

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 TRANSFEREE:

- 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.

Division of
**ALCOHOLIC
BEVERAGE
CONTROL**

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 33 1/3% interest)
- Extension to Administrator, Executor, Receiver, Trustee in Bankruptcy
- License Renewal (unless an alternate application is provided by the Division of ABC)
- 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.



New Jersey Department of Law and Public Safety

TR#: _____

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
RETAIL LIQUOR LICENSE APPLICATION

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

FEE: _____

DATE: _____

STATE ASSIGNED LICENSE NUMBER

DATE APPLICATION FILED:

_____-_____-_____
[For DIVISION use only _____]

_____/_____/_____

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

THIS APPLICATION IS FOR:

- 31 _____ Club
32 _____ Plenary Retail Consumption
w/Broad Package Privilege
33 _____ Plenary Retail Consumption
36 _____ Plenary Retail Consumption
(Hotel/Motel Exception)
37 _____ Plenary Retail Consumption
(Theatre Exception)
35 _____ Seasonal Retail Consumption
(November 15 through April 30)
34 _____ Seasonal Retail Consumption
(May 1 through Nov. 14)
44 _____ Plenary Retail Distribution
43 _____ Limited Retail Distribution
OTHER
14 _____ Annual State Permit
(N.J.S.A. 33:1-42, NJAC 13:2-52)

- _____ 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
 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 _____
 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:

____ / ____ / ____

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
1 st floor	_____ Yes _____ No	All of it _____ Yes _____ No
2 nd floor	_____ Yes _____ No	All of it _____ Yes _____ No
3 rd 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):

(Last Name, First Name, Middle Initial or Corporate Name)
Street Address _____
Number _____ Street 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 _____ Street Name _____
P.O. Box # _____ Municipality _____ 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 CONDUCT 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 or 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. _____

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 _____ REVOKED _____ CANCELLED

(no. of days)

_____ 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)- _____

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. 33:1-12.207
_____ 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 _____

Number _____

Street Name _____

Municipality _____

New Jersey

Zip _____

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

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

Date of first notice ____/____/____

Date of second notice ____/____/____

- 8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE _____

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

Date of notice ____/____/____

Name of newspaper publishing notice _____

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

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

_____ Yes _____ No

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

_____ Yes _____ No

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

_____ Yes _____ No

- 8.13 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?

_____ Yes _____ No

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING

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

____ Yes ____ No

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

Name of individual (Last Name First) or Corporation _____

(Last Name, First Name, Middle Initial or Corporate Name)
Social Security number _____ - _____ - _____ or _____

NJ Sales Tax Certificate of Authority 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 _____

Number Street Name
Municipality _____

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 _____
Number Street Name

Municipality _____ 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 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 _____

Number Street Name

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (____) _____ - _____

Area 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).

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)

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

 (Partnership Name)

 (Signature of Partner)

Attest:

 Corporate Name

 (Signature of Partner)

By _____
 (Signature of Corporate President or Vice President)

 (Signature of Partner)

Secretary _____
 Signature
 Affix Corporate Seal

 (Signature of Partner)

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

AFFIDAVIT MUST BE SIGNED HERE →
 BY DULY AUTHORIZED NOTARY PUBLIC
 OR AN ATTORNEY AT LAW OF NEW JERSEY

 (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)

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

APPLICATION FOR BULK SALE PERMIT [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

DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
Bulk Sale Unit
CN-245
Trenton, New Jersey 08646-0245

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.

Name of Purchaser(s) _____

Trade Name of Purchaser(s) _____

Street _____ City _____ State _____ Zip Code _____

Federal Identification No. _____ Social Security No. _____

Name and Address of Attorney
or Escrow Agent for Purchaser _____

Amount of Escrow Fund _____

Telephone Number _____

N.J. Tax Identification No. _____

Name of Seller(s) _____

Trade Name of Seller(s) _____

Name of Officer, Partner, or Individual Owner _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Business Phone Number _____

Federal Identification No. _____ Social Security No. _____

Name and Address of Attorney
or Agent for Seller _____ Phone Number: _____

Date Seller Acquired Business _____ Month _____ Year _____

SCHEDULED DATE OF SALE

Sales Price of Furniture, Fixtures, & Equipment	\$ _____
Sales Price of Land and Building	\$ _____
Sales Price of Other Assets (attach schedule)	\$ _____
Total Sales Price	\$ _____

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

DISCLOSURE OF FUNDS STATEMENT
FORM (A)

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. 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____

PRESIDENT _____

Notary Public of the State of New Jersey

SECRETARY _____

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 _____

NOTARY PUBLIC OF THE STATE OF NEW JERSEY

SECRETARY _____

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 transferrors 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 transferee, _____, 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