

APPLICATION AND NOTICE OF BID  
FOR  
PLENARY RETAIL CONSUMPTION LICENSE  
2025  
WEST WINDSOR TOWNSHIP  
MERCER COUNTY  
NEW JERSEY

Information: Allison D. Sheehan, Township Clerk  
West Windsor Municipal Building  
271 Clarksville Road  
P.O. Box 38  
West Windsor, NJ 08550  
  
Telephone: (609) 799-2400

# MEMORANDUM

TO: Applicants for a Plenary Retail Consumption License

FROM: Allison D. Sheehan, Township Clerk

DATE: August 15, 2025

SUBJECT: Bidding Procedures

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1. Each prospective applicant must complete all forms and be determined to be qualified to have their bids considered. **Complete applications MUST be received by the Township Clerk by Monday, September 22, 2025 at 3:00 p.m.**
2. On **Tuesday, September 30, 2025 at 10:00 a.m.** the Clerk will announce applicants who preliminarily qualify.
3. All applicants should be qualified to hold an Alcoholic Beverage Control license under New Jersey law.
4. To be considered as a qualified applicant the following items must be submitted:
  - The complete Alcoholic Beverage Control Application for Retail Alcoholic Beverage License
  - Authorization for Release of Information
  - Oath
  - Certification of Proof of Compliance by the applicant that he or she meets all requirements and knows of no reason for his/her disqualification from having an interest in a retail liquor license in New Jersey;
  - The sealed bid containing a certified check in the amount of 20% of the bid as a deposit. Check endorsed to West Windsor Township.
  - Proposal Sheet in a separate envelope
5. Bids must be made on the Proposal Form available from the Township Clerk's Office with the name and address of the bidder on the outside of the sealed envelope. Only bids of qualified applicants will be opened.

6. Sealed bids will be opened by the Township Clerk **on Wednesday, October 8, 2025 at 10:00 a.m.**, in Room A of the West Windsor Township Municipal Building, 271 Clarksville Road. The Township Clerk will open ONLY the bid(s) of the preliminarily qualified applicants. The bid must include the complete Proposal Form and the certified check in the amount of 20% of the bid as a deposit.

**The minimum amount of the bid is \$1,200,000.00**

7. By resolution of the Township Council at their October 14, 2025 Township Council meeting, the highest, preliminarily qualified bid will be accepted and within 72 hours of the adoption of said resolution, the balance of the bid amount shall be paid to the Township by cash or certified check (which monies shall be kept in an interest-bearing account, with interest payable to the Township), until such time as the person to person licensing process is complete. (Completion of said process includes payment of the State application fee, the annual municipal retail license fee; satisfactory outcome of further municipal background checks to investigate the source of funds used to purchase the license, the receipt of favorable State and/or Federal criminal background checks; as well as compliance with the publication, hearing, and resolution requirement under N.J.A.C 13:2-2.1 et seq.).
8. A new license must be issued within six months (no later than March 22, 2026) after the closing date established for acceptance of applications (as set forth in the Notice). If the applicant defaults or otherwise breaches its promise to purchase, then all monies held by the Township shall be paid to and become the property of the Township.
9. The successful applicant must comply with all ordinances of West Windsor Township in locating the license.
10. The sale may be postponed or canceled at any time prior to the opening of the bids.
11. The Township reserves the right to reject all bids where the highest bid is not accepted.

**WEST WINDSOR TOWNSHIP  
PUBLIC NOTICE**

**NOTICE TO ACCEPT BIDS FOR PLENARY RETAIL CONSUMPTION LICENSE**

**The Township Council of West Windsor has adopted Resolution 2025-R175 authorizing the issuance of a new plenary retail consumption license. The consumption license will be sold at a public sale to the highest qualified bidder. The minimum acceptable bid is \$1,200,000 and the Township reserves the right to reject all bids where the highest bid is not accepted.**

Bids shall be accepted only from those bidders who qualify to have an interest in a retail alcoholic license under the standards set forth in the Alcoholic Beverage Control Act, the Rules and Regulations promulgated thereunder, and any applicable municipal ABC ordinance. Interested bidders may obtain copies of the forms necessary to qualify to be a bidder from the West Windsor Township Clerk. All prospective bidders must complete the forms and all paperwork associated and be determined to be a qualified bidder to have their bids considered. All bids shall be sealed and proof of qualification must be included separately with the bid.

**Application, bid, and associated materials shall be accepted until 3:00 p.m. on Monday, September 22, 2025 at the West Windsor Township Municipal Building, 271 Clarksville Road, West Windsor Township, Mercer County, New Jersey. Bids of applicants who do not preliminarily qualify will be returned unopened. On Tuesday, September 30, 2025 at 10:00 a.m., the Township Clerk shall publicly announce those applicants who preliminarily meet the qualifications for bidding as fixed by law, Rules and Regulations and Resolution. On October 8, 2025 at 10:00 a.m. the sealed bids of the preliminarily qualified bidders shall be opened.**

All bids must contain a deposit in the form of a certified check for 20% of the bid price. By resolution of the Township Council, the highest, preliminarily qualified bidder will be accepted; and within 72 hours of the adoption of said resolution, the balance of the bid amount shall be paid to the Township by cash or certified check (which monies shall be kept in an interest-bearing account with interest payable to the Township), until such time as the place-to-place licensing process is complete. (Completion of said process includes payment of the State application fee, the annual municipal retail license fee; satisfactory outcome of further municipal background checks to investigate the source of funds used to purchase the license, the receipt of favorable State and/or Federal criminal background checks; as well as compliance with the publication, hearing and resolutions requirements under *N.J.A.C. 13:2-2.1 et seq.*

A new license must be issued within six months after the closing date established for acceptance of applications and must be in use within two years of the award of the license. If the applicant defaults or otherwise breaches its promise to purchase, then all monies held by the Township shall be paid to and become the property of the Township.

The successful applicant must comply with all ordinances of West Windsor Township in locating the license.

Allison D. Sheehan, Township Clerk, RMC  
Township of West Windsor  
271 Clarksville Road, P.O. Box 38, Princeton Junction, New Jersey 08550

## **A COMPLETE APPLICATION IS COMPRISED OF:**

1. DIVISION OF ALCOHOLIC BEVERAGE CONTROL APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE (11 PAGE APPLICATION)
2. AUTHORIZATION FOR RELEASE OF INFORMATION – Attachment A
3. OATH - Attachment B
4. CERTIFICATION OF PROOF OF COMPLIANCE - Attachment C
5. SEALED BID WITH CERTIFIED CHECK AND PROPOSAL SHEET (SEPARATE ENVELOPE) – Attachment D

TR#: \_\_\_\_\_

FEE: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

[For DIVISION use only \_\_\_\_\_]

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

RETAIL LIQUOR LICENSE APPLICATION

DATE APPLICATION FILED:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

CODE TYPE OF LICENSE (CHECK ONE)

CLASS C LICENSES [R.S. 33:1-12]

- 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 November 14)  
44 \_\_\_\_\_ Plenary Retail Distribution  
43 \_\_\_\_\_ Limited Retail Distribution

THIS APPLICATION IS FOR:

- \_\_\_\_\_ A New License  
\_\_\_\_\_ Person-to-Person Transfer  
(Including Partnership change,  
except Limited 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 on File  
\_\_\_\_\_ Other \_\_\_\_\_

OTHER

- 14 \_\_\_\_\_ Annual State Permit  
(R.S. 33:1-42, NJAC 13:2-52)  
40 \_\_\_\_\_ Special Permit for a Golf Facility  
(NJAC 13:2-5.3)

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 Name, Middle Initial) of Municipal Clerk or ABC Secretary

Signature of Municipal Clerk or ABC Secretary

- 2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):**  
License may be held by Individual (Last Name, First Name, Middle Initial), Partnership or Corporation.

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(Last Name, First Name, 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 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
   Area   Exchange         Number

**2.3 If no licensed premises exists or if a 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 N.J. 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 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 question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? \_\_\_\_\_

If more than one building is to be included under this license, a separate Page 3 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<sup>st</sup> floor \_\_\_\_\_ Yes \_\_\_\_\_ No All of it \_\_\_\_\_ Yes \_\_\_\_\_ No2<sup>nd</sup> floor \_\_\_\_\_ Yes \_\_\_\_\_ No All of it \_\_\_\_\_ Yes \_\_\_\_\_ No3<sup>rd</sup> 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 areas 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 THE 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

If there is a mortgage on the property, answer question 3.8. If the licensed premise is leased, answer question 3.9.

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 \_\_\_\_\_ - \_\_\_\_\_



PLEASE TYPE OR PRINT ALL INFORMATION

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 VEHICLES FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES? \_\_\_\_\_ Yes \_\_\_\_\_ No (A TRANSIT INSIGNIA IS NECESSARY BEFORE ALCOHOLIC BEVERAGES MAY BE TRANSPORTED.)

- 4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB F 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?

\_\_\_\_\_ 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
_____ N.J. 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 APPLICANT 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 Name

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 Name

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, DISTILLERY, 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, Middle Initial or Corporate Name)

Street Address \_\_\_\_\_

Number

Street Name

P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ - \_\_\_\_\_

Type of Business \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

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:

Name of Entity \_\_\_\_\_

Last Name

First Name

Middle Initial

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 6 for each action]:

Name of Individual \_\_\_\_\_

Last Name

First Name

Middle Initial

DATE OF ACTION \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DOCKET NO. \_\_\_\_\_

PENALTY WAS IMPOSED BY: \_\_\_\_\_

[Indicate whether by Division of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

\_\_\_\_ FINED \$ \_\_\_\_\_ NOT RENEWED

[amount]

\_\_\_\_ SUSPENDED \_\_\_\_\_ REVOKED \_\_\_\_\_ CANCELLED

(number 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 Name

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 the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No. :[NN]- \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

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 NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Relationship to Applicant \_\_\_\_\_

\*\*\*\*\*

B. License Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Relationship to Applicant \_\_\_\_\_

\*\*\*\*\*

C. License Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
(Last Name, First Name, 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 AND THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH, IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

Name \_\_\_\_\_  
(Last Name, First Name, 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 R.S. 33:1-12.20?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

IF THE ANSWER IS "YES," IS IT FOR A HOTEL/MOTEL FACILITY OF 50 OR 100 ROOMS?

CHECK ONE: \_\_\_\_\_ 50 ROOMS \_\_\_\_\_ 100 ROOMS

- 8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (R.S. 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 \_\_\_\_\_ Number \_\_\_\_\_ Street Name \_\_\_\_\_ 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 A LICENSE?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## ALL APPLICANTS ANSWER THE FOLLOWING

- 9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY? \_\_\_\_ Yes \_\_\_\_ No

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

Name of Individual (Last Name First) or Corporation \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

NJ Sales Tax Certificate of Authority Number \_\_\_\_\_

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 TO BE REPORTED. 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 Number \_\_\_\_\_

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 TO BE REPORTED. 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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

NJ Sales Tax Certificate of Authority Number \_\_\_\_\_

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 AND LIMITED LIABILITY COMPANIES COMPLETE PAGE 10.

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_

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

10.1 Name of corporation \_\_\_\_\_

10.2 Street address of home office \_\_\_\_\_  
Number Street Name

Municipality \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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 of revocation \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Beginning date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ending date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

10.10 INSERT THE NAME AND ADDRESS OF THE 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 OR U.S. DISTRICT COURT, MAY BE MADE.

Name \_\_\_\_\_  
(Last Name, First Name, Middle Initial or Corporation)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 IS 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 this page in full.

LIMITED PARTNERSHIPS: 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 Name		Middle Initial
Home Street Address _____				
Number		Street Name		
P.O. Box # _____	Municipality _____		State _____	
Zip _____	E-Mail Address _____			
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), stockholder, partner, officer or director:

Last Name		First Name		Middle Initial
Home Street Address _____				
Number		Street Name		
P.O. Box # _____	Municipality _____		State _____	
Zip _____	E-Mail Address _____			
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) _____				



PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

AFFIDAVIT

LICENSE PERIOD  
APPLIED FOR

FROM \_\_\_\_\_ TO \_\_\_\_\_

DATE:

State of \_\_\_\_\_ )  
 County of \_\_\_\_\_ ) SS:  
 )

As provided by law (R.S. 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 the fact, and that the contents of this application are true.

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)

Attestation by Corporate Secretary

(Partnership Name)

(Signature of Partner)

Attest:

Corporate Name

(Signature of Partner)

Secretary \_\_\_\_\_

By

(Signature of Corporate President or Vice President)

(Signature of Partner)

Signature

Affix Corporate Seal

(Signature of Partner)

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

AFFIDAVIT MUST BE SIGNED HERE -----&gt;

(Signature of Officer Administering Oath)

BY DULY AUTHORIZED  
NOTARY PUBLIC

(Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW  
OF NEW JERSEY

(Title of Officer Administering Oath)

(Date of Expiration of  
Commission, if applicable)

## OFFICE OF THE TOWNSHIP CLERK

## AUTHORIZATION FOR RELEASE OF INFORMATION

\_\_\_\_\_, for premises located at \_\_\_\_\_  
(name of licensee) (address of proposed premises if known)

\_\_\_\_\_, has made application to the Township Council of the

Township of West Windsor for a: (check one)

<input checked="" type="checkbox"/>	Plenary Retail Consumption License	
<input type="checkbox"/>	Plenary Retail Distribution License	
<input type="checkbox"/>	Club License	

I, \_\_\_\_\_, as the (please indicate) [a] owner, [b] officer, or [c] member of the licensee hereby authorize the release of any information and records maintained by any law enforcement agency pursuant to New Jersey Statutes Annotated Title 33, Intoxicating Liquors and regulations promulgated thereunder.

Any such information released as a result of this authorization shall be used for the express purpose of processing the above indicated application.

NOTE: A PHOTOSTATIC COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

\_\_\_\_\_  
Witness:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name and Address of Applicant

DATE: \_\_\_\_\_

\_\_\_\_\_

(Completed form required for each owner, officer and member)

**OATH**

**STATE OF NEW JERSEY  
COUNTY OF MERCER**

I, being of full age, hereby duly swear upon my oath, and make the following statements:

1. I am the authorized representative and/or applicant for a new Plenary Retail Consumption License in West Windsor Township.
2. Source of funding is as follows:
  - a. List all officers, partners, owners, lenders or any other source of investment in the licensed business, their addresses, and the licensed business, their addresses and the amount provided by each.
  - b. List all expenditures of monies, as listed above, the names and addresses of the persons receiving such money and the purpose of the expenditures.

Sworn and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public of New Jersey  
My Commission Expires:

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**ATTACHMENT C**

**"CERTIFICATION OF PROOF OF COMPLIANCE"**

I hereby certify that I meet all of the requirements under New Jersey Statutes to hold an ABC license and know of no reason why I would be disqualified from holding said license.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PROPOSAL SHEET**

We the undersigned propose to purchase in accordance with the bid proposal a Plenary Retail Consumption License for the following amount:

\$ \_\_\_\_\_  
Total Bid Amount

Enclosed is a deposit in the form of a certified check, in the amount of 20%

\$ \_\_\_\_\_  
Deposit (20%)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_

Sworn and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public of New Jersey

My Commission Expires: