

2012 - 2013 RENEWAL APPLICATION

APPLICATION
FOR 2012-2013

TR#: _____

FEE: _____

DATE: _____

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

RETAIL LIQUOR LICENSE APPLICATION

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

STATE ASSIGNED LICENSE NUMBER

2017 - 33 - 001 - 001

DATE APPLICATION FILED:

5 / 31 / 12

[For DIVISION use only _____]

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 Nov. 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
(Incl. Partnership change,
except Ltd. 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 _____

2017-33-001-001

BALTUSROL GOLF CLUB
T/A BALTUSROL GOLF CLUB
PO BOX 9
SPRINGFIELD NJ 07081 0009

ALCOHOLIC BEVERAGE
CONTROL

2012 JUN -6 PM 1:52

RECEIVED

This Area is Reserved

Municipal Fee \$ 2,500.00

Effective Date _____ / _____ / _____
(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee \$ 200.00

Date Denied _____ / _____ / _____
(As Stated in Resolution)

Refund Amount \$ _____

Special Conditions Attached: _____ Yes _____ No

DONNELLY, LINDA M.

Type or Print Name (Last name, first, middle initial) of Municipal Clerk or ABC Secretary

Linda M Donnelly
Signature of Municipal Clerk or ABC Secretary

TRANS NO: 12023041

9/26/2012

STATE ASSIGNED LICENSE NUMBER 2017 - 33 - 001 - 001Application is made on behalf of: 21 = An Individual
3 = A Partnership
5 = Incorporated Club2 = 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.

BALTUSROL GOLF CLUB

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

- 2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address 201 SHUNPIKE ROADMunicipality SPRINGFIELD N.J.Zip 07081 - 0009Telephone Number of Business (973) 376 - 1900
Area Exchange NumberE-Mail Address [REDACTED]

- 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 _____

P.O. Box # 9 Municipality SPRINGFIELD State N.J.Zip 07081 - 0009 Telephone (973) 376 - 1900

- 2.4 New Jersey Sales Tax Certificate of Authority No. [REDACTED]

- 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]:

BALTUSROL GOLF CLUBBALTUSROLBGC

- 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?

X 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:

_____/_____/_____

Page 3

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2017-33-001-001

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? 1

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. 1 OF 1 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 2017 - 33 - 001 - 001

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 _____ - _____

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 ☒

4.2 DOES THE APPLICANT INTEND TO USE ANY VEHICLES FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES? Yes X No (A TRANSIT INSIGNIA IS NECESSARY BEFORE ALCOHOLIC BEVERAGES MAY BE TRANSPORTED.)

Yes ☒ No

4.4 WILL ANY BUSINESS OTHER THAN THE SALE OF ALCOHOLIC BEVERAGES BE CONDUCTED ON THE PREMISES TO BE LICENSED? ☒ Yes ☐ No

☒ 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) GOLF	☒ Applicant	☐ Other

Zip _____ - _____ NJ Sales Tax Certificate of Authority No. _____

STATE ASSIGNED LICENSE NUMBER 2017 - 33 - 001 - 001

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 _____

STATE ASSIGNED LICENSE NUMBER 2017 - 33 - 001 - 001

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]- _____

STATE ASSIGNED LICENSE NUMBER 2017 - 33 - 001 - 001

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 2017 - 33 - 001 - 001

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 X 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 X 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 X 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 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

STATE ASSIGNED LICENSE NUMBER 2017 - 33 - 001 - 001

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 _____

STATE ASSIGNED LICENSE NUMBER 2017 - 33 - 001 - 001

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 BALTUSROL GOLF CLUB10.2 Street address of home office 201 SHUNPIKE ROAD
Number Street NameMunicipality SPRINGFIELDState N.J. Zip 07081 - 0009 E-Mail Address [REDACTED]10.3 NJ Sales Tax Certificate of Authority Number [REDACTED]

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 _____ / _____

10.7 CERTIFICATE OF INCORPORATION NUMBER [REDACTED]

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 2017 - 33 - 001 - 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

LIMITED PARTNERSHIP: 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:

VIESERRICHARDW.

Last Name

Middle Initial

Home Street Address

Number

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Office telephone number

Area

Exchange

Number

% of business owned or controlled

1/525

Number of shares

1Check 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):

Last Name

First

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)

STATE ASSIGNED LICENSE NUMBER 2017 - 33 - 001 - 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

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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:

MCRAERODERICK

Last Name

First

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

1/525

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):

Last Name

First

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)

STATE ASSIGNED LICENSE NUMBER 2017 - 33 - 001 - 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

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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:

BROWN
Last NameJAMES
FirstM.
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 NumberOffice telephone number (_____) _____ - _____
Area Exchange Number% of business owned or controlled 1/525 Number of shares 1

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):

Last Name

First

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 NumberOffice 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) _____

STATE ASSIGNED LICENSE NUMBER 2017 - 33 - 001 - 001

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NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP). Aug 01, 2017

Name of individual (last name first), stockholder, partner, officer or director:

TARTAGLIA
Last Name

ROY
First

D.
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 1/525 Number of shares 1

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer X Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

Name of individual (last name first):

_____ Last Name

_____ First

_____ 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) _____

STATE ASSIGNED LICENSE NUMBER 2017 - 33 - 001 - 001

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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:

HURLEYDR. JOHN

Last Name

First

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 NumberOffice telephone number (____) _____ - _____
Area Exchange Number% of business owned or controlled 1/525 Number of shares 1

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):

Last Name

First

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 NumberOffice 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) _____

STATE ASSIGNED LICENSE NUMBER 2017 - 33 - 001 - 001

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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:

MAHER M. BRIAN
Last Name First 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 NumberOffice telephone number (____) _____ - _____
Area Exchange Number% of business owned or controlled 1/525 Number of shares 1

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):

_____ Last Name First 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 NumberOffice 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) _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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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 2017 - 33 - 001 - 001

AFFIDAVIT

LICENSE PERIOD
APPLIED FORFROM 7/1/12 TO 6/30/13

DATE:

State of NEW JERSEY)
County of UNION) SS:
)

As provided by law (R.S. 33:1-35),

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. JOSEPH FATO of BALTUSROL GOLF CLUB
(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:

BALTUSROL GOLF CLUB

Corporate Name

(Signature of Partner)

Secretary

Signature

By

(Signature of Corporate President or Vice President)

(Signature of Partner)

Affix Corporate Seal

(Signature of Partner)

Sworn to and subscribed before me

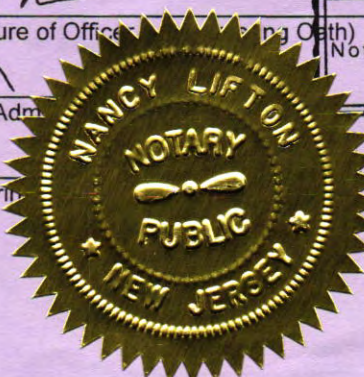
this 22nd day of May 20 12

AFFIDAVIT MUST BE SIGNED HERE

(Signature of Officer Administering Oath)

BY DULY AUTHORIZED
NOTARY PUBLICNancy Lifton
(Printed Name of Officer Administering Oath)OR AN ATTORNEY-AT-LAW
OF NEW JERSEYNotary Public
(Title of Officer Administering Oath)

NANCY LIFTON
Commission # 2358484
Notary Public, State of New Jersey
My Commission Expires
April 11, 2017



of Expiration of
Commission, if applicable)

APPLICATION FOR 2013-2014
RECEIVED

TR#: _____

FEE: _____

DATE: _____

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

RETAIL LIQUOR LICENSE APPLICATION

2013 JUN 17 PM 1:48
Action ID Code [] [] []
A W D U

STATE ASSIGNED LICENSE NUMBER

DATE APPLICATION FILED:

2017 - 33 - 001 - 001

6 / 3 / 13

[For DIVISION use only _____]

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 _____

4C
5/13/13

This Area is Reserved for Municipal Use

Municipal Fee \$ 2,500.00

Effective Date 6 / 11 / 13
(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee \$ 200.00

Date Denied _____ / _____ / _____
(As Stated in Resolution)

Refund Amount \$ _____

Special Conditions Attached: _____ Yes ☒ No

LINDA M. DONNELLY
Type or Print Name (Last Name, First Name, Middle Initial) of Municipal Clerk or ABC Secretary

Linda M. Donnelly - Township of Springfield
Signature of Municipal Clerk or ABC Secretary

TRANS NO: 13026266

LB
7/10/13

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2017-33-001-001Application is made on behalf of: 2

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.

BALTUSROL GOLF CLUB

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

- 2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address 201 SHUNPIKE ROAD
Number Street Name
Municipality SPRINGFIELD N.J. Zip 07081-0009
Telephone number of business (973) 376 - 1900
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 # 9 Municipality SPRINGFIELD State N.J.
Zip 07081-0009 Telephone (973) 376 - 1900

- 2.4 New Jersey Sales Tax Certificate of Authority No. [REDACTED]

- 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]:

BALTUSROL GOLF CLUB
BALTUSROL
BGC

- 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?
X 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 2017 - 33 - 001 - 001

AFFIDAVIT

LICENSE PERIOD
APPLIED FORFROM 7/1/13 TO 6/30/14

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. JOSEPH TATO of BALTUSROL GOLF CLUB
 (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:

BALTUSROL GOLF CLUB

Corporate Name

(Signature of Partner)

By

Joseph Tato

(Signature of Corporate President or Vice President)

(Signature of Partner)

Secretary

Signature

(Signature of Partner)

Affix Corporate Seal

Sworn to and subscribed before me

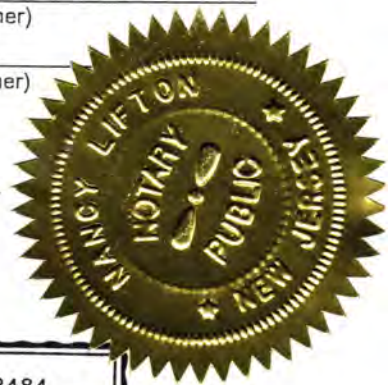
this 3rd day of June 20 13

AFFIDAVIT MUST BE SIGNED HERE

(Signature of Officer Administering Oath)

BY DULY AUTHORIZED
NOTARY PUBLICNancy Lifton
(Printed Name of Officer Administering Oath)OR AN ATTORNEY-AT-LAW
OF NEW JERSEYNotary Public
(Title of Officer Administering Oath)

NANCY LIFTON
 Commission # 2358484
 Notary Public, State of New Jersey
 My Commission Expires
 (Date) April 1, 2017
 (Signature, if applicable)



STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
PO BOX 087, TRENTON, NJ 08625

RETAIL RENEWAL APPLICATION FOR 2014-2015 LICENSE TERM

SALES TAX AUTHORITY NUMBER: [REDACTED] LICENSE NUMBER: 2017-33-001-001

ISSUING AUTHORITY: TOWNSHIP OF SPRINGFIELD

LICENSE TYPE: PLENARY RETAIL CONSUMPTION LICENSE

LICENSE STATUS: INCORPORATED CLUB

LICENSE NAME: BALTUSROL GOLF CLUB

TRADE NAME(S): BALTUSROL GOLF CLUB
BGC

APPLICATION
FOR 2014-2015

LICENSED PREMISES ADDRESS: 201 SHUNPIKE RD
SPRINGFIELD NJ 07081

MAILING ADDRESS: PO BOX 9
SPRINGFIELD NJ 07081 0009

IS LICENSE BEING ACTIVELY USED AT AN ACTUAL PREMISE? (X) YES () NO

IF NO, ON WHAT DATE WAS THE LICENSE LAST USED? ___/___/___

STATE OF NEW JERSEY)

) SS:

COUNTY OF UNION)

KEVIN VITALE

(INDIVIDUAL LICENSEE OR PARTNER OR PRESIDENT OR VICE PRESIDENT OF CORP.)

BEING DULY SWORN ACCORDING TO LAW, UPON HIS/HER OATH DEPOSES AND SAYS:

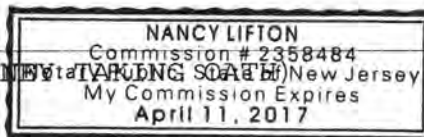
(1) INFORMATION CONTAINED ON THIS LICENSE RENEWAL PRINTOUT, AND AS
CONTAINED IN THE MOST COMPLETE FULL APPLICATION ON FILE AS UPDATED OR
AMENDED BY THE ATTACHMENTS HERETO, IS TRUE AND COMPLETE. (2) IF THE
LICENSEE IS A CORPORATION OR A PARTNERSHIP, I AM DULY AUTHORIZED TO FILE

[Signature]
(SIGNATURE OF INDIVIDUAL LICENSEE OR GENERAL PARTNER,
OR PRESIDENT OR VICE PRESIDENT OF CORPORATION)

AFFIX CORPORATE SEAL

SWORN TO AND SUBSCRIBED BEFORE ME THIS 23rd DAY OF May, 2014.

[Signature]
(SIGNATURE OF NOTARY OR ATTORNEY)
Nancy Lifton
(PRINTED NAME AND TITLE OF NOTARY OR ATTORNEY)
(NOTARY SEAL IF APPLICABLE)



***** RESERVED AREA *****

MUNICIPAL FEE \$2,500.00 STATE FEE \$200.00 DATE FILED

DATE RENEWAL GRANTED ___/___/___ OR DENIED ___/___/___ 5-27-14

ARE SPECIAL CONDITIONS IMPOSED FOR THE 2014-2015 TERM? () YES (X) NO

MUNICIPAL CLERK OR A.B.C. BOARD SECRETARY:

SIGNATURE [Signature] DATE 5/27/14 TRANS NO: 14022849

NAME OF ISSUING AUTHORITY Township of Springfield

STATE COPY

STATE ASSIGNED LICENSE NUMBER 2017 - 33 - 001 - 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

LIMITED PARTNERSHIP: 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:

KAPSIMALISPETERJ.

Last Name

First

Middle Initial

Home Street Address

Number

Municipality

State

P.O. Box #

Zip

Social Security number

Date of birth

Home telephone number

Office telephone number

Area

Exchange

Number

% of business owned or controlled

1/525

Number of shares

ONECheck 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):

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

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Area

Exchange

Number

Office telephone number

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Area

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Name of individual (last name first), stockholder, partner, officer or director:

FULLAMJOHNF.

Last Name

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Office telephone number

Area

Exchange

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Name of individual (last name first):

Last Name

First

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

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Name of individual (last name first), stockholder, partner, officer or director:

SHEAJRRICHARDW.

Last Name

First

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

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Name of individual (last name first):

Shawn W. Smith

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

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Area

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Name of individual (last name first), stockholder, partner, officer or director:

BURKE
Last NameJOHNJ.

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

()

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Last Name

First

Middle Initial

Home Street Address

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Street Name

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Name of individual (last name first), stockholder, partner, officer or director:

LURIE R THORNTON

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

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First

Middle Initial

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PLEASE TYPE OR PRINT ALL INFORMATION

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Name of individual (last name first), stockholder, partner, officer or director:

MEIRINGPAULL.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

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Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

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Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

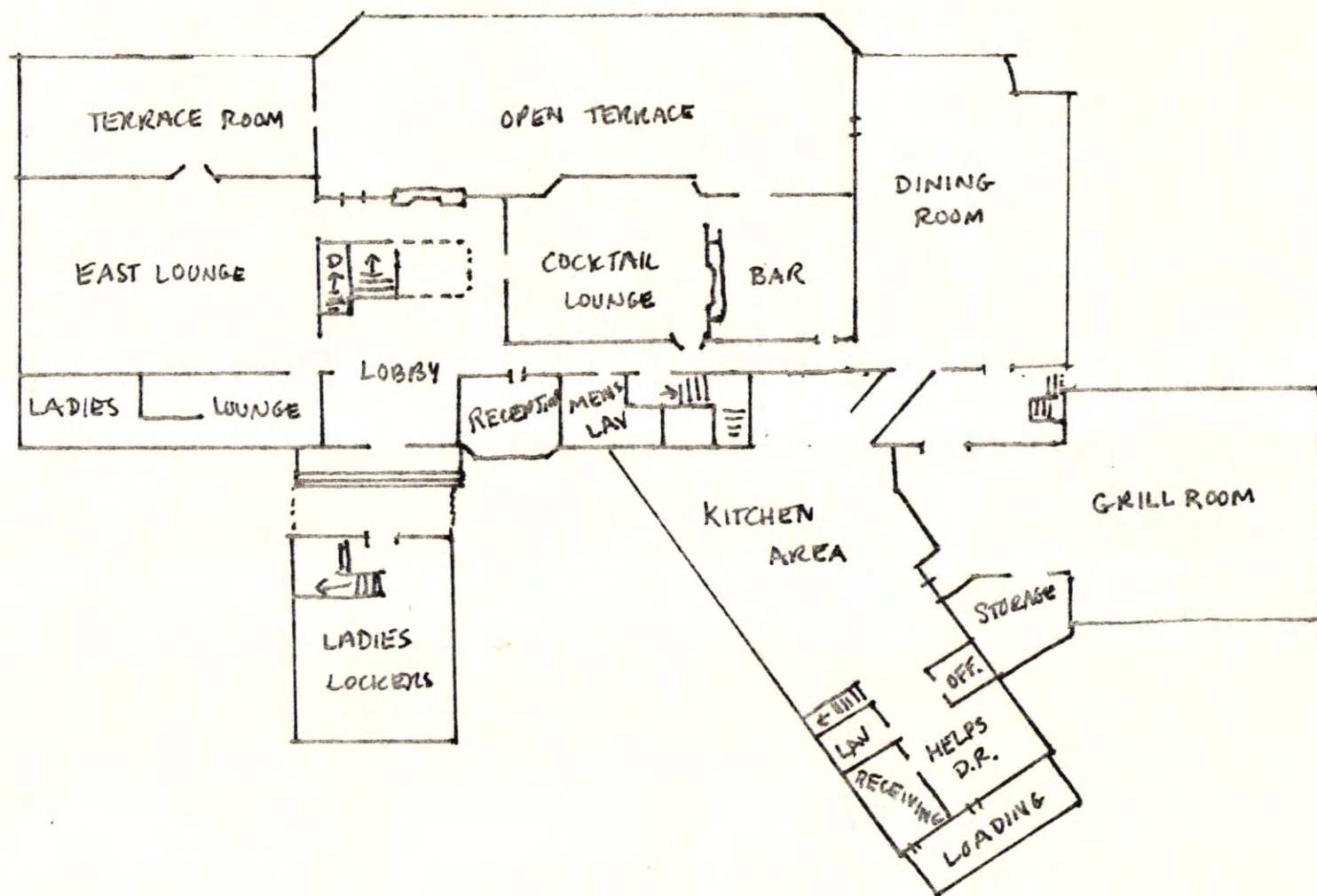
Exchange

Number

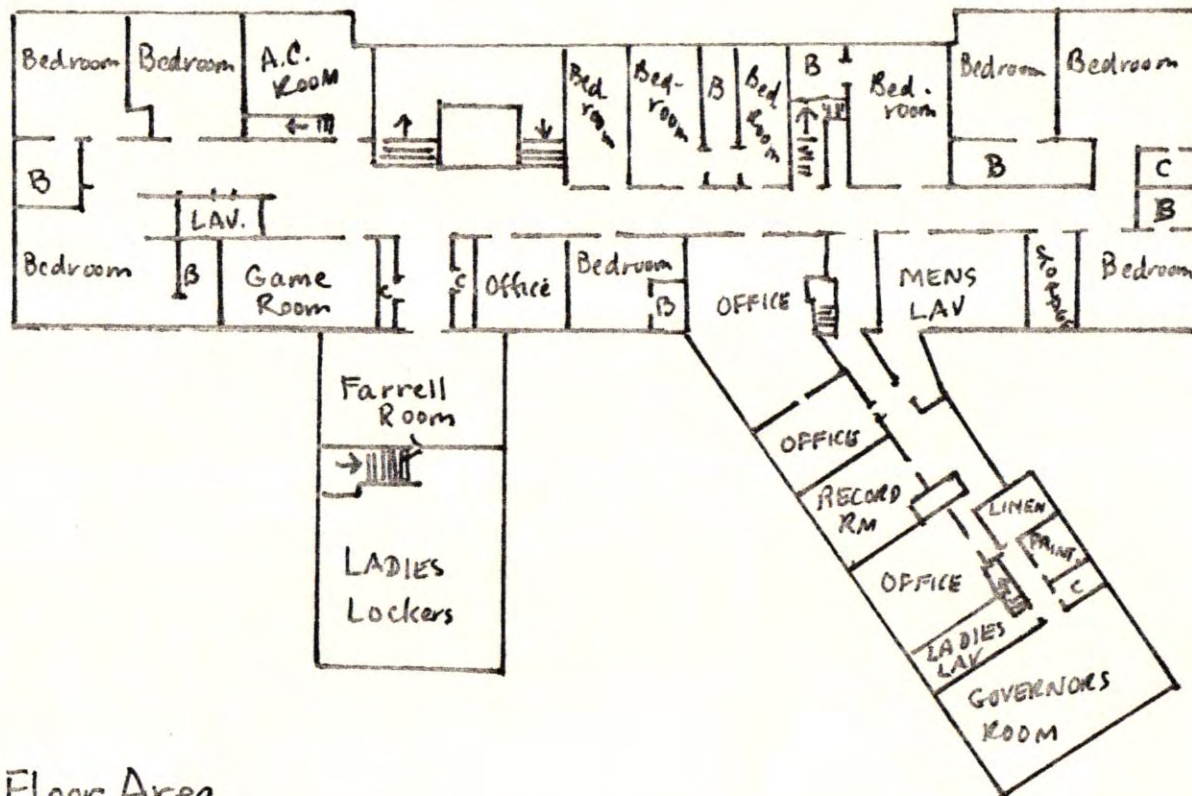
% of business owned or controlled

Number of shares

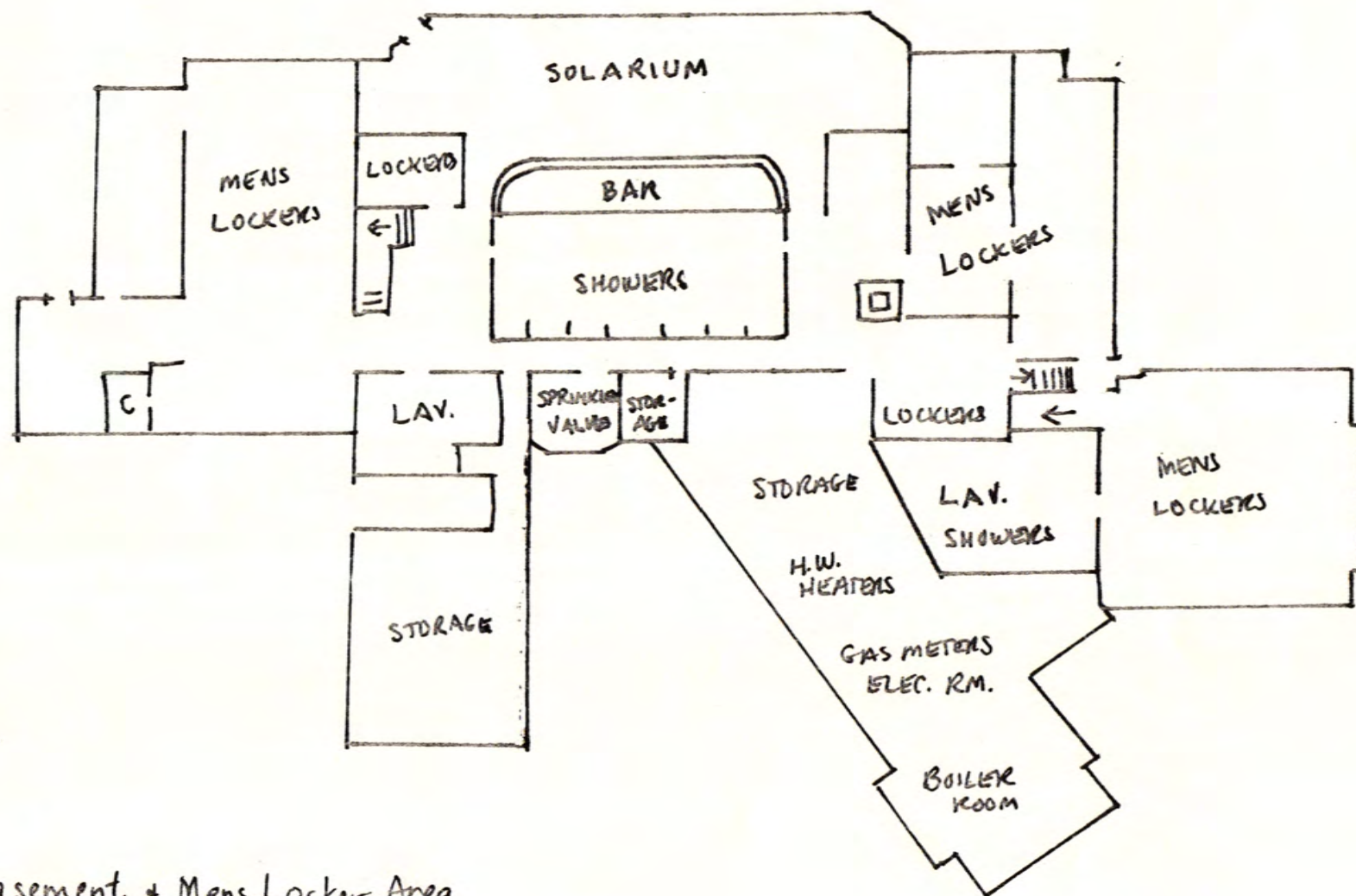
Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver☐ Beneficiary ☐ Other (specify) _____



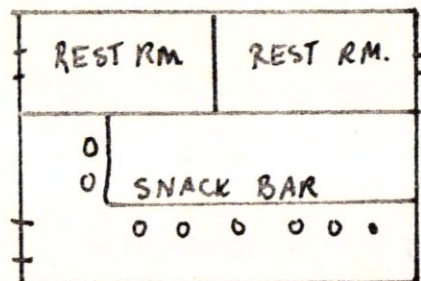
1st Floor Area
 Baltusrol Golf Club
 Springfield, N.J.



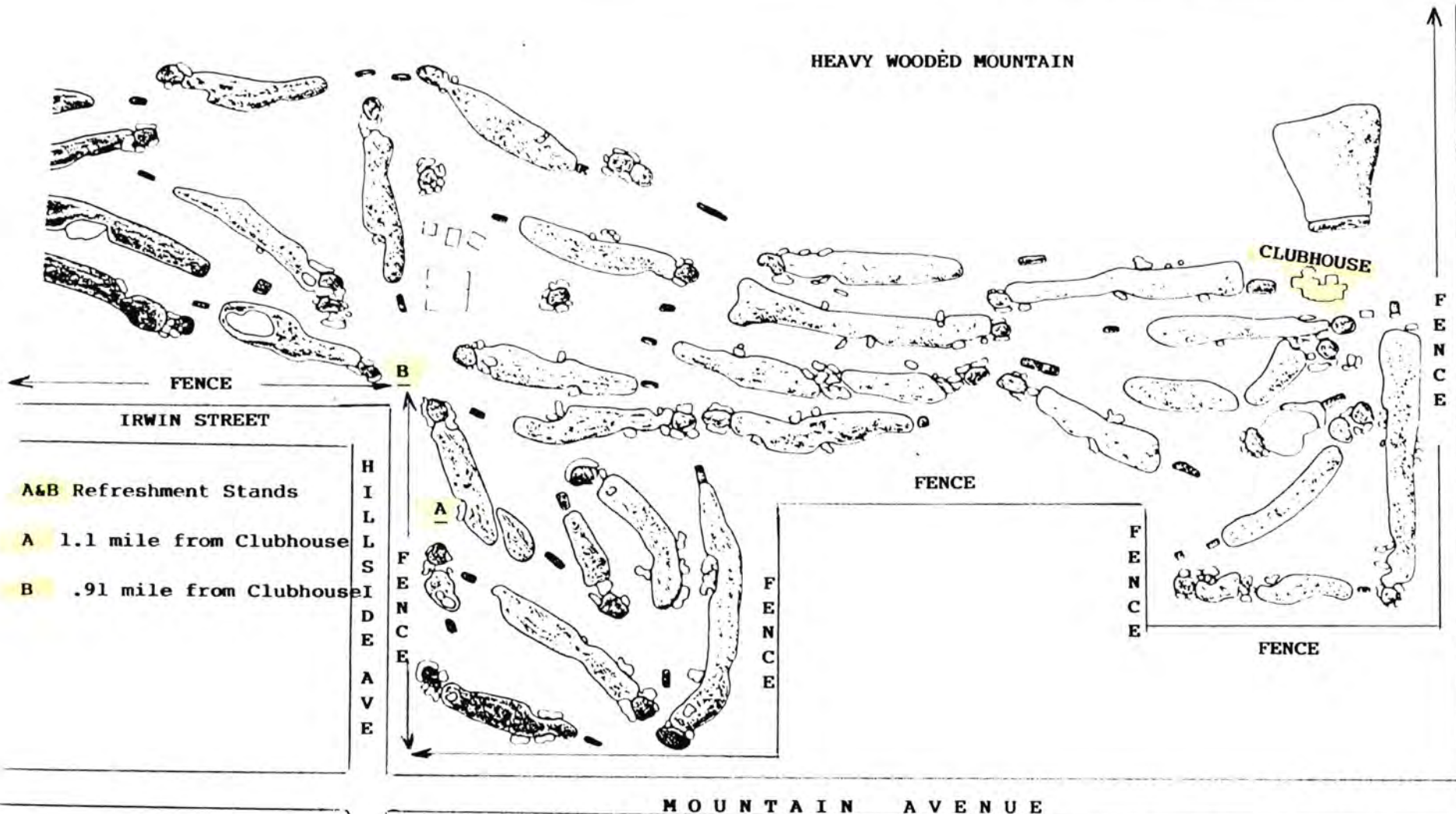
2nd Floor Area
 Baltusrol Golf Club
 Springfield, N.J.



Basement + Mens Locker Area
 Baltusrol Golf Club
 Springfield, N.J. 07081



Halfway House (2)
Baltusrol Golf Club
Springfield, N.J.



A&B Refreshment Stands

A 1.1 mile from Clubhouse

B .91 mile from Clubhouse

MOUNTAIN AVENUE

BALTUSROL GOLF CLUB

LICENSE NUMBER 2017 33 001 001

Page 3