

BOROUGH OF MANVILLE
APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL LICENSE

- A. Per requirements of TITLE 33 of the New Jersey Statutes (P.L. 1933 C. 438 as amended) and the regulations, rules, and bulletins promulgated thereto, each individual, applicant, entity applicant, owner, corporate officer, and stockholder shall prepare and answer fully and completely, questions contained within this application
- B. All questions must be answered and request for copies or verification of certain facts contained herein supplied by applicant(s) when returning application. If application is not complete in all details requested, said application will be returned to applicant which will result in either a delay or refusal of said license.
- C. Applicant must be fingerprinted and photographed by the Police Department upon submitting a completed application.

Name and address of present holder of license for which application is made:

NAME(S): _____

ADDRESS: _____

TELEPHONE NUMBER (INCLUDE AREA CODE): _____

LOCATION OF BUSINESS: _____

PRESENT BUSINESS NAME: _____

PROPOSED BUSINESS NAME: _____

PROPOSED LOCATION OF BUSINESS: _____

APPLICANT(S):

NAME: (FULL NAME, AND MAIDEN NAME, IF APPLICABLE)

HOME ADDRESS:

YEARS AT PRESENT ADDRESS: _____

IF NOT MORE THAN 10 YEARS, LIST ALL ADDRESSES OF RESIDENCE FOR PAST 10 YEARS:

ADDRESS: _____

FROM (DATE): _____ TO (DATE): _____

ADDRESS: _____

FROM (DATE): _____

TO (DATE): _____

ADDRESS: _____

FROM (DATE): _____

TO (DATE): _____

DRIVERS LICENSE #: _____

STATE OF ISSUE: _____

PHONE NUMBER (INCLUDE AREA CODE)

HOME: _____

BUSINESS: _____

MARITAL STATUS: _____

HUSBAND'S OR WIFE'S NAME (INCLUDE PREVIOUS NAMES USED, MAIDEN NAME, PREVIOUS MARRIED NAMES, ETC.):

ARE YOU AN AMERICAN CITIZEN: _____

IF NOT, CITIZEN OF WHAT COUNTRY: _____

AGE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

HEIGHT: _____

WEIGHT: _____

SEX: _____

EYE COLOR: _____

HAIR COLOR: _____

SOCIAL SECURITY: _____

MILITARY SERVICE: _____

BRANCH OF SERVICE: _____

DATE (FROM): _____

DATE (TO): _____

SERVICE NUMBER: _____

TYPE OF DISCHARGE: _____

JOB CLASSIFICATION IN SERVICE: _____

EDUCATIONAL BACKGROUND:

GIVE A BRIEF DESCRIPTION OF DEGREES OBTAINED, SCHOOLING, OR COURSES TAKEN, WHERE TAKEN AND DATES OF GRADUATION:

EMPLOYMENT:

CURRENT EMPLOYER: _____

ADDRESS: _____

JOB DESCRIPTION OR TITLE: _____

PHONE NUMBER AND EXTENSION, INCLUDE AREA CODE: _____

YEARS AT PRESENT EMPLOYMENT: _____

FROM (DATE): _____ TO (DATE): _____

YEARLY SALARY EARNED: _____

PAST EMPLOYERS:

LIST EMPLOYERS, ADDRESSES, PHONE NUMBERS, AND JOB DESCRIPTION FOR PAST TEN YEARS:

1. EMPLOYERS NAME: _____

ADDRESS: _____

JOB DESCRIPTION OR TITLE: _____

PHONE NUMBER AND EXTENSION, INCLUDE AREA CODE: _____

YEARS AT EMPLOYMENT: _____

FROM (DATE): _____ TO (DATE): _____

2. EMPLOYERS NAME: _____

ADDRESS: _____

JOB DESCRIPTION OR TITLE: _____

PHONE NUMBER AND EXTENSION, INCLUDE AREA CODE: _____

YEARS AT EMPLOYMENT: _____

FROM (DATE): _____ TO (DATE): _____

3. EMPLOYERS NAME: _____

ADDRESS: _____

JOB DESCRIPTION OR TITLE: _____

PHONE NUMBER AND EXTENSION, INCLUDE AREA CODE: _____

YEARS AT EMPLOYMENT: _____

FROM (DATE): _____ TO (DATE): _____

4. EMPLOYERS NAME: _____

ADDRESS: _____

JOB DESCRIPTION OR TITLE: _____

PHONE NUMBER AND EXTENSION, INCLUDE AREA CODE: _____

YEARS AT EMPLOYMENT: _____

FROM (DATE): _____ TO (DATE): _____

FAMILY HISTORY:

FATHER'S NAME: _____

FATHER'S ADDRESS: _____

FATHER'S EMPLOYER: _____

FATHER'S PHONE NUMBER, INCLUDE AREA CODE: _____

MOTHER'S NAME: _____

MOTHER'S ADDRESS: _____

MOTHER'S EMPLOYER: _____

MOTHER'S PHONE NUMBER, INCLUDE AREA CODE: _____

FATHER-IN-LAW'S NAME: _____

FATHER-IN-LAW'S ADDRESS: _____

FATHER-IN-LAW'S EMPLOYER: _____

FATHER-IN-LAW'S PHONE NUMBER, INCLUDE AREA CODE: _____

MOTHER-IN-LAW'S NAME: _____

MOTHER-IN-LAW'S ADDRESS: _____

MOTHER-IN-LAW'S EMPLOYER: _____

MOTHER-IN-LAW'S PHONE NUMBER, INCLUDE AREA CODE: _____

BROTHERS-IN-LAW and SISTERS-IN-LAW, LIST BELOW:

1. NAME: _____

ADDRESS: _____

EMPLOYER: _____

PHONE: HOME: _____ BUSINESS: _____

2. NAME: _____

ADDRESS: _____

EMPLOYER: _____

PHONE: HOME: _____ BUSINESS: _____

3. NAME: _____

ADDRESS: _____

EMPLOYER: _____

PHONE: HOME: _____ BUSINESS: _____

4. NAME: _____

ADDRESS: _____

EMPLOYER: _____

PHONE: HOME: _____ BUSINESS: _____

5. NAME: _____
ADDRESS: _____
EMPLOYER: _____
PHONE: HOME: _____ BUSINESS: _____

BROTHERS and SISTERS, LIST BELOW:

1. NAME: _____
ADDRESS: _____
EMPLOYER: _____
PHONE: HOME: _____ BUSINESS: _____

2. NAME: _____
ADDRESS: _____
EMPLOYER: _____
PHONE: HOME: _____ BUSINESS: _____

3. NAME: _____
ADDRESS: _____
EMPLOYER: _____
PHONE: HOME: _____ BUSINESS: _____

4. NAME: _____
ADDRESS: _____
EMPLOYER: _____
PHONE: HOME: _____ BUSINESS: _____

5. NAME: _____
ADDRESS: _____
EMPLOYER: _____
PHONE: HOME: _____ BUSINESS: _____

(IF ADDITIONAL SPACE IS NECESSARY, PLEASE PROVIDE ON SEPARATE SHEET AND ATTACH)

CHILDREN:

1. NAME: _____
ADDRESS: _____
AGE: _____ DATE OF BIRTH: _____
PLACE OF BIRTH: _____
EMPLOYER: _____
PHONE: HOME: _____ BUSINESS: _____
2. NAME: _____
ADDRESS: _____
AGE: _____ DATE OF BIRTH: _____
PLACE OF BIRTH: _____
EMPLOYER: _____
PHONE: HOME: _____ BUSINESS: _____
3. NAME: _____
ADDRESS: _____
AGE: _____ DATE OF BIRTH: _____
PLACE OF BIRTH: _____
EMPLOYER: _____
PHONE: HOME: _____ BUSINESS: _____
4. NAME: _____
ADDRESS: _____
AGE: _____ DATE OF BIRTH: _____
PLACE OF BIRTH: _____
EMPLOYER: _____
PHONE: HOME: _____ BUSINESS: _____

5. NAME: _____
ADDRESS: _____
AGE: _____ DATE OF BIRTH: _____
PLACE OF BIRTH: _____
EMPLOYER: _____
PHONE: HOME: _____ BUSINESS: _____

(IF ADDITIONAL SPACE IS NECESSARY, PLEASE PROVIDE ON SEPARATE SHEET AND ATTACH)

CRIMINAL HISTORY:

LIST ALL ARRESTS, DATES, LOCATIONS OF COMPLAINTS, DISPOSITIONS OF CHARGES, AND INCLUDE ALL MOTOR VEHICLE AND DISORDERLY PERSONS OFFENSES.

1. CHARGE: _____
MUNICIPALITY AND STATE: _____
DATE: _____ CONVICTION: YES _____ NO _____
DISPOSITION, FINE PAID, JAIL SENTENCE, PROBATION, ETC.: _____

EXPLAIN THE CHARGES OR OFFENSES: _____

2. CHARGE: _____
MUNICIPALITY AND STATE: _____
DATE: _____ CONVICTION: YES _____ NO _____
DISPOSITION, FINE PAID, JAIL SENTENCE, PROBATION, ETC.: _____

EXPLAIN THE CHARGES OR OFFENSES: _____

3. CHARGE: _____

MUNICIPALITY AND STATE: _____

DATE: _____

CONVICTION: YES _____ NO _____

DISPOSITION, FINE PAID, JAIL SENTENCE, PROBATION, ETC.: _____

EXPLAIN THE CHARGES OR OFFENSES: _____

BUSINESS HISTORY:

IF ANY QUESTIONS APPLY, EXPOUND IN FULL DETAIL

1. DO YOU HAVE ANY BUSINESS INTEREST IN ANY OTHER LIQUOR LICENSE OR ESTABLISHMENT? YES: _____ NO: _____
2. DO YOU CURRENTLY OR HAVE YOU EVER OWNED OR HELD SHARES IN ANY LIQUOR LICENSE OR ESTABLISHMENT? YES: _____ NO: _____
3. HAVE YOU EVER FILED FOR BANKRUPTCY? YES: _____ NO: _____

4. WHO WILL MANAGE THE BUSINESS APPLIED FOR IN THIS APPLICATION?

NAME: _____

ADDRESS: _____

PHONE NUMBER, INCLUDE AREA CODE: _____

AGE: _____ DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

5. TYPE OF BUSINESS PROPOSED. LIST ALL FACTS IN THE TYPE OF BUSINESS YOU PLAN TO OPERATE UNDER THIS LICENSE, SUCH AS FOOD, LIVE ENTERTAINMENT, ETC.

6. NUMBER OF EMPLOYEES: _____ LIST NAMES AND ADDRESSES IF KNOWN:

7. NAME OF BOOKKEEPER: _____

ADDRESS: _____

PHONE NUMBER, INCLUDE AREA CODE: _____

8. NAME OF ACCOUNTANT: _____

ADDRESS: _____

PHONE NUMBER, INCLUDE AREA CODE: _____

9. NAME OF ATTORNEY: _____

ADDRESS: _____

PHONE NUMBER, INCLUDE AREA CODE: _____

10. STOCKHOLDERS:

NAME: _____

ADDRESS: _____

PERCENTAGE OWNED: _____ PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PERCENTAGE OWNED: _____ PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PERCENTAGE OWNED: _____ PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PERCENTAGE OWNED: _____ PHONE NUMBER: _____

11. PARTNERS:

NAME: _____

ADDRESS: _____

PERCENTAGE OWNED: _____ PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PERCENTAGE OWNED: _____ PHONE NUMBER: _____

FINANCIAL DATA:

SUPPLY ALL COPIES OF CANCELLED CHECKS, CORPORATE RECORDS, AND ALL OTHER PERTINENT INFORMATION PERTAINING TO LICENSE AND BUSINESS PURCHASE:

1. PURCHASE COST, INCLUDE ANY BUILDINGS, STOCK AND LICENSE AND EXPLAIN:

2. TERMS OR MORTGAGE AGREEMENT:_____

3. LEASE AGREEMENT, RENTAL, ETC.:_____

4. NAME OF BANK, LENDING INSTITUTION OR MORTGAGE HOLDER:

NAME:_____

ADDRESS:_____

PHONE NUMBER, INCLUDE AREA CODE:_____

BUILDING INFORMATION:

WHAT PART OF BUILDING OR BUILDINGS WILL BE INCLUDED AS PART OF THE LICENSED PREMISES?

AMOUNT OF ROOMS:_____

STORAGE AREA:_____

REFERENCES:

LIST TWO (2) REFERENCES, NO RELATIVES, WHO HAVE KNOWN YOU FOR TEN (10) YEARS OR MORE:

1. NAME: _____

ADDRESS: _____

TELEPHONE NUMBER, INCLUDE AREA CODE: _____

2. NAME: _____

ADDRESS: _____

TELEPHONE NUMBER, INCLUDE AREA CODE: _____

ADDITIONAL INFORMATION:

PLEASE PROVIDE ANY ADDITIONAL, PERTINENT INFORMATION WHICH MIGHT CONTRIBUTE TO A THOROUGH, EXPEDIENT AND EFFICIENT INVESTIGATION:

NOTARY:

Sworn to and subscribed before
me this day of

, 200__.

SIGNATURE OF APPLICANT

DATED:
