



TOWNSHIP OF PENNSAUKEN

Camden County, New Jersey

Pennsauken Township Liquor License Background Check

LAST (Maiden) FIRST Middle

Current Address Street Municipality State/Zip

Previous Address

Date of Birth Place of Birth

Home Phone # Cell phone #

Email address SS#

Race Height Weight Hair Color Eyes

Occupation

Driver's License No. State Expiration

Have you ever obtained a Canvassers permit? Y or N What Police Dept.?

Date obtained:

Have you ever been convicted of a crime? Y or N Where?

Explain

Name of product or service you are soliciting

Name / Address of company or organization you are employed by

Phone No.

SECURITY CHECK AUTHORIZATION (WAIVER)

As indicated above, I have applied for Non-Criminal Justice employment licensing, or as a volunteer participant in a Block Parent/Helping Hand type of program. For the purpose of this application, I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria for the stated purpose to the Pennsauken Police Department and the Township of Pennsauken. Any information released as a result of this authorization shall be used only for the express purpose of processing the above indicated application.

Signature of Applicant

Date

Police Use Only

APPLICATION FOR: _____

State or Federal Statute, Rules or Regulations

Description _____

Local Ordinance: _____

Non-Criminal Number _____ Date of Application _____

Application Received by _____ I.D. # _____

PURSUANT to an amendment to the Rules and Regulations Title 13, Subtitle B, of the New Jersey Administrative Code, N.J.A.C. 13:2; the following information must be supplied in addition to the completed application form when a person to person transfer is requested.

The applicant must disclose for the issuing authority's review, the source of all funds used for the purchase of the license and the licensed business and all additional financing obtained in connection with the licensed business.

The applicant must supply a written statement, under oath, signed by an authorized representative of both the transferor and the transferee affirming that the transferee is aware of all obligations outstanding to New Jersey Alcoholic Manufacturers, wholesalers and distributors and that either the transferee has assumed any such obligations or the obligations have been or will be satisfied by the transferor.

CHECK PROPER LINE

Liquor License _____

Public Amusement License _____

Billiard Hall License _____

Other _____

BACKGROUND DATA

Individual Applicants Name _____
(Last) (Maiden) (First) (Middle)

Age _____ Date of Birth _____ Place of Birth _____

Sex _____ Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

Social Security # _____ DL # and State _____

Home Address _____ # of Years _____

Home Phone # _____ Work Phone # _____

List all previous addresses from the age of 18:

_____ # of Years _____

_____ # of Years _____

_____ # of Years _____

_____ # of Years _____

_____ # of Years _____

Name of Mother / include maiden name _____

Name of Father _____

Sister s – (give full name)

Brothers – (give full name)

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

High School Attended _____
From _____ NAME

To _____
ADDRESS

College/University Attended _____
From _____ NAME

To _____
ADDRESS

Military Service Yes _____ No _____ If yes, Complete the following

Branch _____ # of years _____ Type of Discharge _____

Marital Status: Single _____ Married _____ Divorce _____ Widow _____

Name of Husband / Wife (include maiden name) _____

Does he/she reside with you ? yes _____ No _____

Number of years married _____

Any previous marriages _____
(give full names)

Name of children and ages with married names of daughters

Name (Address / not in same home) Age

Name (Address / not in same home) Age

Name (Address / not in same home) Age

Name (Address / not in same home) Age

Are you a Native Born Citizen Yes _____ No _____

If no, complete the following:

Are you a naturalized Citizen Yes _____ No _____

Country of Birth _____

Citizen of _____

Date of Entry _____ Place of Entry _____

Immigration # _____

If not a citizen or naturalized citizen of the United States of America, explain status.

Have you ever been arrested or charged with any criminal or disorderly offense in this State or any jurisdiction? Yes _____ No _____

If yes complete the following

Nature of Charges	Name of Government Agency	Date	Disposition
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Present Occupation _____

Present Employer _____

List all previous employers & occupations from leaving High School to present

Employed by	Address	Position	From/To
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS DATA

Trade Name (Business to be licensed)

Address of Business _____

Telephone # _____

Name of Applicant Company of Corporation

Co/Corp. Address _____

Telephone # _____

Has Corporation Registered in State of New Jersey YES ____ NO ____ Date filed _____

If not, where has corporation filed _____
(include copy of incorporation papers)

Is your company / corporation listed on stock exchange YES ____ NO ____
(If yes, include most recent copy of form 10-K)

List below all officers of company / corporation, as well as all stockholders holding 1% or more of stock,
Also in cases of partnerships, list all partners, list yourself first.

NAME	ADDRESS	POSITION	% OF BUSINESS
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LICENSED PREMISES DATA

Describe type of activities which will be conducted at premises to be licensed:

Is building leased, purchased outright or mortgaged

If purchased, price of premises \$ _____

List lessor or mortgage holder:

Building:

(Name) (Address)

Amount of Mortgage or lease \$ _____

Land _____
(Name) (Address)

Amount of Mortgage or lease \$ _____

List below all individuals, partnerships, corporations, including applicant who contributed, lent or invested towards purchase of premises. If a corporation other than applicant; corporation in named, also include all officers and stockholders of that corporation.

NAME	ADDRESS	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIQUOR LICENSE APPLICANTS

Cost of Liquor License _____

Is cost being financed? YES _____ NO _____

If yes, how much _____

Name of Finance company or banking institution:

List below all individuals, partnerships, corporations, including applicant who contributed lent or invested money towards purchase of liquor license, If a corporation other than applicant corporation is named also, include all officers and stockholders of that corporation. *(use reverse side if necessary)*

NAME

ADDRESS

AMOUNT

BILLIARDS OR PUBLIC AMUSEMENT LICENSES

Have you ever held or presently hold a billiards hall or public amusement license anywhere

YES _____ NO _____

Have you ever worked in or operated a billiards hall (Pool Hall) or a place holding a public amusement license? YES _____ NO _____

If yes for either question list below

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIQUOR LICENSE APPLICANTS

Have you ever owned a liquor license before or worked on a licensed premise?

YES _____ NO _____

If yes list below

NAME OF BUSINESS	ADDRESS	POSITION

Have you ever been charged with any Liquor License Violations? YES _____ NO _____

If yes explain

Nature of Charge	Charging Agency	Disposition	Days

Please provide copies of your Financials including all bank accounts for the previous 3- 6 months.

OATH OF APPLICANT

Oath may be taken before any person authorized to administer oaths

STATE OF _____)

SS

COUNTY OF _____)

The undersigned being duly sworn upon his/her oath, deposes and says that he/she is the applicant named; that he/she is the person who signed the attached application, comprised of eleven (11) pages, and that all matters and statement of facts contained in the foregoing application are true and complete, under penalty of New Jersey Penal Code.

Signature of Applicant

Sworn and subscribed to before
me this _____ day of

_____, 20 ____

Notary Public

Address

My Commission expires: _____

RELEASE AUTHORIZATION

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, BANKS,
FINANCIAL AND OTHER INSTITUTIONS AND ALL GOVERNMENTAL AGENCIES, FEDERAL STATE
AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.

I have authorized the Pennsauken Police department to conduct a full investigation into my
background and activities. Therefore, you are hereby authorized to release any and all
information pertaining to me, documentary or otherwise, as requested by any appropriate
employee agent or representative of the Pennsauken Police Department. This authorization
shall supersede and countermand any prior request or authorization to the contrary. A photo
static copy of this authorization will be considered as effective and valid as the original.

DATED: _____ L.S.

Subscribed and sworn to before me on this

_____ day of _____, 20____

NOTARY PUBLIC

STATE OF: _____

My Commission expires _____