140 East Front Street, PO Box 087, Trenton, NJ 08625-0087

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.
PROCEDURE FOR FILING AN APPLICATION FOR A LIQUOR LICENSE
TRANSFER (PERSON TO PERSON AND/OR PLACE TO PLACE)

1. Applicant must supply three (3) copies of all forms and 12-page application to Suzanne Hetman, Secretary to the Hoboken ABC Board, 94 Washington Street, Hoboken, New Jersey, (201) 420-2396.

2. Fees: $280.00 made payable to the City of Hoboken and $200.00 made payable to the State of New Jersey, Div. of ABC (money order, certified check or attorney’s trust account only).

3. The Consent of Transfer must be signed and notarized.

4. Bulk Sale Permit Application must be signed and notarized and submitted with the fee in the amount of $75.00, if applicable.

5. Must obtain a Tax Clearance Certificate for Transfer from the New Jersey State Division of Taxation. Call Ivan Gehman at (609) 292-6604.


7. For a Place to Place Transfer a five hundred (500) foot certification from Lt. James Roofe, Hoboken Police Department (Chapter 68, no two (2) licenses of the same category may be within five hundred (500) feet of each other.

8. For a Place to Place Transfer a two hundred (200) foot certificate from Lt. James Roofe (school or church in accordance with N.J.S.A. 33:1-76).

9. Zoning approval required for outdoor cafes or expansion of premises only. Contact: Ann Holtzman, Zoning Officer, (201) 420-2063.

10. Applicant must contact Lt. James Roofe, Hoboken Police Department, One Police Plaza, 108 Hudson Street (201) 420-2119 to begin the Police background check and investigation.
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>Type of License</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Club</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Plenary Retail Consumption w/Broad Package Privilege</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Plenary Retail Consumption (Hotel/Motel Exception)</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Plenary Retail Consumption (Theatre Exception)</td>
<td></td>
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<tr>
<td>37</td>
<td>Plenary Retail Consumption (November 15 through April 30)</td>
<td></td>
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<tr>
<td>34</td>
<td>Seasonal Retail Consumption (May 1 through Nov. 14)</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Plenary Retail Distribution</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Limited Retail Distribution</td>
<td></td>
</tr>
</tbody>
</table>

OTHER


DATE APPLICATION FILED:

_____/_____/_____

THIS APPLICATION IS FOR:

____ A New License
____ Person to Person Transfer (Incl. Partnership change, except Ltd. Partnership)
____ Place to Place Transfer (Including expansion of premises)
____ Change of Corporate Structure
____ Extension of License (To Executor, Receiver, Administrator, etc.)
____ Renewal of License
____ Amendment of Application of File
____ Other ______________________

This Area is Reserved for Municipal Use

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

State Fee $__________
Date Denied _____/_____/_____
(As Stated in Resolution)
Refund Amount $__________
Special Conditions Attached: _____ Yes _____ No

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

Signature of Municipal Clerk or ABC Secretary
STATE ASSIGNED LICENSE NUMBER ________-________-________-________

Application is made on behalf of: ______

1 = An Individual  2 = Business Corporation
3 = A Partnership  4 = Unincorporated Club
5 = Incorporated Club  6 = Limited Partnership

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT “TRADE NAME”):
______________________________________________________________________________________________________
(Last Name, First, Middle Initial or Corporate Name)

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

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 or it ______Yes ______No

Specify each additional floor number to be included under this license: ____________

If only part of any floor is to licensed, attach a more detailed explanation with sketches to clearly delineate licensed from unlicensed areas.

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

______Yes ______No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?

______Yes ______No

IF ANSWER IS “YES” ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING? ______Yes ______No

IF “YES”, IS THERE A MORTGAGE ON THE BUILDING? ______Yes ______No

DOES THE APPLICANT LEASE THE BUILDING? ______Yes ______No

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

_______________________________________________________________________________________________________

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

Street Address __________________________________________________________________________________________

Number  St reet Name ______________________________________________________________________________________

P.O. Box # ______________ Municipality  _____________________________State ___________________________

Zip _____________ - ___________

3.9 LANDLORD (HOLDER OF LEASE):

_______________________________________________________________________________________________________

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

Street Address __________________________________________________________________________________________

Number  St reet 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 (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 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 ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

______Yes ______No

If the answer is “Yes”, complete the following:

Name of individual ________________________________________________________________________________________

Last Name First Middle Initial

Title of position held _______________________________________________________________________________________

Name of Employing Agency _________________________________________________________________________________

5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? ______Yes ______No

IF THE ANSWER IS “YES”, COMPLETE THE FOLLOWING:

Name of individual ________________________________________________________________________________________

Last Name First Middle Initial

Title of office _____________________________________________________________________________________________

Municipality ______________________________________________________________________________________________

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

______Yes ______No

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

A. New Jersey license number, if applicable ________-________-________-________

B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

Name of entity conducting business (Corporation, Partnership or Individual)

(Last Name, First Name, or Corporate Name)

Street Address ____________________________________________________________________________________________

Number Street Name

P.O. Box # ____________ Municipality __________________________ State ______________________

Zip ___________ - ___________

Type of Business ____________________________________________
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:

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: ______________________________________________________________________________
(indicate whether by Div. ABC or identify Local Issuing Authority)

PENALTY CONSISTED OF:

_____ FINED $___________________________ _____ NOT RENEWED

_____ SUSPENDED (no. of days) _______________________ _____ REVOKED _____ CANCELLED

_____ OTHER (explain) _____________________________________________________________________________________

________________________________________________________________________________________________________

6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

____ Yes ______ No

A. IF THE ANSWER IS “YES”, ANSWER THE FOLLOWING:

Name of individual _________________________________________________________________________________________

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 _________________________________________________________________________

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

Provide Agency Docket No. : (NN)-_____________________________________
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 ____________ - ___________

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 __________________________

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
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 ESCRROW 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 _________________________________________________________________________________________
Number  Street Name

P.O. Box # ______________ Municipality  _____________________________State ___________________________
Zip _____________ - ___________

Describe Nature of Interest _________________________________________________________________________________

9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION, OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR?

______Yes ______No

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

Name of individual (Last Name First) or Corporation

__________________________

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

Social Security number ______-_____-______ or

NJ Sales Tax Certificate of Authority No. ____________________

Street Address _________________________________________________________________________________________
Number  Street Name

P.O. Box # ______________ Municipality  _____________________________State ___________________________
Zip _____________ - ___________

Describe Nature of Interest _________________________________________________________________________________

9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY, OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR?

______Yes ______No

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

Name of individual (Last Name First) or Corporation

__________________________

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

Social Security number ______-_____-______ or

NJ Sales Tax Certificate of Authority No. ____________________

Street Address _________________________________________________________________________________________
Number  Street Name

P.O. Box # ______________ Municipality  _____________________________State ___________________________
Zip _____________ - ___________

Describe Nature of Interest _________________________________________________________________________________

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

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

10.1 Name or corporation ___________________________________________________________________________________________

10.2 Street address of home office ____________________________________________________________________________________

Municipality _____________________________
Number Street Name
State ___________________________ Zip _____________ - ___________

10.3 NJ Sales Tax Certificate of Authority Number ____________________________

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY, INSERT N/A IF NONE.

Street Address ______________________________________________________________________________________

Municipality _____________________________ New Jersey
Number Street Name
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 or revocation ____ / ____ / ____
Beginning date ____ / ____ / ____
Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW, OR PROCEEDINGS IN A STATE OF U.S. DISTRICT COURT, MAY BE MADE:

Name ________________________________________________________________________________________________

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

Street Address ______________________________________________________________________________________

Municipality _____________________________ New Jersey
Number Street Name
Zip ___________ - ___________ Telephone 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 ________-________-________-________

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)

_____________________________________________________________________________________________________________

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

Last Name First 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):

_____________________________________________________________________________________________________________

Last Name First 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 (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)
   (Signature of Partner)
   (Signature of Partner)
   (Signature of Partner)

Sworn to and subscribed before me
this __________ day of __________ 2_______.

______________________________________________
(Signature of Officer Administering Oath)

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

Pursuant to N.J.S.A. Title 33, c 1; N.J.A.C. 13:2-23.12, this application must be completed and filed with the Municipal Clerk/ABC 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 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

   __________________________________________________________________

   Print Name of Applicant

   Signature of Applicant Date

TO: MUNICIPAL CLERK; SECRETARY OF MUNICIPAL ABC 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.
Take notice that application has been made to the Board of Alcoholic Beverage Control of the City of Hoboken, New Jersey for (EXPANSION OR TRANSFER) of premises.

__________________________
(name of applicant)
Trading as ____________________________
(trade name if any)
for premises located at ____________________________
(address of premises to which transfer or expansion is sought)
Hoboken, N. J. the Plenary Retail ____________________________
(type of licensee)
License No. ____________________________ heretofore issued to ____________________________
(name of licensee in full)
Trading as ____________________________ for premises located at ____________________________
(No. and Street)

Objections if any should be made immediately in writing to Suzanne Hetman, Acting Secretary of the Board of Alcoholic Beverage Control of the City of Hoboken, N.J.

(Name of Applicants)
__________________________
__________________________
__________________________
__________________________
__________________________
__________________________
__________________________
__________________________

(Address of applicant)
__________________________
__________________________
__________________________
__________________________
__________________________
__________________________
__________________________
__________________________

NOTICE TO APPLICANT

N.J.A.C. 13:2-7.7
PUBLICATION MUST BE ONCE A WEEK FOR TWO WEEKS SUCCESSIVELY, 7 DAYS APART, IT CAN NOT BE ACTED UPON NO LESS THEN 5 DAYS AFTER THE SECOND INSERTION. (EXCLUDING SATURDAY, SUNDAY, LEGAL HOLIDAY)
Board of Alcoholic Beverage Control
City of Hoboken, New Jersey
94 Washington Street
Hoboken, New Jersey, 07030
201-420-2013

Consent of Transfer

Gentlemen:

( Name of current license holder )

to whom Plenary Retail ______________________ License No. ________________
expiring June 30 ________ was granted by the Board of Alcoholic Beverage Control
(year )
of the City of Hoboken, New Jersey, for premises situated at ______________________

( Address of Licenced premise )
Hoboken, New Jersey, DO HEREBY
CONSENT TO the TRANSFER of said License to ______________________

( Name of new licensee )
for premises situated at ______________________ Hoboken, N.J.
____________ certify that in connection with this license that there are no
diciplinary proceedings or court action instituted or pending; nor has any penalty been im-
posed effecting the terms and conditions of this license.

Respectfully Yours

____________________

Subscribed and Sworn to before
me this ______ day of _______ 

____________________

A Notary Public of New Jersey
Board of Alcoholic Beverage Control
City of Hoboken, New Jersey
94 Washington Street
Hoboken, New Jersey, 07030
201-420-2013

Corporate Structure Change

Liquor license # ________________________________

Take notice that on ___________________________ a change occurred in the stockholdings of

______________________________________________

( Licensee )

trading as ___________________________________

( Trade name if any )

holder of ________________________________ for premises

( Type of license )

located at ___________________________________

( No.                                        Street                                        City)

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

name ____________________________ residence address ____________________________

____________________________________________

____________________________________________

____________________________________________

Any information concerning the qualifications of any of the above stockholders should be communicated in writing to the:
Director, Division of Alcoholic Beverage Control,
CN 087 Trenton, New Jersey 08625