LIQUOR LICENSE TRANSFER GUIDE

The following information should only be used as a guide in processing transfer applications. An issuing authority may require additional information prior to considering a transfer application.

- 12-Page Application submitted in TRIPlicate (all original signatures). TYPES OF TRANSFERS: Person-to-Person, Place-to-Place, or Person-to-Person and Place-to-Place.
- 10% of Annual License Renewal Fee for Person-to-Person transfer.
- 10% of Annual License Renewal Fee for Place-to-Place transfer.
- $20 of Annual License Renewal Fee for both Person-to-Person and Place-to-Place transfers.
- $200 Check or Money Order payable to:
  STATE OF NJ, DIVISION OF ALCOHOLIC BEVERAGE CONTROL
- CONSENT TO TRANSFER (Consent of Sale), signed by license holder and notarized.
- Disclosure Statement of applicant (source of funding) for license purchase.
- Federal and State Fingerprint Reports from Police.
- Additional Investigative Report from Police.
- Detailed sketch of premises and proposed licensed area (including photo of outside of premises).
- Affidavit of Publication. Notice of Intent to Transfer, published twice, one week apart, giving the public the opportunity to communicate any objections to the transfer, in writing, to the Clerk of the Local Issuing Authority.
- BUYER (Transferee): Certificate of Sales Tax Authority must be submitted and Alcoholic Beverage Retail Licensee Clearance Certificate for Transfer must be obtained by contacting the Division of Taxation's ABC Licensing Unit at 609-292-0043.
- Application for Bulk Sale Permit. If purchasing existing inventory/stock of alcohol of present license holder, completed application must be accompanied by $75 check made payable to NJ Div. of Alcoholic Beverage Control. No check necessary if not purchasing existing stock, but the form must still be submitted. COMPLETED FORM MUST BE FILED WITH TRANSFER APPLICATION.
- Letter from Buyer's Attorney notifying Local Issuing Authority of closing date of license purchase.
- Resolution of Transfer passed by issuing authority. RESOLUTION CANNOT BE CONTINGENT ON ANOTHER ACTION. See ABC Bulletin 2473, Item #3 (May 30, 1997).
- License amended to reflect new ownership and generation change/application with appropriate checks forwarded to Director, Division of Alcoholic Beverage Control.

RECOMMENDED FOR TRANSFERER:

- Disciplinary Background Search - $25 fee. Requests should be made to the ABC Enforcement Bureau, Division of ABC, P.O. Box 087, Trenton, NJ 08625-0087.
- C.O.D. Matters - To determine if license is on C.O.D., please contact the "Credit Compliance Corporation" at (609) 585-8000.
APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

Applicants should complete the application in full. Where a question is not applicable, please enter the letter "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
- Partnership changes (except Limited Partnerships)
- Change of Corporate Structure (of more than 331/3% interest)
- Extension to Administrator, Executor, Receiver, Trustee in Bankruptcy
- License Renewal (unless an alternate application is provided by the Division of ABC)
- 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.

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 $100.00 filing fee, in the form of CERTIFIED CHECK or MONEY ORDER – payable to the Division of Alcoholic Beverage Control – should accompany all applications for New License, License Transfer 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#:__________________________
STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
FEE:__________________________
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
DATE:__________________________
RETAIL LIQUOR LICENSE APPLICATION

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
35 ___ 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 Nov. 14)
44 ___ Plenary Retail Distribution
43 ___ Limited Retail Distribution
OTHER
14 ___ Annual State Permit

DATE APPLICATION FILED:
_____/_____/_______

THIS APPLICATION IS FOR:

___ A New License
___ Person to Person Transfer
   (Ind. 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 = Incororporated 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 ____________________________

Number _______ Street Name _______

Municipality ____________________________ 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 ____________________________

Number _______ Municipality _______ Street Name _______

P.O. Box # ____________ 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:

_____/_____/_____
STATE ASSIGNED LICENSE NUMBER __________-________-________

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt, or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS answer question 3.1 only, entering N/A for "not applicable." (If you use N/A as a response to 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 BUILDING NO. _______ OF _______ TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ________Yes ________No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

3.4 Basement ________Yes ________No All of it ________Yes ________No

1st floor ________Yes ________No All of it ________Yes ________No

2nd floor ________Yes ________No All of it ________Yes ________No

3rd floor ________Yes ________No All of it ________Yes ________No

Specify each additional floor number to be included under this license;

if only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed 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):

__________________________  ____________________________
Street Address                                      (Last Name, First Name, Middle Initial or Corporate Name)

P.O. Box # ___________________ Municipality ______________________ State ________________

Zip _______________  "_____________

3.9 LANDLORD (HOLDER OF LEASE):

__________________________  ____________________________
Street Address                                      (Last Name, First Name, Middle Initial or Corporate Name)

P.O. Box # ___________________ Municipality ______________________ 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 (TRANSPORT 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 CONDUCT IT BY RESPONDING TO THE FOLLOWING QUESTIONS:

____ Restaurant
____ Catering
____ Hotel/Motel
____ Amusements
____ NJ Lottery
____ Grocery of Delicatessen
____ 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. __________________
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 ENTRED 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 ____________________________________________

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 ____________________________________________

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)

(_______) (_______) (_______)

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 ____________________________ Last Name ____________________________ First ________ Middle ________ Initial ________

DATE OF ACTION _____ / _____ / _____ DOCKET NO. __________________

PENALTY WAS IMPOSED BY: ____________________________

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 ____________________________ Last Name ____________________________ First ________ Middle ________ Initial ________

Date of Birth _____ / _____ / _____ Conviction Date _____ / _____ / _____

State ____________________________ Court of jurisdiction ____________________________

Description of offense (specific charge) ____________________________________________________________

Disposition (fine, penalty, etc.) ____________________________________________________________

Nature of interest in entity to be licensed ____________________________________________________________


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 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 SITTED PREMISES) MARK AN X HERE: ______

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

Street Address ________________________________________________

Municipality ____________________________ New Jersey

Number ______________________ Street Name ______________________

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 DUTY 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 No. ______________________________

Street Address __________________________ 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 IN 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) or Corporation

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

Social Security number __________ - __________ or

NJ Sales Tax Certificate of Authority No. ______________________________

Street Address __________________________ 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 AGREE 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) or Corporation

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

Social Security number __________ - __________ or

NJ Sales Tax Certificate of Authority No. ______________________________

Street Address __________________________ 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 __________________________________________________________
   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 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 9. 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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Home Street Address ________________________________

P.O. Box # __________________ Municipality ________________ State ________________

Zip ________________

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

Home telephone number (____) ____________ - ____________

Office telephone 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):

<table>
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Home Street Address ________________________________

P.O. Box # __________________ Municipality ________________ State ________________

Zip ________________

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

Home telephone number (____) ____________ - ____________

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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 __________________________

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

   Attest:

   ____________________________
   Corporate Name

   By ____________________________
   (Signature of Corporate President or Vice President)

   Secretary ____________________________
   Affix Corporate Seal

   Sworn to and subscribed before me
   this __________ day of __________ 2____

   ____________________________
   (Signature of Officer Administering Oath)

   ____________________________
   (Printed Name of Officer Administering Oath)

   ____________________________
   (Title of Officer Administering Oath)

   ____________________________
   (Date of Expiration of Commission, if applicable)
NOTICE

ALCOHOLIC BEVERAGE CONTROL

PERSON – PERSON TRANSFER AFFIDAVIT OF PUBLICATION

Take notice that application has been made to the City Council of the City of Long Branch to transfer to ____________________________ trading as ____________________________ for

(Name of transferee) (trade name)

Premises located at ____________________________ the ____________________________

(address of premise) (type of license and license number)

Heretofore issued to ____________________________, trading as ____________________________ for

(name of license in full) (trade name)

premise located at ____________________________, Long Branch, New Jersey 07740

(location of licensed premise)

Objections, if any, should be made immediately in writing to: Kathy L. Schmelz, RMC, City Clerk of the City of Long Branch, 344 Broadway, Long Branch, New Jersey 07740

______________________________

Name of Applicant

______________________________

Address of Applicant

(Notice should go in two weeks successively)
APPLICATION FOR BULK SALE PERMIT [BS]

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 in company 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 of Money Order in the amount of $50.00 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 $50.00 MUST accompany the application. If the answer is “NO”, the application should be filed WITHOUT the fee).

Print Name of Applicant

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.

12/97
NOTIFICATION OF SALE, TRANSFER, OR ASSIGNMENT IN BULK

This form is to be used to notify the Director of the Division of Taxation, of a bulk transfer in accordance with Section 22(c) of the New Jersey State Sales and Use Tax Act and Section 15 of the New Jersey Business Personal Property Tax Act. See Reverse Side.

The following information is required to be submitted by registered mail ten (10) days before taking possession of, or paying for, the property.

<table>
<thead>
<tr>
<th>Name of Purchaser(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Name of Purchaser(s)</td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td>City</td>
</tr>
<tr>
<td>Name and Address of Attorney or Escrow Agent for Purchaser</td>
<td>Amount of Escrow Fund</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Seller(s)</td>
<td>N.J. Tax Identification No.</td>
</tr>
<tr>
<td>Trade Name of Seller(s)</td>
<td></td>
</tr>
<tr>
<td>Name of Officer, Partner, or Individual Owner</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td>City</td>
</tr>
<tr>
<td>Home Phone Number</td>
<td>Business Phone Number</td>
</tr>
<tr>
<td>Name and Address of Attorney or Agent for Seller</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Date Seller Acquired Business</td>
<td>Month</td>
</tr>
</tbody>
</table>

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

TERMS AND CONDITIONS OF SALE

LOCATION OF BUSINESS OR PROPERTY

TYPE OF BUSINESS

ATTACH COPY OF PENDING CONTRACT OF SALE OR IMPORTANT ASPECTS THEREOF.

| SIGNATURE | TITLE - IF OTHER THAN PURCHASER, PLEASE IDENTIFY | DATE |
STATE OF NEW JERSEY

COUNTY OF MONMOUTH

and ________________, being of full age and being duly sworn according to law upon their oaths depose and say:

1. We are the President and Secretary, respectively, of ________________, a Corporation of the State of New Jersey.

2. On ________________, 19__, we will purchase the liquor business known as ________________ and will be the transferee of Plenary Retail License # ________________ expiring June 30, 19__, from ________________, a New Jersey Corporation.

3. The source of all funds used in the purchase of the license and the licensed business aforementioned will be ________________

4. This affidavit is made to evidence the aforementioned in order to induce the Mayor and Council of the City of Long Branch to adopt a resolution approving the person to person transfer of the aforementioned license from ________________ to ________________.

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF ___________ 19__.

Notary Public of the State of New Jersey
My Commission Expires
DISCLOSURE OF FUNDS STATEMENT

FORM (B)

SUBMITTED BY PURCHASER

STATE OF NEW JERSEY

SS:

COUNTY OF MONMOUTH

and ____________________________, being of full age and being duly sworn according to law upon their oaths depose and say:

1. We are the President and Secretary, respectively, of ____________________________, a Corporation of the State of New Jersey.

2. On ____________, 19__, we will purchase the liquor business known as ____________________________ and will be the transferee of Plenary Retail ____________________ License # ____________________ expiring June 30, 19__, from ____________________________, a New Jersey Corporation.

3. At the time of the sale set forth in paragraph 2 hereof, ____________________________ as transferee of said aforementioned license, was made award by transferor, ____________________________, of all obligations outstanding to New Jersey Alcoholic Beverage manufacturers, wholesalers and distributors and had agreed to assume all such obligations.

4. This affidavit is made to evidence the aforementioned in order to induce the Mayor and Council of the City of Long Branch to adopt a resolution approving the person to person transfer of the aforementioned license from ____________________________ to ____________________________.

SWORN AND SUBSCRIBED TO BEFORE ME THIS

______ day of ________________, 19___.

PRESIDENT

SECRETARY

NOTARY PUBLIC OF THE STATE OF NEW JERSEY
DISCLOSURE OF FUNDS STATEMENT
FORM (B)
SUBMITTED BY SELLER

STATE OF NEW JERSEY
SS:

COUNTY OF MONMOUTH

_________________________ and ____________________________, being
of full age and being duly sworn according to law upon their oaths depose and say:

1. We are the President and Secretary, respectively, of ____________________________, a Corporation of the State of New Jersey.

2. On __________________, 19__, we will sell the liquor business known as ____________________________, and will be the transferees of plenary Retail License # ____________________________ expiring June 30, 19__ from ____________________________, a New Jersey Corporation.

3. At the time of the sale set forth in paragraph 2 hereof, ____________________________, as transferor of said aforementioned license, shall make award of transfeere, ____________________________, of all obligations outstanding to New Jersey Alcoholic Beverage manufactures, wholesalers and distributors and will agree to assume all such obligations.

4. The affidavit is made to evidence the aforementioned in order to induce the Mayor and Council of the City of Long Branch to adopt a resolution approving the persons-person transfer of the aforementioned license from ____________________________ to ____________________________.

SWORN AND SUBSCRIBED TO BEFORE ME
THIS ___ DAY OF __________, 19__

_________________________
PRESIDENT

NOTARY PUBLIC OF THE STATE OF NEW JERSEY

_________________________
SECRETARY