TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

John G. Ducey, Mayor

Township Council:
Paul Mummolo - President
Marianna Pontoriero - Vice President
Lisa Crate
Heather deJong
Jim Fozman
Arthur Halloran
Andrea Zapcic

Office of the Municipal Clerk

Lynnette A. Iannarone, RMC, CMR
Municipal Clerk
732-262-1002
clerk@twp.brick.nj.us
Fax: 732-262-2839

Jessica L. Larney, RMC, CMR
Assistant Municipal Clerk
732-262-1003
jlarney@twp.brick.nj.us
www.twp.brick.nj.us

TO: Applicants for a Plenary Retail Consumption License

FROM: Lynnette Iannarone, Township Clerk

DATE: November 2, 2016

RE: 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 Thursday, December 8, 2016 at 10:00 a.m.**
2. On Friday, December 9, 2016 at 10:00 a.m. the Clerk will announce applicants who preliminarily qualify.
3. All applicants should be qualified to hold an ABC license under New Jersey law.
4. To be considered as a qualified applicant the following items must be submitted:
   - The complete ABC application (in triplicate with original signatures) and associated municipal releases;
   - A Certificate 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 10% of the bid as a deposit, payable to the "Township of Brick".
5. Bids must be made on the Proposal Form enclosed or available from the Township Clerk's Office with the name and address of the bidder on the outside of the sealed envelopes. All bids submitted shall be sealed, conspicuously marked on the outside "Plenary Retail Consumption License Bid" and submitted to the Township Clerk. All bidders shall submit with their bid, in a separate envelope conspicuously marked on the outside "Qualification Materials," their forms necessary to qualify as a bidder. Both the bid and qualification materials must be submitted to the Township Clerk no later than December 8, 2016 at 10:00 a.m.

6. Only bids of qualified applicants will be opened.
7. On Wednesday, December 14, 2016 at 10:00 a.m. in the Council Conference Room at the Brick Township Municipal Building, 401 Chambers Bridge Road, Brick, the 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 10% of the bid as a deposit. **The minimum amount of the bid is $500,000.00.**
8. Each license issued must be used as part of a restaurant operation, which is defined by the Alcoholic Beverage Law, N.J.S.A. 33:1-1(t) as, "(a)n establishment regularly and principally used for the purpose of providing meals to the public, having an adequate kitchen and dining room equipped for the preparing, cooking and serving of food for its customers and in which no other business, except such as is incidental to such establishment, is conducted." The premises shall contain at least one hundred (100) seats for the consumption of this food.
9. By resolution of the Township Council, the highest, preliminarily qualified bid will be accepted and within 10 days 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 license is transferred to the bidder at which time the said sum and all interest shall be paid to the Township.
10. Deposits shall be forfeited if the successful bidders do not comply with these requirements.
11. The Township reserves the right to reject all bids where the highest bid is not accepted.

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, NJ 08723

APPLICATION AND NOTICE TO BID

FOR

A PLENARY RETAIL CONSUMPTION LIQUOR LICENSE

BRICK TOWNSHIP

OCEAN COUNTY

NEW JERSEY

Lynnette A. Iannarone, Township Clerk
401 Chambers Bridge Road
Brick, NJ 08723
Ph. 732- 262-1002
fax 732-262-2839
clerk@twp.brick.nj.us

"CERTIFICATION OF PROOF OF COMPLIANCE"

I hereby certify that to the best of my knowledge I meet all of the requirements under Brick Township's Ordinances & Resolutions and New Jersey Statutes to hold a plenary retail consumption license.

_____
Signature

_____
Print/Type Name

_____
Title

_____
Date

If applicable, liquor licenses currently held by me, or by a business entity in which I have an interest:

License Number	Type of License	Person/Entity Holding License

_____
Notary

ATTACHMENT "B"

STATE OF NEW JERSEY)
COUNTY OF OCEAN)

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 Brick Township.

2. Source of funding is as follows:

_____

_____

_____

_____

_____

_____

_____
Name (printed or typed)

_____
Date

_____
Signature

PROPOSAL SHEET – CONSUMPTION LICENSE

We, the undersigned, propose to purchase in accordance with the bid proposal a Class C 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 10%.

$_____
Deposit 10%

Name: _____

Title: _____

Company: _____

Address: _____

_____

Telephone: _____

_____
Signature of Applicant

Notary:

_____

PUBLIC NOTICE
NOTICE TO ACCEPT BIDS FOR ONE (1)
RETAIL CONSUMPTION LICENSE

PLEASE TAKE NOTICE that the Township Council of the Township of Brick has authorized by Resolution No. 516-16 the public sale of sealed bids to the highest qualified bidder for the sale of one (1) retail consumption license.

1. The minimum bid price for the alcoholic beverage license authorized by this Resolution shall be $500,000.00. All bidders shall submit in cash or certified check 10% of the amount of the bid. The bidder whose bid is accepted shall, within 10 days after the acceptance of the bid, submit to the Township in cash or certified check the balance of the amount of the bid, which sum shall be held in an interest-bearing account, with said interest payable to the Township until such time as the license is transferred to the bidder at which time the said sum and all interest shall be paid to the Township.

2. Each license issued must be used as part of a restaurant operation, which is defined by the Alcoholic Beverage Law, N.J.S.A. 33:1-1(t) as, "(a)n establishment regularly and principally used for the purpose of providing meals to the public, having an adequate kitchen and dining room equipped for the preparing, cooking and serving of food for its customers and in which no other business, except such as is incidental to such establishment, is conducted." The premises shall contain at least one hundred (100) seats for the consumption of this food.

3. Bids shall be accepted only from those bidders who qualify under New Jersey Statutes pertaining to intoxicating liquors and the Rules and Regulations promulgated by the Alcoholic Beverage Control Commission (ABC).

4. Interested bidders may obtain copies of the forms necessary to qualify to be a bidder from the Brick Township Clerk. All prospective bidders must complete the 12-page ABC retail license application form and submit the qualification forms and the bid by **December 8, 2016 at 10:00 a.m.** in order for the Township to review the submission to determine if the prospective bidder is a qualified bidder. All bids submitted shall be sealed, conspicuously marked on the outside "Plenary Retail Consumption License Bid" and submitted to the Township Clerk. All bidders shall submit with their bid, in a separate envelope conspicuously marked on the outside "Qualification Materials," their forms necessary to qualify as a bidder. Both the bid and qualification materials must be submitted to the Township Clerk no later than **December 8, 2016 at 10:00 a.m.**

5. The Municipal Clerk, shall, five business days prior to the opening of bids, on December 9, 2016 at 10:00 a.m., at the Township of Brick Municipal Building, Council Meeting Room, 401 Chambers Bridge Road, Brick, New Jersey, publicly announce those applicants who meet the qualifications for bidding as fixed by law, Rules and Regulations, and Resolution.

6. The bids will be opened on December 14, 2016 at 10:00 a.m., in the Brick Township Municipal Building in the Council Meeting Room, 401 Chambers Bridge Road, Brick, New Jersey.

7. The license will be awarded to the highest qualified bidder. The Township reserves the right to reject any and all bids if the highest bid is not accepted. The sale may be postponed or canceled at any time prior of the opening of the bids. Deposits shall be forfeited if the successful bidders do not comply with these requirements.

Lynnette A. Iannarone
Township Clerk
401 Chambers Bridge Road
Brick, New Jersey 08723
(732) 262-1002

Division of

ALCOHOLIC
BEVERAGE
CONTROL

140 East Front Street, P.O. Box 087, Trenton, New Jersey 08625-0087

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

Applicants should complete the application in full. Where a question is not applicable, please enter the letters "N/A." Where additional pages are necessary, you may photocopy any part of this application. A complete application is required whenever any of the following is requested:

New License;

Person-to-Person Transfer;

Place-to-Place Transfer (including expansion of premises);

Partnership changes (except Limited Partnerships);

Change of Corporate Structure (of more than 33 1/3% interest);

Extension to Administrator, Executor, Receiver, Trustee in Bankruptcy;

License Renewal (unless an alternate application is provided by the Division of ABC) ***OR***

When required by the Division or the Local Issuing Authority.

If you are reporting a change in facts about your license which does not involve one of the above transactions, complete Page 1 and any page[s] of the application on which information to be changed appears. You must also complete a Certification Page (Page 11).

The original and two copies of the completed application, or pages reporting changes, should be submitted to the MUNICIPAL CLERK or BOARD OF ALCOHOLIC BEVERAGE CONTROL SECRETARY of the Municipality which will act on the request. It is the responsibility of the applicant to provide the required copies of the license application. One copy of the application should be returned to the applicant by the Municipality. It should be maintained with other records and available for inspection on the licensed premises.

All fees are to accompany the application at the time of filing with the local issuing authority. A **$200.00** filing fee, in the form of a CERTIFIED CHECK or MONEY ORDER – payable to the Division of Alcoholic Beverage Control – should accompany all applications for New Licenses, License Transfers or License Renewals. Local licensing fees are established by the Local Issuing Authority; consult the Municipal Clerk or ABC Board Secretary for information in this regard.

TR#: _____

FEE: _____

DATE: _____

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

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

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

_____ - _____ - _____ - _____

[For DIVISION use only _____]

DATE APPLICATION FILED:

_____ / _____ / _____

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

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 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 _____

_____

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

Application is made on behalf of: _____

1 = An Individual
3 = A Partnership
5 = Incorporated Club
2 = Business Corporation
4 = Unincorporated Club
6 = Limited Partnership
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 (_____) _____ - _____
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 addres (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:
_____ / _____ / _____

PLEASE TYPE OR PRINT ALL INFORMATION

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

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 <u>DOES NOT</u> 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 FOLOWING:

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 $ _____ [amount] _____ NOT RENEWED

_____ SUSPENDED _____ (number of days) _____ REVOKED _____ CANCELLED

_____ 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 _____ / _____ / _____

PLEASE TYPE OR PRINT ALL INFORMATION

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 _____
Number Street Name
Municipality _____ New Jersey

Zip _____ - _____

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

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

Date of first notice _____ / _____ / _____

Date of second notice _____ / _____ / _____

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE _____

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

Date of notice _____ / _____ / _____

Name of newspaper publishing notice _____

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

8.10 HAS THE CLUB BEEN IN ACTIVE OPERATION IN THE STATE OF NEW JERSEY FOR AT LEAST THREE YEARS CONTINUOUSLY IMMEDIATELY PRIOR TO THE SUBMISSION OF ITS APPLICATION FOR A LICENSE?
_____ Yes _____ No

8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCISED 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.

PLEASE TYPE OR PRINT ALL INFORMATION

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 _____ - _____

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 ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

PLEASE TYPE OR PRINT ALL INFORMATION

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 _____ - _____

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 _____ - _____

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 _____ - _____ - _____ - _____

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 _____ - _____

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 _____ - _____

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 _____)
)
) SS:
County of _____)
)

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)

By _____
(Signature of Corporate President or Vice President)

_____
(Signature of Partner)

Secretary _____
Signature

_____
(Signature of Partner)

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)

RESOLUTION

WHEREAS, there exists in the Township of Brick the authority to issue one (1) additional Plenary Retail Consumption License for the sale of alcoholic beverages; and

WHEREAS, the Township Council has determined to offer by public bidding, as authorized by N.J.S.A. 33:1-19.3, one (1) Plenary Retail Consumption License with qualifications in accordance with this Resolution.

NOW, THEREFORE, BE IT RESOLVED by the Township Council of the Township of Brick, County of Ocean, State of New Jersey, as follows:

1. All bidders must be qualified to have an interest in a retail license under the standards set forth in the Alcoholic Beverage Control Act and regulations thereunder, N.J.S.A. 33:1-1 et. seq. and any applicable municipal ordinances.

2. That the Township Clerk shall publish notice of the proposed issuance of the alcoholic beverage license indicating that the applications therefore will be accepted by the Township Council at the time, date, and place specified in the notice, after which no further applications will be accepted.

3. That said notice shall be published in a newspaper circulating generally in the municipality at least two (2) times, at least one week apart, the second of which shall be at least thirty (30) days prior to the date of the sale.

4. The minimum bid price for the alcoholic beverage license authorized by this Resolution shall be $500,000.00. All bidders shall submit in cash or certified check 10% of the amount of the bid. The bidder whose bid is accepted shall, within 10 days after the acceptance of the bid, submit to the Township in cash or certified check the balance of the amount of the bid, which sum shall be held in an interest-bearing account, with said interest payable to the Township until such time as the license is transferred to the bidder at which time the said sum and all interest shall be paid to the Township.

5. Each license issued must be used as part of a restaurant operation, which is defined by the Alcoholic Beverage Law, N.J.S.A. 33:1-1(t) as, "(a)n establishment regularly and principally used for the purpose of providing meals to the public, having an adequate kitchen and dining room equipped for the preparing, cooking and serving of food for its customers and in which no other business, except such as is incidental to such establishment, is conducted." The premises shall contain at least one hundred (100) seats for the consumption of this food.

6. The Township Clerk shall review all applications for the license to ascertain that the applicant is qualified under New Jersey Statutes pertaining to intoxicating liquors, the Rules and Regulations promulgated by the Alcoholic Beverage Control Commission (ABC), and this Resolution. All bids shall be submitted in a sealed envelope marked "Plenary Retail Consumption License Bid." In a separate envelope marked "Qualification Materials," the bidder shall submit the application for license. The envelopes will be submitted together. The Township Clerk, as agent of The Township Council, shall determine which bidders are qualified no later than five (5) days prior to opening the bids and shall thereupon publicly announce no later than five (5) days prior to opening the bids those applicants who qualify for bidding as fixed by law, rules, regulations, and this Resolution. No envelopes with bids shall be opened from or on behalf of any prospective bidder who does not qualify.

7. The license will be awarded to the highest qualified bidder. The Township reserves the right to reject any and all bids if the highest bid is not accepted.

CERTIFICATION

I, Lynnette A. Iannarone, Township Clerk of the Township of Brick, County of Ocean and State of New Jersey, do hereby certify the foregoing to be a true and correct copy of a resolution adopted by the Township Council on November 1, 2016.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of this Township this 1st day of November, 2016.

LYNNETTE A. IANNARONE
TOWNSHIP CLERK

Revised

Agenda # 4-10	Date 11/1/16
Agenda #	Date
Agenda #	Date