division of Alcoholic Beverage Control.

1. 12-Digit Liquor License No.

2. Name of Person (individual, partnership, corporation) to whom the liquor license is to be transferred:

3. Address of licensed premises:

4. Name of former licensee (prior to this "Person-to-Person" Transfer):

5. Is alcoholic beverage inventory being purchased in connection with this license transfer? _____Yes _____No

(If answer to Question No. 5 is "Yes," a Check or Money Order in the amount of $75.00 MUST accompany the application. If the answer is "No," the application should be filed WITHOUT the fee.)

Print Name of Applicant

Applicant Phone Number

Signature of Applicant

Date

TO: MUNICIPAL CLERK/SECRETARY OF MUNICIPAL A.B.C. BOARD

This application for a Bulk Sale Permit is to be forwarded to the Division of Alcoholic Beverage Control with the State copy of the Transfer Application or with the Municipal Resolution of Transfer.

01/08
MANDATORY

E-MAIL NOTIFICATION FORM

PLEASE COMPLETE EACH ITEM:

LICENSEE NAME: __________________________

LICENSE NUMBER: __________________________

PRIMARY E-MAIL ADDRESS: __________________________

SECONDARY E-MAIL ADDRESS: __________________________
NOTIFICATION OF SALE, TRANSFER, OR ASSIGNMENT IN BULK

ATTACH COPY OF PENDING CONTRACT OF SALE OR TRANSFER

This form is to be used by the purchaser/transferee to notify the Director of the Division of Taxation, of any bulk transfer in accordance with P.L. 2007, Chapter 100 (A5002). See Reverse Side.

By statute the following information is required to be submitted by registered mail ten (10) days before taking possession of, or paying for, the property. CERTIFIED MAIL OR OVERNIGHT DELIVERY IS ALSO ACCEPTABLE.

Name of Purchaser(s) ____________________________________________

Trade Name of Purchaser(s) ______________________________________

Street __________________________ City ___________________________ State _______ Zip Code ______

Federal Identification No. __________________________ Social Security No. __________________________

Name and Address of Attorney or Escrow Agent for Purchaser __________________________ __________________________

Telephone Number (________) ___________________________________

Name of Seller(s) _____________________________________________

Trade Name of Seller(s) _________________________________________

Name of Officer, Partner, or Individual Owner __________________________

Home Address __________________________ City _______________________ State _______ Zip Code ______

Home Phone Number (________) __________________________ Business Phone Number (________) __________________________

Federal Identification No. __________________________ Social Security No. __________________________

Name and Address of Attorney or Agent for Seller __________________________ Phone Number (________) __________________________

Date Seller Acquired Business: Month __________ Year __________

<table>
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<tr>
<th>SCHEDULED DATE OF SALE</th>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td></td>
<td>Sales Price of Furniture, Fixtures &amp; Equipment</td>
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<tr>
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<td>Sales Price of Land and Building</td>
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<td></td>
<td>Sales Price of Other Assets (attach schedule)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Total Sales Price</td>
<td>$</td>
</tr>
</tbody>
</table>

TERMS AND CONDITIONS OF SALE

LOCATION OF BUSINESS OR PROPERTY

TYPE OF BUSINESS

Signature __________________________ Title - If other than purchaser, please identify __________________________ Date __________
In accordance with P.L. 2007, Chapter 100 (A5002), whenever a person required to collect any state tax, or whenever a person subject to any state tax, shall make a sale, transfer, or assignment in bulk of any part or the whole of his business assets, otherwise than in the ordinary course of business, the purchaser, transferee, or assignee shall at least 10 days before taking possession of the subject of said sale, transfer, or assignment, or paying therefor, notify the Director by Registered Mail of the proposed sale and of the price terms and conditions thereof whether or not the seller, transferrer, or assignor has represented to, or informed the purchaser, transferrer, or assignee that he owes any tax pursuant to this act, and whether or not the purchaser, transferee, or assignee has knowledge that such taxes are owing and whether any such taxes are in fact owing.

Whenever the purchaser, transferee or assignee shall fail to give notice to the Director as required, by the preceding paragraph, or whenever the Director shall inform the purchaser, transferee, or assignee that a possible claim for such tax or taxes exists, any sums of money, property, or choses in action, or other consideration, which the purchaser, transferee, or assignee is required to transfer over to the seller, transferrer, or assignor shall be subject to a first priority right and lien for any such taxes theretofore or thereafter determined to be due from the seller, transferrer, or assignor to the State, and the purchaser, transferee or assignee is forbidden to transfer to the seller, transferrer or assignor any such sums of money, property, or choses in action to the extent of the amount of the State’s claim. For failure to comply with the provisions for this section, the purchaser, transferee, or assignee, shall be personally liable for the payment to the State of any such taxes theretofore or thereafter determined to be due to the State from the seller, transferrer, or assignor, and such liability may be assessed and enforced in the same manner as the liability for tax under this act.

Title 54 of the New Jersey Statutes Annotated also provides the following:

54:49-1 Tax a debt and lien; preference; proceeds paid to Director

The taxes, fees, interest and penalties imposed by any such State tax law, or by this subtitle, from the time the same shall be due, shall be a personal debt of the taxpayer to the State, recoverable in any court of competent jurisdiction in an action in debt in the name of the State. Such debt, whether sued upon or not, shall be a lien on all the property of the debtor except as against an innocent purchaser for value in the usual course of business and without notice thereof, and except as may be provided to the contrary in any other law, and shall have preference in any distribution of the assets of the taxpayer, whether in bankruptcy, insolvency, or otherwise. The proceeds of the judgment or order obtained hereunder, shall be paid to the Director.

(L. 1936, c.263, 302, p. 808, as amended L.1952, c.169, 1, p.44.)
ALCOHOLIC BEVERAGE CONTROL ENFORCEMENT UNIT
207 - 7th Street
Jersey City, New Jersey 07302

To: ALL APPLICANTS FOR LIQUOR LICENSE TRANSFERS

Re: INVESTIGATION OF APPLICANTS

Upon filing your application for a liquor license transfer, you must follow the below procedures for the investigation interview of the transfer:

1. Call for an appointment 201-547-5371 / 201-547-5795

   PLEASE NOTE: ALL INVESTIGATIONS TAKE AT LEAST THREE (3) WEEKS TO COMPLETE.

2. On the scheduled appointment date you must provide the following documentation:

   * Copy of 12 Page Transfer Application
   * Sheets with personal information
   * Contract of sale
   * Lease agreement
   * Source of cash monies (Bankbooks, mortgage commitment, bank statements for one (1) year or any documentation allowing where you received your cash monies
   * If you are a Corporation, a Corporate Resolution and/or minutes are required
   * A sketch of premises for any structural changes
   * Receipt for fingerprints

DOCUMENTS NEEDED FOR A PLACE-TO-PLACE TRANSFER

   * Copy of 12 Page Transfer Application
   * Contract of sale
   * Sheets with personal information
   * Lease agreement
   * Source of cash monies (Bankbooks, mortgage commitment, bank statements for one (1) year or any documentation allowing where you received your cash monies
   * A sketch of premises for any structural changes
   * Location must be completed and ready before transfer
   * If you are a Corporation, a Corporate Resolution and/or minutes are required
   * A copy of the Certificate of Occupancy
   * On site investigation by this unit will also be necessary
   * Receipt for fingerprints
   * Off street parking may be required for some locations

For the above and other types of Transfers, there may be additional information needed. You will be made aware of this at your interview with the ABC Enforcement Unit. PLEASE FEEL FREE TO BRING AN INTERPRETER WITH YOU - IF NEEDED.