

2012 - 2013 RENEWAL APPLICATION

APPLICATION
FOR 2012-2013

TR#: _____

FEE: _____

DATE: _____

STATE ASSIGNED LICENSE NUMBER
_____-_____-_____-_____

[For DIVISION use only _____]

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

RETAIL LIQUOR LICENSE APPLICATION

DATE APPLICATION FILED:

____/____/____

Action ID Code

[] [] [] []
A W D U

CODE TYPE OF LICENSE (CHECK ONE)

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

- 31 _____ Club
- 32 _____ Plenary Retail Consumption
w/Broad Package Privilege
- 33 XX 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.)
- XX Renewal of License
- _____ Amendment of Application on File
- _____ Other _____

2020-33-027-002

ECHO LAKE COUNTRY CLUB

PO BOX 399
WESTFIELD NJ 07091 0399

This Area is Reserved

Municipal Fee \$ 2,000.00

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 X No

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

Signature of Municipal Clerk or ABC Secretary

TRANS NO: 12023432

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 002Application 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.

Echo Lake 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 515 Springfield AvenueMunicipality Westfield, New Jersey Zip 07090 - 0399Telephone Number of Business (908) 232 - 4141 E-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 # 399 Municipality Westfield State New JerseyZip 07091-0399 Telephone (908) 232 - 4141

- 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]:

- 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:

_____/_____/_____

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 002

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? 3

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 3 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 ☐ NoIF "YES," IS THERE A MORTGAGE ON THE BUILDING? ☐ Yes ☒ NoDOES 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 2020 - 33 - 027 - 002

- 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 xx 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 XX 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 xx No Only required if a change in the existing registration.

IF "YES," DATE FILED _____ / _____ / _____

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

IF THE ANSWER IS "YES," INDICATE THE NATURE OF THE BUSINESS AND WHO WILL CONDUCT IT BY RESPONDING TO THE FOLLOWING QUESTIONS:

xx Restaurant xx Applicant _____ Other

 Catering Applicant Other

_____ Hotel/Motel _____ Applicant _____ Other

_____ Amusements _____ Applicant _____ Other

 N.J. Lottery Applicant Other

Grocery or Delicatessen _____ Applicant _____ Other _____

xx Other (specify) country club xx Applicant _____ Other

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

Business to be operated _____

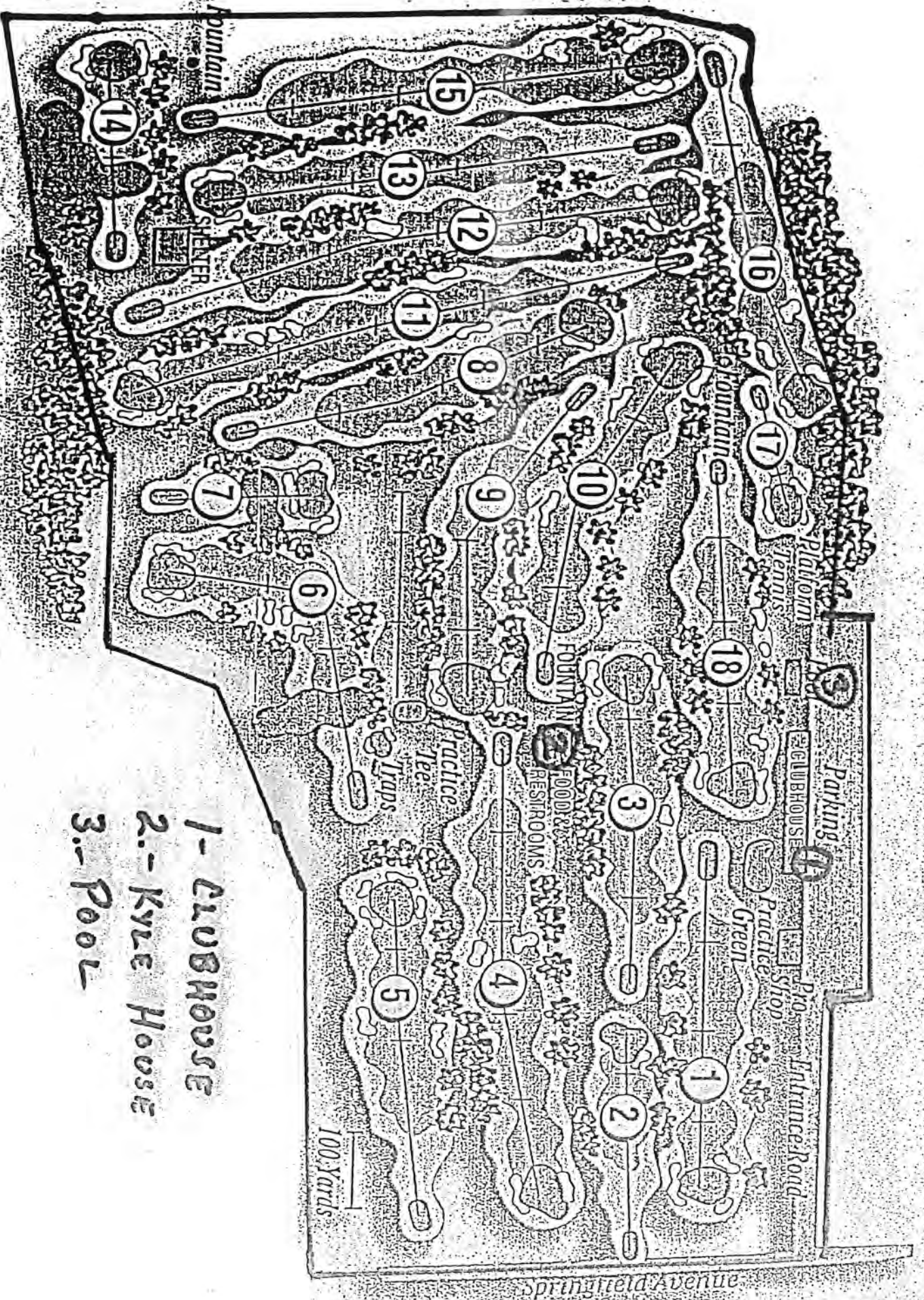
Name of company/individual _____
(Last Name, First Name or Corporate Name)

Street Address _____

Number _____ Street Name _____

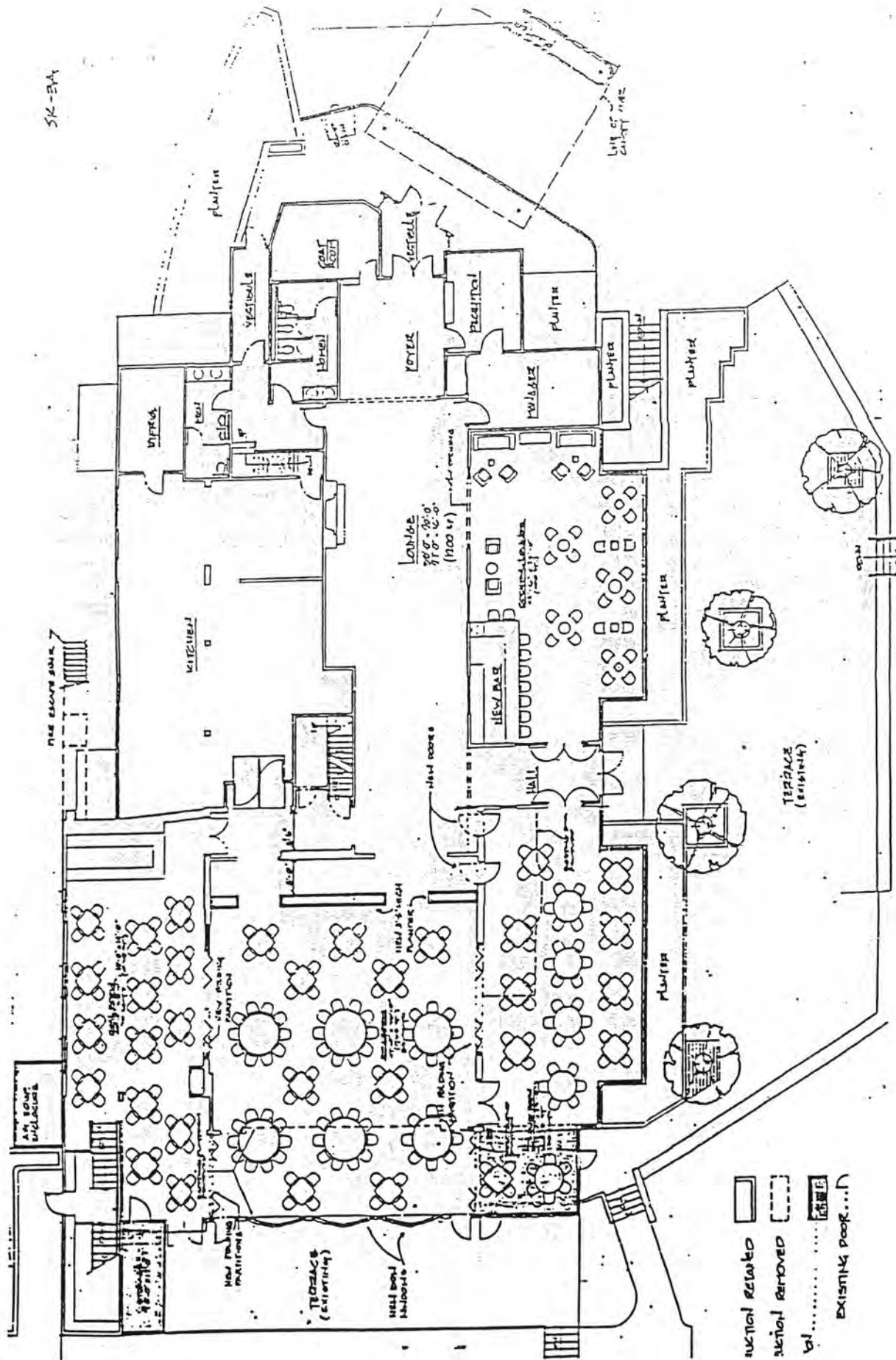
Municipality _____ State _____

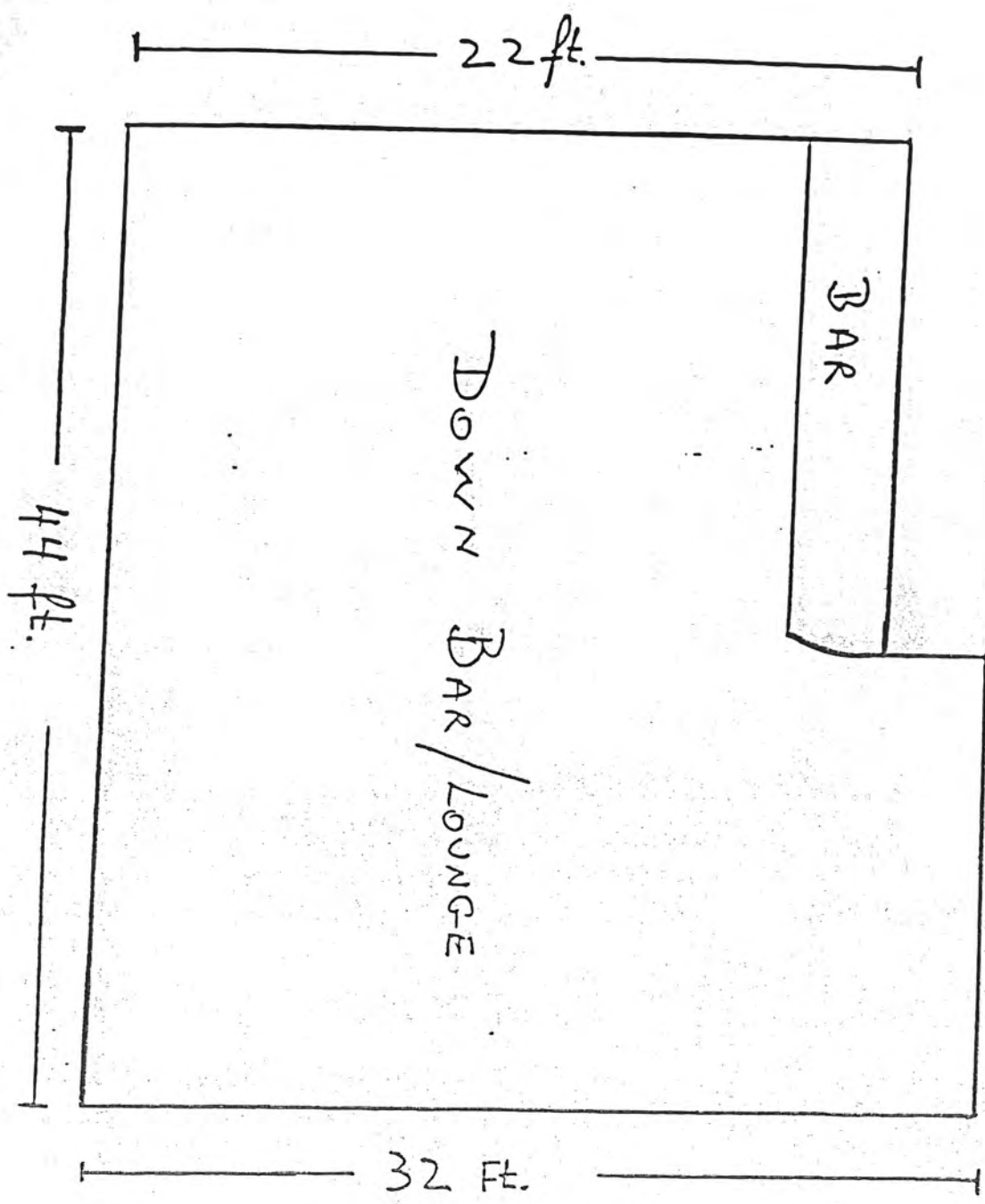
Zip _____ - _____ NJ Sales Tax Certificate of Authority No. _____



- 1- CLUBHOUSE
- 2- Kyle House
- 3- Pool

Echo Lake South. 11.1





Entrance

Man

STATE ASSIGNED LICENSE NUMBER 2020 33 027 002

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? 3

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 3 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):

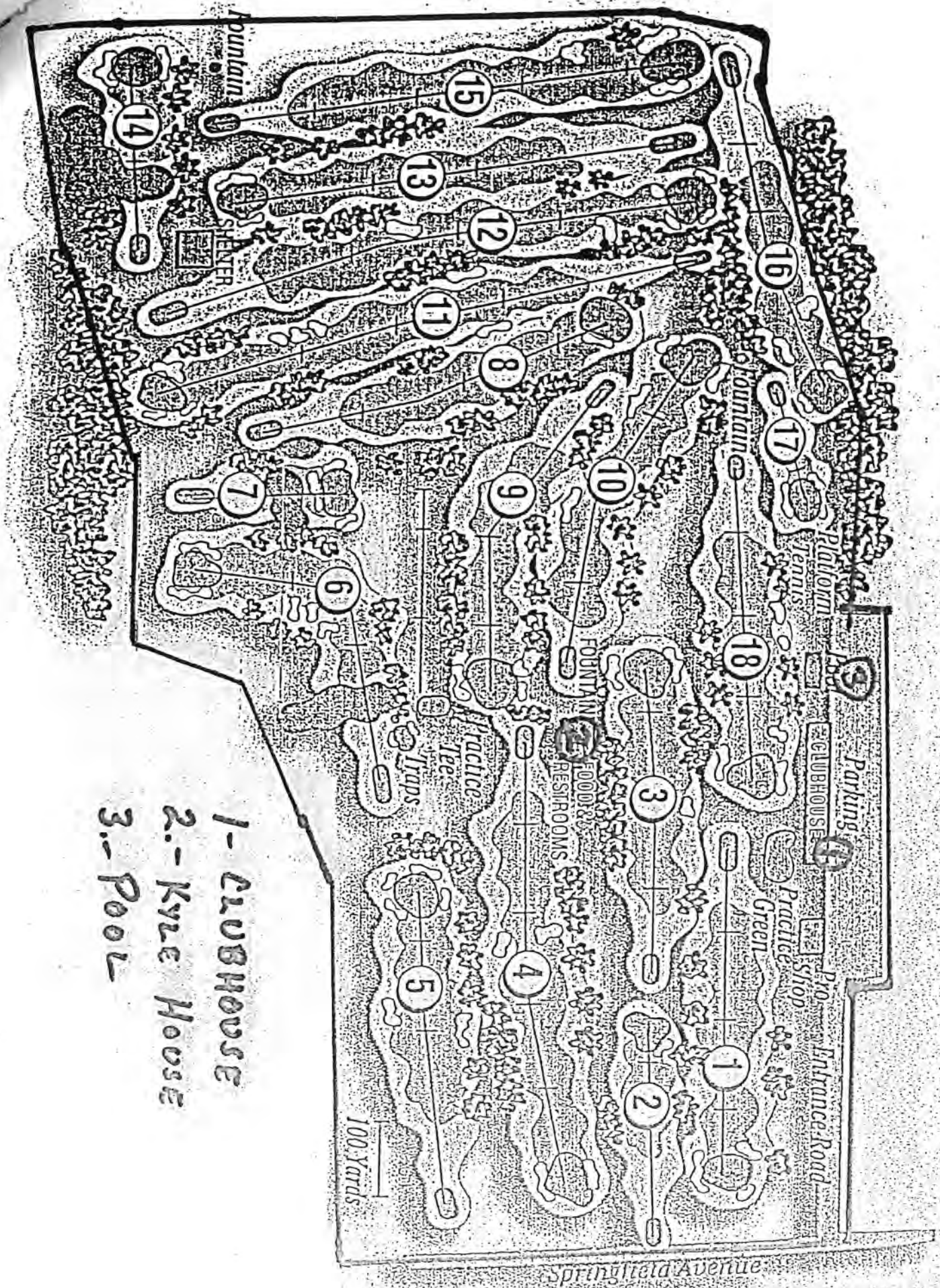
(Last Name, First Name, Middle Initial or Corporate Name)
Street Address _____
Number _____ Street Name _____
P.O. Box # _____ Municipality _____ State _____
Zip _____ - _____

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 _____ - _____

Echo Lake South 11.1

GOLF ASSOCIATES
 ASHVILLE, NC
 (800) 438-6726



- 1- CLUBHOUSE
- 2.- Kyle House
- 3.- Pool

Kyle House

2952

Cornier

Men's
Room

Bed's
Room

438

Pcho Lake C.C.

Kyle House

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 002

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3.2 BUILDING NO. 3 OF 3 TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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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 _____ - _____

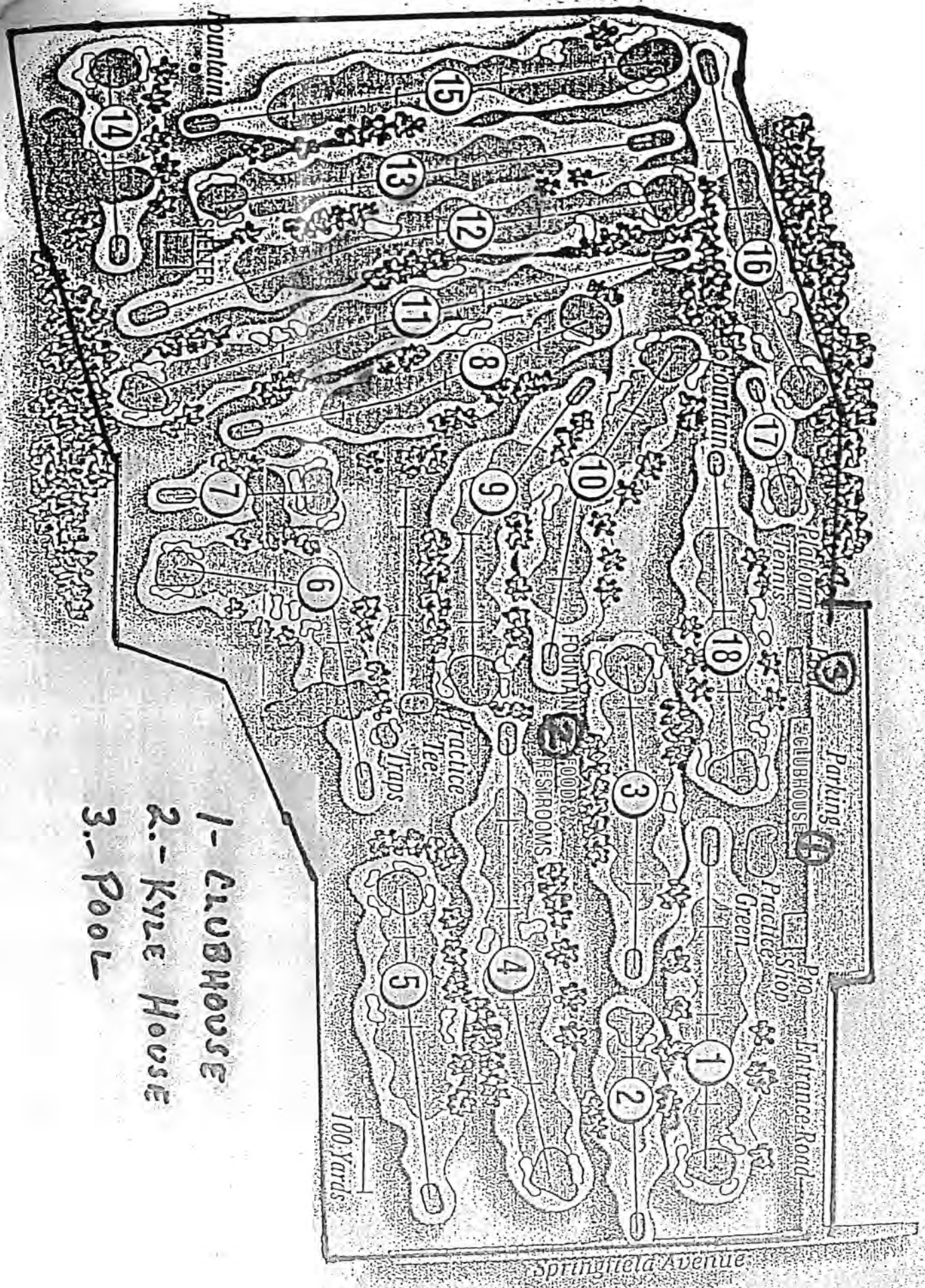
3.9 LANDLORD (HOLDER OF LEASE):

(Last Name, First Name, Middle Initial or Corporate Name)
Street Address _____
Number _____ Street Name _____
P.O. Box # _____ Municipality _____ State _____
Zip _____ - _____

GOLF ASSOCIATES
 ASHEVILLE, NC
 (405) 438-8726

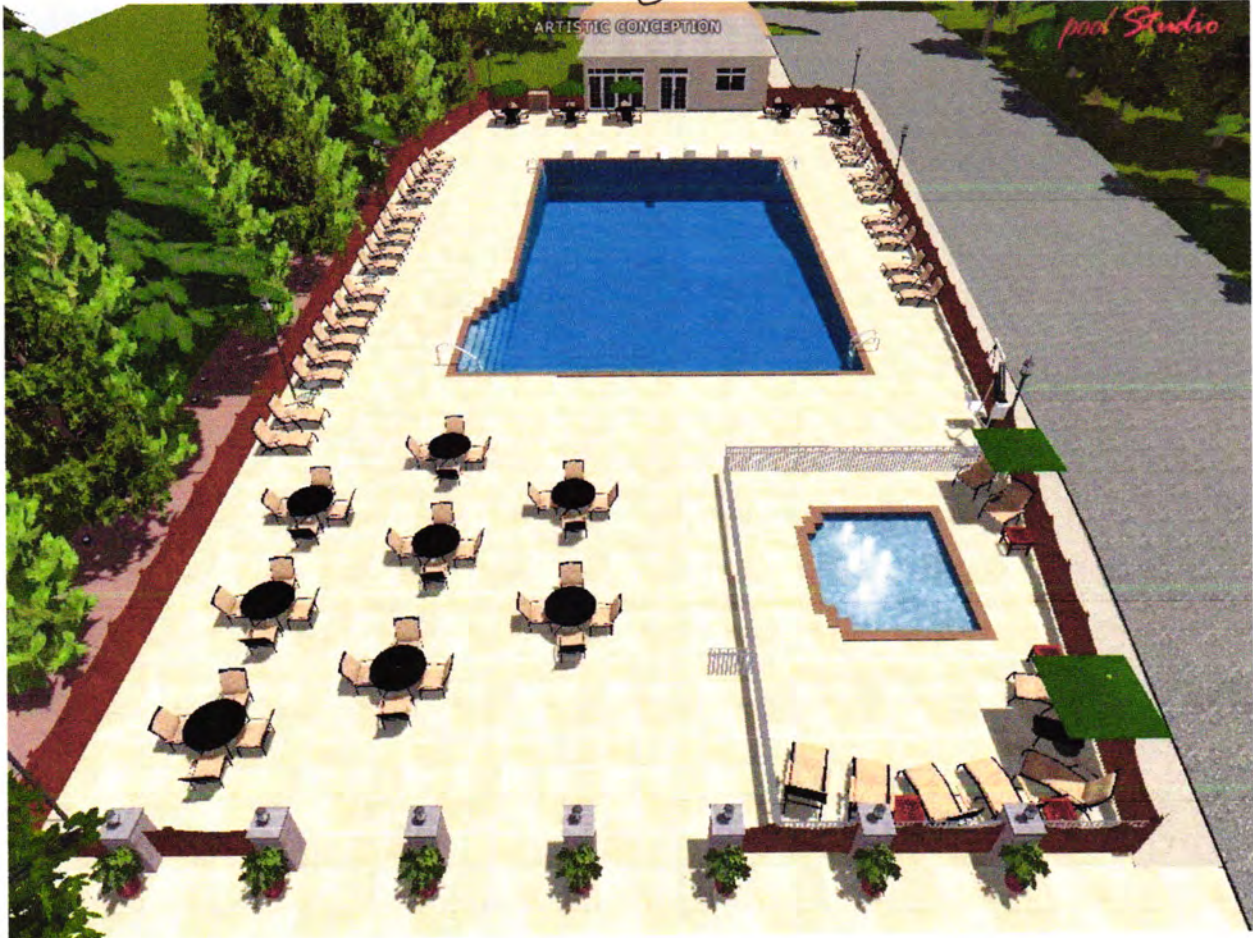
Echo Lake Country Club

- 1- CLUBHOUSE
- 2- Kyle House
- 3- Pool



Springfield Avenue

Pool Snook Bar



Pool Snook Bar

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 002

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 XX 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 XX 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 XX 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

2020 33 027 002

ALL APPLICANTS ANSWER THE FOLLOWING

- 6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY? ____ Yes
- XX
- 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
- XX
- 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
- XX
- 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
- XX
- 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

2020 33 027 002

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 **xx** 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 XX No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION AND THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH, IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

STATE ASSIGNED LICENSE NUMBER _____

ALL APPLICANTS ANSWER THE FOLLOWING

- 8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW OR ANY OTHER NEW JERSEY OR FEDERAL LAW?

____ Yes XX 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 XX 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 XX 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?

XX 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 XX No

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

XX Yes ____ No

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

XX Yes ____ No

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 002

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 2020 - 33 - 027 - 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 Echo Lake Country Club10.2 Street address of home office 515 Springfield Avenue
Number Street NameMunicipality WestfieldState New Jersey Zip 07090 - E-Mail Address

10.3 NJ Sales Tax Certificate of Authority Number

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address
Number Street Name

Municipality New Jersey

Zip -

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? ☒ Yes ☐ No

10.6 DATE CHARTERED OR INCORPORATED STATE

10.7 CERTIFICATE OF INCORPORATION NUMBER

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ☐ Yes ☐ No10.9 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 Echo Lake Country Club
(Last Name, First Name, Middle Initial or Corporation)Street Address 515 Springfield Avenue
Number Street NameMunicipality Westfield New JerseyZip 07090 - Telephone Number (908) 232 - 4141
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 2020 33. 027. 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).

Echo Lake Country ClubTO ADD

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

FraitesChristopherG.

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) _____TO ADD

Name of individual (last name first):

Fusco, Jr.ClaudeE.

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 _____

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.

TO ADD

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP): TO ADD

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

Centrella

Robert

Last Name
Home Street Address

Middle Initial

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

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:

George Bruce

Gillie

Last Name
Home Street Address

Middle Initial

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

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 2020 33. 027. 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).

Echo Lake Country ClubTO ADD

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

TriarsiJosephJ.

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 0 Number of sharesCheck position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder☐ President ☒ Vice-President ☐ Secretary ☐ Treasurer ☐ Director☒ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver☐ Beneficiary ☐ Other (specify)TO ADD

Name of individual (last name first):

AllenStephenI.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Home telephone number

Area

Exchange

Number

Office telephone number

()

Area

Exchange

Number

% of business owned or controlled 0 Number of sharesCheck 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 2020 33 027 001

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).

Echo Lake Country ClubTO ADDName of individual (last name first), stockholder, partner, officer or director:
Arbes Peter T.

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 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) _____TO ADD

Name of individual (last name first):

Parker Jr.WallaceP.

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 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 2020 33 027 001

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).

Echo Lake Country ClubTO ADD

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

BondScottS.

Last Name

First

Middle Initial

Home Street Address

Number

Municipality

State

P.O. Box #

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) _____TO ADD

Name of individual (last name first):

BrownDavid

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 2020 33 027 002

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).

Echo Lake Country ClubName of individual (last name first), stockholder, partner, officer or director: TO ADD
Molowa David T.Last Name [REDACTED] Middle Initial [REDACTED]
Home Street Address [REDACTED]Number [REDACTED] Street Name [REDACTED]
P.O. Box # [REDACTED] Municipality [REDACTED] State [REDACTED]Zip [REDACTED]
Social Security number [REDACTED] Date of birth [REDACTED]Home telephone number [REDACTED]
Area [REDACTED] Exchange [REDACTED] Number [REDACTED]Office telephone number () [REDACTED] - [REDACTED]
Area [REDACTED] Exchange [REDACTED] Number [REDACTED]% of business owned or controlled [REDACTED] Number of shares [REDACTED]Check position that applies: [REDACTED] Sole owner [REDACTED] Partner [REDACTED] Stockholder[REDACTED] President [REDACTED] Vice-President [REDACTED] Secretary [REDACTED] Treasurer [REDACTED] DirectorXX Trustee [REDACTED] Manager [REDACTED] Agent [REDACTED] Executor/Administrator [REDACTED] Receiver[REDACTED] Beneficiary [REDACTED] Other (specify) [REDACTED]TO ADDName of individual (last name first): David
LiebermanLast Name [REDACTED] First [REDACTED] Middle Initial [REDACTED]
Home Street Address [REDACTED]Number [REDACTED] Street Name [REDACTED]
P.O. Box # [REDACTED] Municipality [REDACTED] State [REDACTED]Zip [REDACTED]
Social Security number [REDACTED] Date of birth [REDACTED]Home telephone number () [REDACTED] - [REDACTED]
Area [REDACTED] Exchange [REDACTED] Number [REDACTED]Office telephone number () [REDACTED] - [REDACTED]
Area [REDACTED] Exchange [REDACTED] Number [REDACTED]% of business owned or controlled [REDACTED] Number of shares [REDACTED]Check position that applies: [REDACTED] Sole owner [REDACTED] Partner [REDACTED] Stockholder[REDACTED] President [REDACTED] Vice-President [REDACTED] Secretary [REDACTED] Treasurer [REDACTED] DirectorXX Trustee [REDACTED] Manager [REDACTED] Agent [REDACTED] Executor/Administrator [REDACTED] Receiver[REDACTED] Beneficiary [REDACTED] Other (specify) [REDACTED]

STATE ASSIGNED LICENSE NUMBER 2020 33 027 001

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).

Echo Lake Country Club

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

NowickiDavidTO ADDE.

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

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) _____

TO ADD

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

2020 33 027 002

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.

TO ADD

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):

TO ADD

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

Maus Richard
 Last Name First Name Middle Initial
 Home Street Address [REDACTED]
 Number Street Name
 P.O. Box # Municipality [REDACTED] State [REDACTED]
 Zip [REDACTED] E-Mail Address [REDACTED]
 Social Security Number [REDACTED] Date of Birth [REDACTED]
 Home telephone number [REDACTED]
 Area Exchange Number
 Office telephone number [REDACTED]
 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:

Walsh Michael C.
 Last Name First Name Middle Initial
 Home Street Address [REDACTED]
 Number Street Name
 P.O. Box # Municipality [REDACTED] State [REDACTED]
 Zip [REDACTED] E-Mail Address [REDACTED]
 Social Security Number [REDACTED] Date of Birth [REDACTED]
 Home telephone number ([REDACTED])
 Area Exchange Number
 Office telephone number ([REDACTED])
 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) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 001

AFFIDAVIT

LICENSE PERIOD
APPLIED FORFROM 2012 TO 2013DATE: May 15, 2012

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. David E. Nowicki of Echo Lake 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

(Partnership Name)

(Signature of Partner)

Attest:

Echo Lake Country Club

Corporate Name

(Signature of Partner)

Secretary

By

(Signature of Corporate President or Vice President)

(Signature of Partner)

Signature

Affix Corporate Seal

(Signature of Partner)

Sworn to and subscribed before me

this 15th day of May 2012

AFFIDAVIT MUST BE SIGNED HERE

(Signature of Officer Administering Oath)

BY DULY AUTHORIZED
NOTARY PUBLICKatherine Rose
(Printed Name of Officer Administering Oath)OR AN ATTORNEY-AT-LAW
OF NEW JERSEYController
(Title of Officer Administering Oath)

KATHERINE ROSE
 Notary Public, State of New Jersey
 My Commission Expires
October 16, 2012