

# 2013 - 2014 RENEWAL APPLICATION

APPLICATION FOR 2013-2014

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

1205-33-024-001

DATE APPLICATION FILED:

05/31/13

[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 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 Update Board  
Members

1205-33-024-001

PLAINFIELD COUNTRY CLUB  
T/A PLAINFIELD COUNTRY CLUB  
PO BOX 311  
PLAINFIELD NJ 07061 0311

This Area is Reserved

Municipal Fee \$ 2500-

Effective Date 06/12/13

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

State Fee \$ 200-

Date Denied \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(As Stated in Resolution)

Refund Amount \$ \_\_\_\_\_

Special Conditions Attached: \_\_\_\_\_ Yes X No

Please use physical  
building address

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

RUSSOMANNO, CHERYL  
C. Russomanno  
Signature of Municipal Clerk or ABC Secretary

TRANS NO: 13026659

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001Application is made on behalf of: 5

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.

Plainfield Country 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 1591 Woodland Avenue Edison NJ  
Number Street Name

Municipality Edison Zip 08820

Telephone number of business (908) 757 - 1800  
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 N/A  
Number Street Name

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

Zip \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

- 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]:

Plainfield Country Club

- 2.6 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS OTHER THAN APPLICANTS FOR A NEW LICENSE:

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?  
☒ Yes ☐ No

B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING BUSINESS):  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?  
\_\_\_\_\_☐ Yes ☐ No

- 2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE:

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?  
\_\_\_\_\_☐ Yes ☐ No

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

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? Club House 5

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 5 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          | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 <sup>st</sup> floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 <sup>nd</sup> floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 <sup>rd</sup> floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> 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 ☐ No3.6 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.

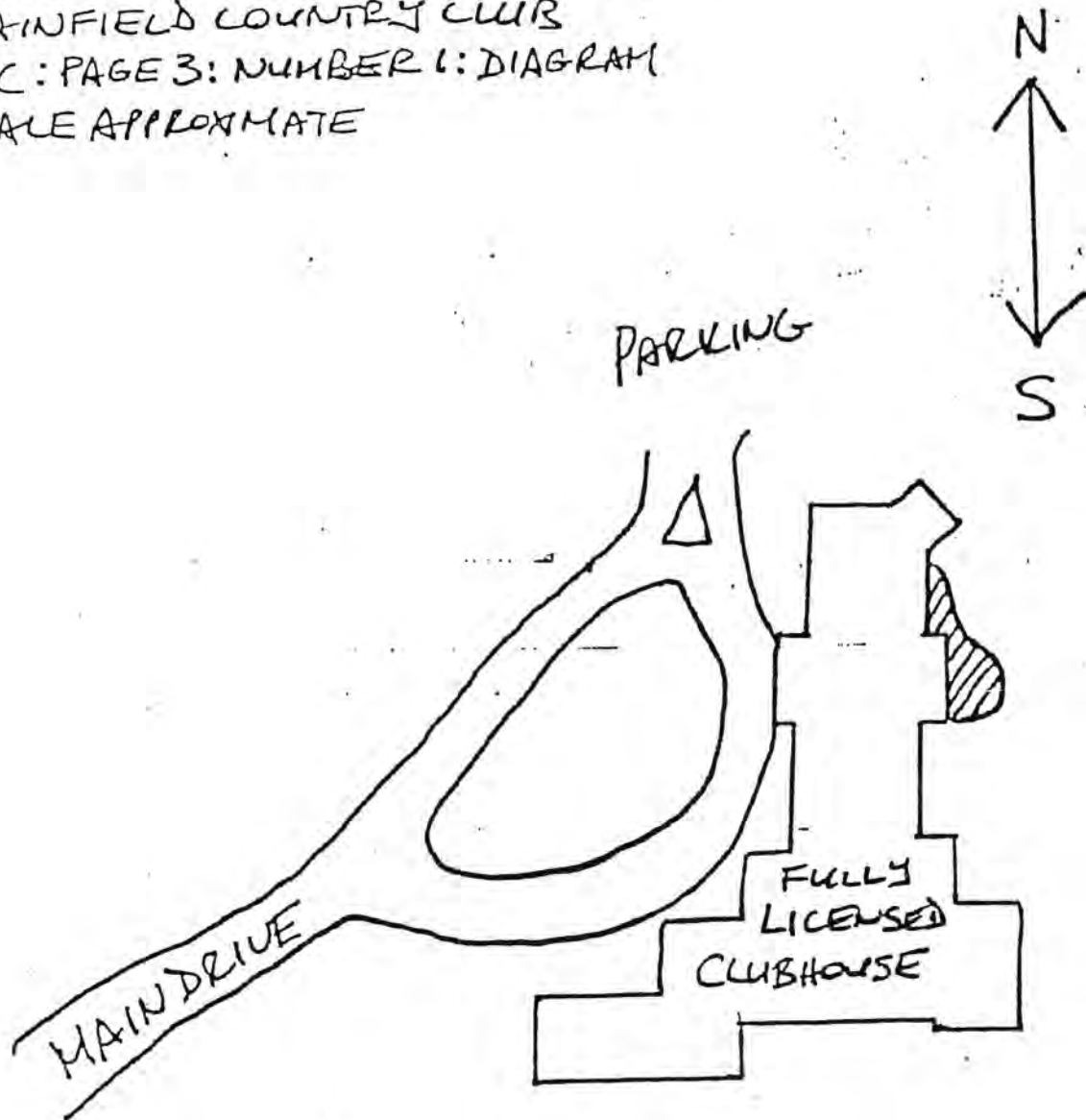
3.8 MORTGAGEE (HOLDER OF MORTGAGE):

\_\_\_\_\_  
(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 \_\_\_\_\_ - \_\_\_\_\_

LICENSE NO: 1205-33-024-001  
PLAINFIELD COUNTRY CLUB  
ABC: PAGE 3: NUMBER 1: DIAGRAM  
SCALE APPROXIMATE



▨ = LICENSED AREA: CONCRETE PATIO HEDGED BY YEW SHRU,  
IRREGULAR SHAPED @ 400 SQ. FEET.

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

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.]

Pool Snack Bar3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 5

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. 2 OF 5 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 ☐ NoAll of it ☐ Yes ☐ No1<sup>st</sup> floor ☐ Yes ☐ NoAll of it ☐ Yes ☐ No2<sup>nd</sup> floor ☐ Yes ☐ NoAll of it ☐ Yes ☐ No3<sup>rd</sup> floor ☐ Yes ☐ NoAll 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

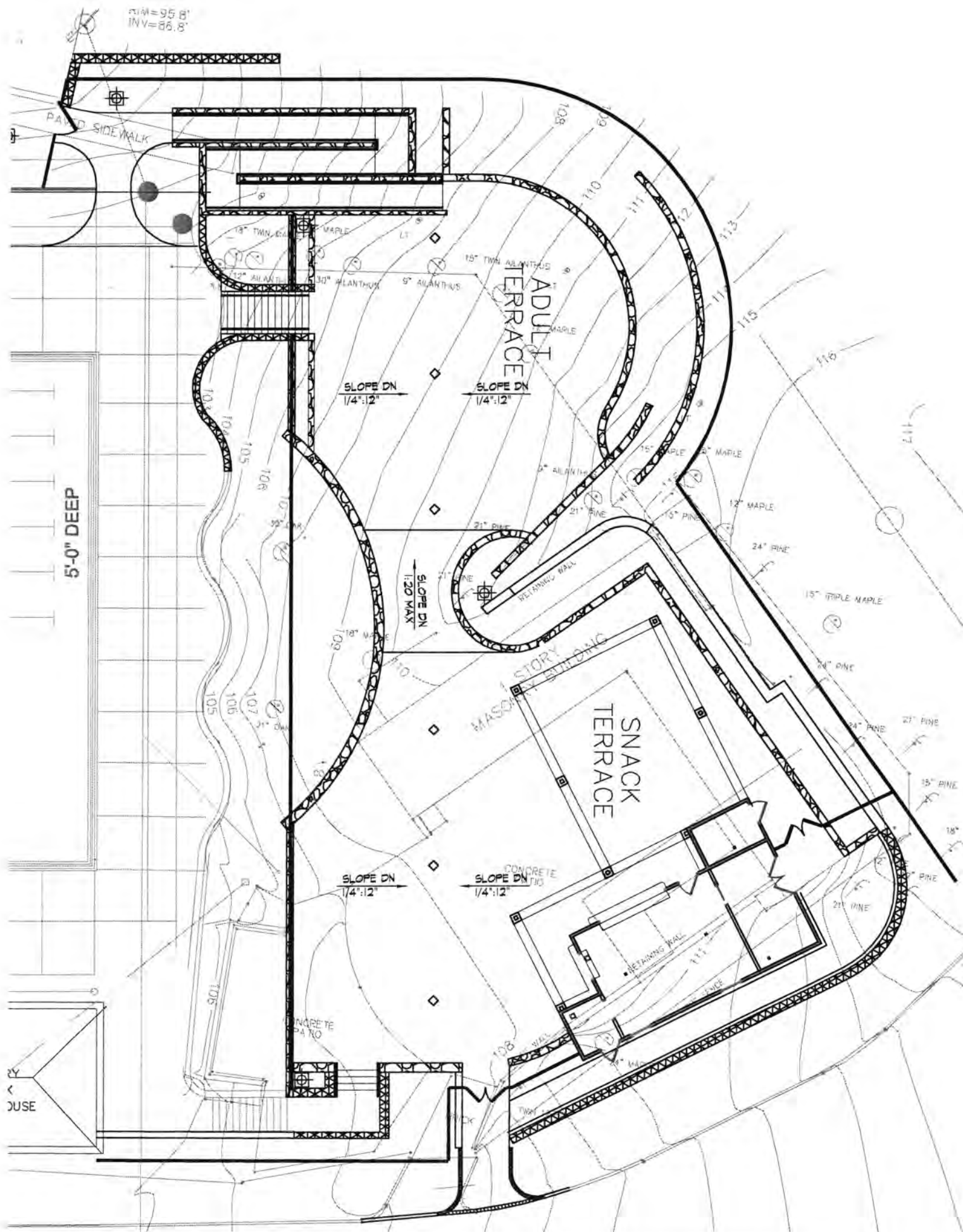
If there is a mortgage on the property, answer question 3.8. If the licensed premise is leased, answer question 3.9.

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 1205-33-024-001

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TENNIS SHOP3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 5

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. 3 OF 5 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          | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 <sup>st</sup> floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 <sup>nd</sup> floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 <sup>rd</sup> floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

LICENSE NO. 120533-024-00  
PLAINFIELD COUNTY, NJ  
ABL: PAGE 3: NUMBER 3: DIAG  
NO SCALE



WOODLAND AVENUE

TENNIS  
COURTS  
+  
TENNIS  
COURTS

PARKING

TENNIS PRO SHOP

MAIN DRIVE TO CLUB HOUSE

 = LICENSED AREA: GRASS PATIO: APPROX 400 SQ FEET.

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

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.]

West Nine Building3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 5

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. 4 OF 5 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          | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 <sup>st</sup> floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 <sup>nd</sup> floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 <sup>rd</sup> floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> 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 1205-33-024-001

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Halfway House3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 5

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. 5 OF 5 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 ☐ NoAll of it ☐ Yes ☐ No1<sup>st</sup> floor ☐ Yes ☐ NoAll of it ☐ Yes ☐ No2<sup>nd</sup> floor ☐ Yes ☐ NoAll of it ☐ Yes ☐ No3<sup>rd</sup> floor ☐ Yes ☐ NoAll 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 ☐ No3.6 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

1205 - 33 - 024 - 001

- 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 7 / 10 / 06

- 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:

|                                                                                                   |                                               |                                |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Restaurant                                                    | <input checked="" type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Catering                                                                 | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hotel/Motel                                                              | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input type="checkbox"/> Amusements                                                               | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input type="checkbox"/> N.J. Lottery                                                             | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grocery or Delicatessen                                                  | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Other (specify) <u>Golf, Tennis</u><br><u>Pool Activities</u> | <input checked="" type="checkbox"/> Applicant | <input type="checkbox"/> Other |

- 4.5 IF SOMEONE OTHER THAN THE APPLICANT WILL OPERATE THE OTHER BUSINESS ON THE LICENSED PREMISES, ANSWER THIS QUESTION. IF THERE IS MORE THAN ONE INDIVIDUAL OR COMPANY, ATTACH A SEPARATE PAGE LISTING THE REQUESTED INFORMATION FOR EACH OPERATOR.

Business to be operated \_\_\_\_\_

Name of company/individual \_\_\_\_\_  
(Last Name, First Name or Corporate Name)

Street Address \_\_\_\_\_  
Number Street Name

Municipality \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ - \_\_\_\_\_ NJ Sales Tax Certificate of Authority No. \_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

## 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 \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1205 - 33 - 024 - 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 \$ \_\_\_\_\_ [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 1205-33-024-011

## 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ALL APPLICANTS ANSWER THE FOLLOWING

- THE FOLLOWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER.

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

- 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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

## 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 1205-23-024-001

10.1 Name of corporation Plaintiff Country Club

10.2 Street address of home office 1541 Woodland Ave

Municipality Edison

State NE Zip 08820

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 N/A

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 \_\_\_\_\_

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 1/1

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 Paul Sauchelli, Esq.  
(Last Name, First Name, Middle Initial or Corporation)

Street Address 2 E Main Street # 130

Municipality Brookside New Jersey

Zip 07926 Telephone Number ( 908 ) 612 - 1387  
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 1205 - 33 - 024 - 001

## 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): Flainfield country Club

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

Sauchelli Paul  
Last Name Initial  
Home Street Address \_\_\_\_\_  
Number \_\_\_\_\_  
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 4 Number of shares 4  
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:

Sigman Patricia  
Last Name Initial  
Home Street Address \_\_\_\_\_  
Number \_\_\_\_\_  
P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_  
Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home telephone number (\_\_\_\_\_) \_\_\_\_\_  
Area Exchange Number  
Office telephone number (\_\_\_\_\_) \_\_\_\_\_  
Area Exchange Number  
% of business owned or controlled 0 Number of shares 0  
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 1205 - 33 - 024 - 001

## 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): Plainfield Country Club

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

11 Criales Dean T  
Last Name \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
Number \_\_\_\_\_

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 0 Number of shares 0

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:

12 Brenish Timothy F  
Last Name \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
Number \_\_\_\_\_

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 0 Number of shares 0

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 1205-33-024-001

## 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): Plano H Country Club

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

13 Kelly Jeffrey F  
Last Name \_\_\_\_\_  
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 0 Number of shares 0

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:

14 Schurtz Joseph E  
Last Name \_\_\_\_\_  
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 0 Number of shares 0

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 1205 - 33 - 024 - 001

## 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): Plainfield Country Club

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

Lapham Steven P  
Last Name \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
Number \_\_\_\_\_

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 0

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:

English Edward  
Last Name \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
Number \_\_\_\_\_

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 0

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 1205-33-024-001

## 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): Plainfield Country Club

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

5 O'Keefe Patrick

Last Name

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:

Reynolds John

Last Name

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

% 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 1205-33-024-001

## 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): Plainfield Country Club

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

Fraser Christopher A  
Last Name First Name Middle InitialHome 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 \_\_\_\_\_ Number \_\_\_\_\_% of business owned or controlled 100 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), stockholder, partner, officer or director:

Bender Douglas J  
Last Name First Name Middle InitialHome 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 \_\_\_\_\_ Number \_\_\_\_\_% of business owned or controlled 0 Number of shares 0Check 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 1205-33-024-001

## 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): Plainfield Country Club

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

4 Rosely Brett  
Last Name  
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 0 Number of shares 0

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:

8 Manns Henry  
Last Name  
Home Street Address \_\_\_\_\_  
Number \_\_\_\_\_

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 0 Number of shares 0

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 1205-33-024-001

## 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): Plainfield Country Club

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

9 Tompeck Richard  
Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
Number \_\_\_\_\_  
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 4 Number of shares 4  
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:

7 Colombo Gregory J  
Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
Number \_\_\_\_\_  
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 4 Number of shares 6  
Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder  
☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director  
☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver  
☐ Beneficiary ☒ Other (specify) General Manager

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

## 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): Plainfield Country Club

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

Larkin Karen A  
Last Name \_\_\_\_\_  
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 \_\_\_\_\_ 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) Chief Financial Officer

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 1205 - 33 - 024 - 001

AFFIDAVIT

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

DATE:

State of New Jersey )  
County of Middlesex ) SS:

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

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. Paul Sauchelli of Plainfield Country 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

Attest:

Secretary

Signature

Affix Corporate Seal

Corporate Name

By

(Signature of Corporate President or Vice President)

(Partnership Name)

(Signature of Partner)

(Signature of Partner)

(Signature of Partner)

(Signature of Partner)

Sworn to and subscribed before me

this 31 day of May 20 13

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)