

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

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 Tuesday, 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

Application is made on behalf of: _____

- 7 = Limited Liability Company

- 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.

(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 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 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 _____ - _____

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. _____

PLEASE TYPE OR PRINT ALL INFORMATION

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		Street Name		
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		Street Name		
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 ----->

(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:

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: