INSTRUCTIONS FOR PLACE TO PLACE / EXPANSION OF PREMISE

1. 12 PAGE APPLICATION

2. FEES - $200.00 PAYABLE TO THE NJ STATE ABC
   $86.00 PLENARY RETAIL CONSUMPTION LICENSE
   $86.00 PLENARY RETAIL CONSUMPTION W/BROAD C PRIVILEGE
   $64.00 PLENARY RETAIL DISTRIBUTION LICENSE

3. AFFIDAVIT OF PUBLICATION (SAMPLE ATTACHED)

4. SKETCH OF EXPANDED AREA TO BE LICENSED

5. COPY OF APPROVAL OF THE PLANNING DEPARTMENT

COUNCIL MEETS THE 2ND AND 4TH TUESDAY OF EACH MONTH. ALL INFORMATION MUST BE RECEIVED IN THIS OFFICE THE MONDAY THE WEEK PRIOR IN ORDER TO BE PLACED ON AGENDA FOR APPROVAL.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL THIS OFFICE.

Kathy L. Schmelz, RMC
City Clerk
732-571-5686 or email kschmelz@ci.long-branch.nj.us
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.
STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
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]  

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Club</td>
</tr>
<tr>
<td>32</td>
<td>Plenary Retail Consumption</td>
</tr>
<tr>
<td></td>
<td>w/Broad Package Privilege</td>
</tr>
<tr>
<td>33</td>
<td>Plenary Retail Consumption</td>
</tr>
<tr>
<td>36</td>
<td>Plenary Retail Consumption</td>
</tr>
<tr>
<td></td>
<td>(Hotel/Motel Exception)</td>
</tr>
<tr>
<td>37</td>
<td>Plenary Retail Consumption</td>
</tr>
<tr>
<td></td>
<td>(Theatre Exception)</td>
</tr>
<tr>
<td>35</td>
<td>Seasonal Retail Consumption</td>
</tr>
<tr>
<td></td>
<td>(November 15 through April 30)</td>
</tr>
<tr>
<td>34</td>
<td>Seasonal Retail Consumption</td>
</tr>
<tr>
<td></td>
<td>(May 1 through Nov. 14)</td>
</tr>
<tr>
<td>44</td>
<td>Plenary Retail Distribution</td>
</tr>
<tr>
<td>43</td>
<td>Limited Retail Distribution</td>
</tr>
<tr>
<td>14</td>
<td>Annual State Permit</td>
</tr>
</tbody>
</table>

DATE APPLICATION FILED:  
_____/_____/_____

THIS APPLICATION IS FOR:  

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>A New License</td>
</tr>
<tr>
<td>Person to Person Transfer</td>
</tr>
<tr>
<td>(Incl. Partnership change, except Ltd. Partnership)</td>
</tr>
<tr>
<td>Place to Place Transfer</td>
</tr>
<tr>
<td>(Including expansion of premises)</td>
</tr>
<tr>
<td>Change of Corporate Structure</td>
</tr>
<tr>
<td>Extension of License (To Executor, Receiver, Administrator, etc.)</td>
</tr>
<tr>
<td>Renewal of License</td>
</tr>
<tr>
<td>Amendment of Application of File</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

__________

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
   3 = A Partnership
   5 = Incorporated Club
   2 = Business Corporation
   4 = Unincorporated 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_________________________ Street Name _______
Number ____________________ 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 # ____________ Municipality ___________ Street Name ____________
Number ____________________ 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 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:

<table>
<thead>
<tr>
<th>Floor</th>
<th>Entire Building</th>
<th>1st floor</th>
<th>2nd floor</th>
<th>3rd floor</th>
<th>All of It</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>No</td>
<td>All of it</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1st floor</td>
<td>Yes</td>
<td>No</td>
<td>All of it</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2nd floor</td>
<td>Yes</td>
<td>No</td>
<td>All of it</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3rd floor</td>
<td>Yes</td>
<td>No</td>
<td>All of it</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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):

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

Street Address ____________________________
Number ____________________________
Municipality ___________ Street Name ___________ State ___________
Zip ____________ - ____________

3.9 LANDLORD (HOLDER OF LEASE):

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

Street Address ____________________________
Number ____________________________
Municipality ___________ Street Name ___________ State ___________
Zip ____________ - ____________
STATE ASSIGNED LICENSE NUMBER __________-________-________

4.1 IS THE NEAREST ENTRANCE OF THE PLACE TO BE LICENSED WITHIN 200 FEET OF THE
NEAREST ENTRANCE OF ANY CHURCH OR SCHOOL? ______ Yes ______ No

IF THE ANSWER IS "YES", IS A WAIVER SIGNED BY THE APPROPRIATE OFFICIAL ATTACHED TO
THIS APPLICATION? ______ Yes ______ No

4.2 DOES THE APPLICANT INTEND TO USE ANY 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 __________________ Municipality ____________________________ State ____________________________

Type of Business ____________________________
HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Type of License or Permit Denied:</th>
<th>Retail</th>
<th>Wholesale</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warehouse</td>
<td>Manufacturer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit of Government which denied License or Permit:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Denial (approximate, if not known)</th>
<th>/ /</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Reason for Denial:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

IF THE ANSWER IS "YES", PROVIDE DETAILS OF EACH BELOW (Complete a separate page for each action):

<table>
<thead>
<tr>
<th>Name of individual:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF ACTION</th>
<th>/ /</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DOCKET NO.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PENALTY WAS IMPOSED BY:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>PENALTY CONSISTED OF:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FINED</th>
<th>$</th>
<th>NOT RENEWED</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUSPENDED</td>
<td></td>
<td>REVOKED</td>
</tr>
<tr>
<td>CANCELLED</td>
<td>(no. of days)</td>
<td></td>
</tr>
<tr>
<td>OTHER (explain):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

IF THE ANSWER IS "YES" PROVIDE DETAILS OF EACH BELOW (Complete a separate page for each action):

<table>
<thead>
<tr>
<th>Name of individual:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF CRIMINAL CONVICTION</th>
<th>/ /</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Conviction Date</th>
<th>/ /</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Court of jurisdiction</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of offense (specific charge)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposition (fine, penalty, etc.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nature of interest in entity to be licensed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If applicable, provide the date the Director of NJ Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal:</th>
<th>/ /</th>
</tr>
</thead>
</table>

(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. : (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 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
PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _______ - _______ - _______

ALL APPLICANTS ANSWER THE FOLLOWING

9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION, OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY?

_____ Yes _____ No

IF THE ANSWER IS "YES", ANSWER THE FOLLOWING, USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of individual (Last Name First) or Corporation

__________________________________________________________
Social Security number __________-________-______ or

NJ Sales Tax Certificate of Authority No. _______________________

Street Address ____________________________________________

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) or Corporation

__________________________________________________________
Social Security number __________-________-______ or

NJ Sales Tax Certificate of Authority No. _______________________

Street Address ____________________________________________

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

__________________________________________________________
Social Security number __________-________-______ or

NJ Sales Tax Certificate of Authority No. _______________________

Street Address ____________________________________________

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 (_______) Area Exchange _______

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 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)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Street Address</td>
<td>Number</td>
<td>Street Name</td>
</tr>
<tr>
<td>P.O. Box #</td>
<td>Municipality</td>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security number</td>
<td>Date of birth</td>
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</tr>
<tr>
<td>Home telephone number</td>
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</tr>
<tr>
<td>Office telephone number</td>
<td>Area</td>
<td>Exchange</td>
</tr>
<tr>
<td>% of business owned or controlled</td>
<td>Number of shares</td>
<td></td>
</tr>
</tbody>
</table>

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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   ____ 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 ________________________ ) SS:
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 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)

Affix Corporate Seal

________________________________________

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

________________________________________ (Signature of Officer Administering Oath)

BY DULY AUTHORIZED NOTARY PUBLIC

OR AN ATTORNEY AT LAW OF NEW JERSEY

(Printed Name of Officer Administering Oath)

(Title of Officer Administering Oath)

(Date of Expiration of Commission, If applicable)
SAMPLE ADVERTISEMENT FOR PLACE TO PLACE / EXPANSION OF PREMISE

Take notice that an application has been made to the City Council of the City of Long Branch to
transfer ______________________ trading as ______________________ for the
(corporation name) (trade name)
premises located at ____________________ the ______________________
(address if premise) (type of license)
heretofore issued to ____________________ trading as ____________________ for place to place
transfer / expansion of premises located at ____________________
(address of premise)

(note expansion if this is the case).

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

__________________________________________________________
Your name

__________________________________________________________
Your home address

__________________________________________________________
(City, State, zip)

MUST BE ADVERTISED TWO WEEKS SUCCESSIVELY (i.e....Monday Monday, Tuesday Tuesday)