

ORIGINAL + 2 COPIES

C-O
Tax Clearance
Application
Bulk Sale
Affidavit 750 Ft.
Affidavit Stockholders
750 Ft. Notarized
Consent
Publications
Lease Agreement
Deed
Sketch
Certificate of Corp.
Trade Name
Business License
Paper from Fire Dept.
Occupancy Law
Resolution for Attendance
Finger Prints
3 years Tax Return (Copy)
18 months of Bank Statement (Checking and Savings) (Copy)
Current Photograph
Contract of Sale
Copy of Check left for Deposit
Copy Application mortgage notes
Sales Tax Certificate

Check to Township of North Bergen
Check to State
Check for Bulk Sale

Division of

**ALCOHOLIC
BEVERAGE
CONTROL**

ORIGINAL + 2

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 ASSIGNED LICENSE NUMBER

[For DIVISION use only _____]

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

RETAIL LIQUOR LICENSE APPLICATION

DATE APPLICATION FILED:

____/____/____

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

CODE TYPE OF LICENSE (CHECK ONE)

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

THIS APPLICATION IS FOR:

- _____ 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
- 2 = Business Corporation
- 3 = A Partnership
- 4 = Unincorporated Club
- 5 = Incorporated Club
- 6 = Limited Partnership
- 7 = Limited Liability Company

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):
License may be held by Individual (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 _____

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 _____

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 _____

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 _____

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 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 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 _____

APPLICANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10A. CORPORATIONS AND LIMITED LIABILITY COMPANIES COMPLETE PAGE 10.

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 licensees 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:

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)

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. BOX 087, 140 EAST FRONT STREET
TRENTON, NJ 08625-0087

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

AFFIDAVIT

Supporting Application to Transfer Plenary Retail Consumption License to Location within 750 Feet of the Site of an Existing Plenary Retail Consumption License, Under the Restaurant Exception

_____, of full age being duly sworn upon his/her oath according to law, deposes and says:

1. I am the president of the corporate license transfer applicant, _____, which seeks to transfer Plenary Retail Consumption License No. _____ to the location having street address _____.
2. Said location is within 750 feet of the site of an existing plenary retail consumption license.
3. I understand that the Township of North Bergen has an ordinance prohibiting the transfer of a plenary retail consumption license to a location that is within 750 feet of the site of an existing plenary retail consumption license.
4. I further understand that said ordinance provides an exception to said prohibition so as to allow the transfer if the premises to which the transfer is sought are operated as a restaurant, as defined in N.J.S.A. 33:1(t), in which there shall be no bar except a service bar or service bars nor any bar opened to the public, nor any sale of intoxicating beverages for off premises consumption.
5. To induce the Municipal Board of Alcoholic Beverage Control of the Township of North Bergen to grant the aforementioned license transfer application, which is otherwise prohibited under said restaurant exception the license applicant by this affidavit of its president states that said applicant shall only operate as a restaurant as defined in N.J.S.A. 33 1-1(t) in which there shall be no bar except a service bar or service bars nor any bar opened to the public nor any sale of intoxicating beverages for off premises consumption.

President

Sworn to and subscribed
Before me this _____ day
Of _____ 20__

N.J.S.A. 33:1-1(T) defines "Restaurant" as an establishment regularly and principally used for the purpose of providing meals to the public having an adequate kitchen and dining room equipped for the preparing, cooking and serving of food for its customers and in which no other business except such as incidental to such establishment is conducted.



TOWNSHIP OF NORTH BERGEN

MUNICIPAL BOARD OF
ALCOHOLIC BEVERAGE CONTROL

MUNICIPAL BUILDING
4233 - KENNEDY BOULEVARD
NORTH BERGEN, NEW JERSEY 07047
(201) 392-2025

I THE UNDERSIGNED KNOW THAT I MUST NOT USE THIS LICENSE WITHIN 750 FEET OF ANOTHER LIQUOR LICENSE,
200 FEET FROM A FIREHOUSE OR 200 FEET FROM A SCHOOL OR CHURCH. (STATE LAW). UNLESS THEY GET A SIGNED
WAIVER EVERY YEAR FROM THE CHURCH.

Sworn to and subscribed to before me

this _____ day of _____ 20 _____

(NOTARY PUBLIC)



TOWNSHIP OF NORTH BERGEN
 MUNICIPAL BOARD OF
 ALCOHOLIC BEVERAGE CONTROL
 MUNICIPAL BUILDING
 4233 - KENNEDY BOULEVARD
 NORTH BERGEN, NEW JERSEY 07047
 (201) 392-2026

RE: Consent to Transfer P.R.

License: 0908

Heretofore issued to:-

Attention:

Secretary Board ABC

Dear Sir:

I/We _____
 the holder (_____) of the aforementioned 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 Unit of Alcoholic Beverage Control and their approval of the transfers applicant pursuant to sections 2&3 of N.J.A.C. 13:2-7.10 that I/We _____ the holder () of the aforementioned license in regards to a person-to-person transfer due hereby present this written statement, under oath and signed by an authorized representative affirming that the transferee is aware of all obligations outstanding to New Jersey alcoholic manufacturers, wholesalers and distributors, and that either the transferee has assumed any such obligations or the obligations has been or will be satisfied by me /us the transferor, out of the proceeds of the sale of the license premises in accordance to section 4 of N.J.A.C. 13:2-7.10, and request the Board of Alcoholic Beverage Control of the Township of North Bergen to grant said transfer.

 (Signature of Licensee)

Sworn to and Subscribed before me

This _____ Day of _____ 20____

 Signature of Officer Administering Oath



TOWNSHIP OF NORTH BERGEN
MUNICIPAL BOARD OF
ALCOHOLIC BEVERAGE CONTROL
MUNICIPAL BUILDING
4233 - KENNEDY BOULEVARD
NORTH BERGEN, NEW JERSEY 07047
(201) 392-2025

THE ALCOHOLIC BEVERAGE CONTROL BOARD IS REQUIRING THAT YOU SUBMIT TO THEM A COPY OF YOUR CERTIFICATE OF OCCUPANCY, ISSUED BY THE NORTH BERGEN BUILDING DEPARTMENT AT THE TIME THAT YOU SUBMIT YOUR APPLICATION FOR TRANSFER

SIGNATURE: _____



TOWNSHIP OF NORTH BERGEN
MUNICIPAL BOARD OF
ALCOHOLIC BEVERAGE CONTROL
MUNICIPAL BUILDING
4233 - KENNEDY BOULEVARD
NORTH BERGEN, NEW JERSEY 07047
(201) 392-2025

THE ALCOHOLIC BEVERAGE CONTROL BOARD IS REQUIRING THAT YOU SUBMIT TO THEM A COPY OF YOUR OCCUPANCY LOAD.

SIGNATURE: _____

REQUIREMENTS FOR BARTENDER'S LICENSE
(As of October 01, 2007)

1. APPLICANT MUST BE AT LEAST 18 YEARS OF AGE.
2. THREE (3) COLOR PASSPORT SIZE PHOTOGRAPHS.
3. IDENTIFICATION.
4. ADDRESS AND PHONE NUMBER OF THE PLACE OF EMPLOYMENT
5. A MONEY ORDER IN THE AMOUNT OF \$60.25 PAYABLE TO THE
"DIVISION OF STATE POLICE S.B.I.
6. \$15.00 IN CASH (SORRY NO CHECKS ACCEPTED)

**FAILURE TO FOLLOW REQUIREMENTS WILL
RESULT IN THE DENIAL OF THE BARTENDER'S
LICENSE**

-NOTICE-
ALCOHOLIC BEVERAGE LICENSE

Take notice that _____
(Name of Applicant)

trading as _____
(Trade Name, if any)

has applied to _____
(Name of Issuing Authority)

of _____
(Municipality)

for a _____ license for premises situated
(Type of License)

at _____
(NO.) (Street) (Municipality)

The person(s) who will hold an interest in this license is/are:

See*

(See** to insert other information if applicable)
Objections, if any, should be made immediately in writing to:

_____ Of _____
(Municipal Clerk) (Municipality and Mailing Address)

(Name of Applicant)

(Address of Applicant)

*If the applicant is an individual, insert the name and residence address of that individual.

If the applicant is a corporation, partnership, limited liability company, or other legal entity, insert the names and residence address of all persons identified in N.J.A.C. 13:2-1.2(a)

If the applicant is a club, insert the name and residence address of all officers and the offices they fill respectively, and the names and residence of the directors, trustees or other governing officials.

**If the application is for a building not yet constructed, insert in the Notice the following: "Plans of building to be constructed may be examined at the office of the Municipal Clerk."

§ 13:2-2.5 Publication of notice of application

(a) The notice of application shall be published once a week for two weeks successively, at least seven days apart in a newspaper printed in the English language, published and circulated in the municipality in which the licensed premises is located. If, however, there shall be no such newspaper, then the notice shall be published in a newspaper printed in the English language, published and circulated in the county in which the licensed premises is located.

(b) Proof of publication of the notice of application for license shall be furnished after the second publication with copies of the dated advertisements attached.

§ 13:2-1.2 Applications by corporations, partnerships, limited liability companies, and other types of legal entities; building not yet constructed

(a) If an applicant is a corporation, partnership, limited liability company, or other type of legal entity, insert in the Notice of Application the names and residences of all officers, directors, stockholders holding one percent or more of any of the stock of said corporation, general partners, members, and limited partners holding an interest of one percent or more. If in listing those, another corporation, partnership or other legal entity is noted, the Notice must also contain the required information concerning the officers, directors, stockholders, partners, or members of that corporation, partnership or other legal entity.

(b) If the application is to include as the licensed premises a building not yet constructed, also insert in the Notice the following: "Plans of building to be constructed may be examined at the Office of the Director of the Division of Alcoholic Beverage Control, 140 East Front Street, Trenton, New Jersey 08625".

(c) As used in this chapter, the term "legal entity" is defined as any association of natural persons, association, trust company, partnership, corporation, organization, limited liability company and the like.

RESOLUTION

THE TOWNSHIP OF NORTH BERGEN ABC BOARD RESOLVES THAT IN RESPECT TO ANY APPLICATIONS FOR A TRANSFER OF A LICENSE, A PREREQUISITE SHALL BE THE PERSONAL ATTENDANCE OF BOTH TRANSFEROR AND TRANSFEREE AT THE MEETING AT WHICH IT CONSIDERS THE TRANSFER APPLICATION. IN THE EVENT THE TRANSFEROR OR THE TRANSFEREE IS A CORPORATION, IT MAY APPEAR BY DIRECTOR, OFFICE OR ATTORNEY. IN THE EVENT THE TRANSFEROR IS COMPRISED OF MORE THAN ONE PERSON, AS WITH, BUT NOT LIMITED TO A PARTNERSHIP, ALL OWNERS MUST BE PRESENT AT SAID MEETING.

AYES; COMMISSIONER PALMITESSA, LA CROCE AND CHAIRMAN JACOB

NAYS; NONE

Sign: _____

JUNE 24, 1991

NORTH BERGEN BOARD OF ALCOHOLIC BEVERAGE CONTROL
County of Hudson - State of New Jersey

RESOLUTION

Whereas the hours of permitted sales of wine and malt alcoholic beverages by retail distributors are different from the hours of permitted sales other alcoholic beverages by retail distributors, which difference creates difficulty in enforcement; and

Whereas this Board finds it is in the public interest, and is beneficial to the fair, impartial, stringent and comprehensive administration of the alcoholic beverage laws, to adopt the below specified procedures and methods with respect to applications for licenses, license renewals and transfer of licenses;

Now therefore be it RESOLVED that, henceforth any application for license, license renewal, or for transfer of license, to be considered complete, shall be accompanied by the following supporting documents:

1. If the applicant owns the premises to be licensed, a true and legible copy of the applicant's deed to the premises;
2. If the applicant does not own the premises, a true and legible copy of the applicant's written lease to the premises, and if there is no written lease then a written statement of the terms of the rental arrangement, which terms shall include provisions relating to payment of rent, type of tenancy, length of the term of the rental, obligations to pay towards taxes, utilities or repairs, contingencies, and provision for off street parking;
3. If the applicant is a corporation, true and legible copies of the Certificate of Incorporation, all amendments to the Certificate of Incorporation, and stock certificates of all stockholders holding more than 10% of the shares of the corporation, and, if the corporation has been incorporated for more than one year, a Certificate of Good Standing issued by the New Jersey Secretary of State's Office;
4. If the applicant uses or will use a trade name, a copy of the trade name certificate filed with the Hudson County Clerks' Office, and a copy of any other documents required by law to be filed in connection with the applicant's use of said trade name;
5. If the application is for transfer to a place and the place sought to be licensed is in, partially in, or upon a lot abutting a residential zone, an affidavit or certification of the applicant that all owners of residential property whose residential lots are situated within 200 feet of the lot upon which the premises sought to be licensed is situated, were notified in writing, at least a week prior to the hearing, by certified mail return receipt requested, or by personal delivery, of the existence of the application for transfer, the identity of the applicant, the location of the premises sought to be licensed, the date, time and place of the hearing on said application, and of all businesses intended to be conducted at the premises sought to be licensed, as such businesses are disclosed in the application.

In the case of an application for license renewal, where the required document has been previously submitted in connection with a prior application by the same applicant for the same location, with the exception of the Certificate of Good Standing, it shall not be necessary to resubmit the same document unless, since the time of the original filing of the document, there have been changes to the document or to the facts asserted within the document.

So Resolved: Cosmo Palmitessa
Commissioner Palmitessa

So Resolved: Sam La Croce
Commissioner La Croce

So Resolved: Alvin J. Jacob
Commissioner Jacob