

State of New Jersey
Department of Law and Public Safety
Division of Alcoholic Beverage Control
PO Box 087, Trenton, NJ 08625-0087

Amendment Application Summary - Person to Person Transfer - Retail Licenses

File Number: 551211
License Number: 1802-33-005-012
Created By: Anna Perna
Date Submitted: Apr 08, 2022
Fee Amount: \$0.00
Fees Paid: \$0.00

Licensee Information

Licensee: HGC BASKING RIDGE LLC
Mailing Address:

Physical Address: 13873 PARK CENTER ROAD
SUITE #203N
HERNADON, VA 20171
USA
Preferred Contact: [REDACTED]
Corporation Number: [REDACTED]
Incorporation Date: [REDACTED]
NJ Tax Auth Number:

Previously

DH OF BASKING RIDGE LLC
185 MADISONVILLE ROAD
BASKING RIDGE, NJ 07920
USA
185 MADISONVILLE ROAD
BASKING RIDGE, NJ 07920
USA

Establishment Information

Establishment Type: Consumption
DBA / Trade Names: BASKING RIDGE COUNTRY CLUB
Operator: HGC BASKING RIDGE LLC
Contact Name: HGC BASKING RIDGE LLC
Business Phone: (908) 766-8200
Home Phone:
Mobile Phone:
Email:
Mailing Address: 13873 PARK CENTER ROAD
SUITE #203N
HERNADON, VA 20171
USA
Physical Address: 185 MADISONVILLE ROAD
BASKING RIDGE, NJ 07920
USA
Preferred Contact Method: Mail

Previously

Plenary Retail Consumption License
DELICIOUS HEIGHTS OUTPOST
DH OF BASKING RIDGE LLC
DH OF BASKING RIDGE LLC
(908) 953-9092

185 MADISONVILLE ROAD
BASKING RIDGE, NJ 07920
USA

State of New Jersey
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License Information

Previously

License Type: Plenary Retail Consumption License
License Type Code: 33
License Number: 1802-33-005-012
Term: 09/30/2022 - 06/30/2023
County: 18 - SOMERSET COUNTY
Municipality: 02 - BERNARDS TOWNSHIP
Expiration Date: 06/30/2023
Effective Date: 09/30/2022
Issue Date: 10/04/2022

1802-33-005-011
07/01/2022 - 06/30/2023

07/01/2022

Last Major Application Questions

1: IS THIS LICENSE BEING ACTIVELY USED AT AN ACTUAL PREMISE?

☒ Yes ☐ No

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

3: IN THE PAST 12 MONTHS, HAVE YOU ENTERED INTO AN AGREEMENT IN WHICH YOU OFFERED THE LICENSE OR ANY FINANCIAL INTEREST IN THE LICENSE AS COLLATERAL OR SECURITY TO A PERSON OR ENTITY NOT NAMED IN THE APPLICATION.

☐ Yes ☒ No

4: IN THE PAST 12 MONTHS, HAS THE LICENSEE BEEN NAMED AS A PARTY TO A LAWSUIT, ARISING FROM CONDUCT IN NEW JERSEY, THAT HAS NOT BEEN DISMISSED AND IN WHICH IT IS ALLEGED THAT THE LICENSEE SERVED AN INTOXICATED PATRON?

☐ Yes ☒ No

J#551211

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

DATE APPLICATION FILED:

1802 - 33 - 005 - 011 01204 / 08 / 2022

[For DIVISION use only _____]

CODE TYPE OF LICENSE (CHECK ONE)

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

- 31 _____ Club
- 32 _____ Plenary Retail Consumption
w/Broad Package Privilege
- 33 ☒ Plenary Retail Consumption
- 36 _____ Plenary Retail Consumption
(Hotel/Motel Exception)
- 37 _____ Plenary Retail Consumption
(Theatre Exception)
- 35 _____ Seasonal Retail Consumption
(November 15 through April 30)
- 34 _____ Seasonal Retail Consumption
(May 1 through November 14)
- 44 _____ Plenary Retail Distribution
- 43 _____ Limited Retail Distribution

OTHER

- 14 _____ Annual State Permit
(R.S. 33:1-42, NJAC 13:2-52)
- 40 _____ Special Permit for a Golf Facility
(NJAC 13:2-5.3)

THIS APPLICATION IS FOR:

- _____ A New License
- ☒ Person-to-Person Transfer
(Including Partnership change,
except Limited Partnership)
- _____ Place-to-Place Transfer
(Including expansion of premises)
- _____ Change of Corporate Structure
- _____ Extension of License (to Executor,
Receiver, Administrator, etc.)
- _____ Renewal of License
- _____ Amendment of Application on File
- _____ Other _____

J# 50 7742
R# 263367

This Area is Reserved for Municipal Use

Municipal Fee \$ 240.00

Effective Date _____ / _____ / _____

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

State Fee \$ 200.00

Date Denied _____ / _____ / _____

(As Stated in Resolution)

Refund Amount \$ _____

Special Conditions Attached: _____ Yes _____ No

BULK SALE

J# 507745

R# 263369

RECEIVED
2022 APR 19 P 3:22
ALCOHOLIC BEVERAGE
CONTROL

Pisano, Rhonda Municipal Clerk

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

Rhonda Pisano

Signature of Municipal Clerk or ABC Secretary

10/4/22 AP

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011Application is made on behalf of: 7

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.

HGC Basking Ridge, LLC

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

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

Street Address 185 Madisonville Road

Number

Street Name

Municipality Basking Ridge (Bernards Township)Zip 07920 -Telephone number of business (908) 766 - 8200 E-mail Address [REDACTED]

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 13873 Park Center Road, Suite 203N

Number

Street Name

P.O. Box #

Municipality HerndonState VAZip 20171 -Telephone (703) 861 - 0518

- 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]:

Basking Ridge 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 1802 - 33 - 005 - 011

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? 4

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 4 TO BE LICENSED. **MAIN BUILDING**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 ☐ No1st floor ☐ Yes ☐ No All of it ☐ Yes ☐ No2nd floor ☐ Yes ☐ No All of it ☐ Yes ☐ No3rd 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):

Basking Ridge Country Club, Inc.

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

Street Address 135 Stonehouse Road

Number

Street Name

P.O. Box # _____

Municipality

Basking RidgeState NJZip 07920 - _____

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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 questions 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? 4

If more than one building is to be included under this license, a separate page number three 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 4 TO BE LICENSED. **HALFWAY HOUSE**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 or 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 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 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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Basking Ridge Country Club, Inc.

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

Street Address 135 Stonehouse Road

Number

Street Name

P.O. Box # _____

Municipality Basking RidgeState NJZip 07920 - _____

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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 questions 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? 4

If more than one building is to be included under this license, a separate page number three 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 4 TO BE LICENSED. **POOL HOUSE CONCESSIONS**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 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 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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Basking Ridge Country Club, Inc.

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

Street Address 135 Stonehouse Road

Number

Street Name

P.O. Box # _____

Municipality

Basking RidgeState NJZip 07920 - _____

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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 questions 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? 4

If more than one building is to be included under this license, a separate page number three 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 4 TO BE LICENSED. **TENT/PAVILION**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 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 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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Basking Ridge Country Club, Inc.

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

Street Address 135 Stonehouse Road

Number

Street Name

P.O. Box # _____

Municipality

Basking RidgeState NJZip 07920 - _____

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

4.1 IS THE NEAREST ENTRANCE OF THE PLACE TO BE LICENSED WITHIN 200 FEET OF THE NEAREST ENTRANCE OF ANY CHURCH OR SCHOOL? Yes ☒ No

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

Yes ☒ No (To be filed upon license transfer approval)

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

☒ Restaurant	☒ Applicant	☐ Other
☒ Catering	☒ Applicant	☐ Other
☐ Hotel/Motel	☐ Applicant	☐ Other
☐ Amusements	☐ Applicant	☐ Other
☐ N.J. Lottery	☐ Applicant	☐ Other
☐ Grocery or Delicatessen	☐ Applicant	☐ Other
☒ Other (specify) Golf and Pool	☒ Applicant	☐ Other

Business to be operated N/A

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. _____

ALL APPLICANTS ANSWER THE FOLLOWING

- Yes ✓ No

Name of individual N/A

Title of position held _____

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING:

Name of Individual N/A

Title of Office _____

Municipality _____

- _____ Yes ✓ No

A. New Jersey license number, if applicable _____ - _____ - _____

- Name of entity conducting business (Corporation, Partnership or Individual)

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Type of Business _____

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: N/A
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 N/A
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 N/A
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 N/A
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 1802 - 33 - 005 - 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 2013 - 33 - 013 - 004

Name HGC Shackamaxon, LLC (Scotch Plains)

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

Relationship to Applicant Sister Company

B. License Number 1022 - 33 - 001 - 005

Name HGC Stanton Ridge, LLC (Readington Township)

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

Relationship to Applicant Sister Company

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

- 8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW OR ANY OTHER NEW JERSEY OR FEDERAL LAW?
 _____ Yes ☒ No
- 8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, FOR A HOTEL/MOTEL AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF R.S. 33:1-12.20?
 _____ Yes ☒ No
- IF THE ANSWER IS "YES," IS IT FOR A HOTEL/MOTEL FACILITY OF 50 OR 100 ROOMS?
 CHECK ONE: _____ 50 ROOMS _____ 100 ROOMS
- 8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (R.S. 33:1-12.32) FOR A HOTEL/MOTEL, RESTAURANT, BOWLING ALLEY OR INTERNATIONAL AIRPORT? ☒ Yes _____ No
- IF THE ANSWER IS "YES," CHECK ONE OF THE FOLLOWING: _____ HOTEL/MOTEL
☒ RESTAURANT _____ BOWLING ALLEY _____ INTERNATIONAL AIRPORT

8.13 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?
 Yes No

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

N/A

(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

N/A

(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

N/A

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 _____

HGC BASKING RIDGE, LLC

Organization Chart



PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY. ANY CORPORATION THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OR THE LICENSED COMPANY, HOLDING COMPANY, OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN MUST ANSWER THE FOLLOWING USING SEPARATE PAGE 10 AND 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND 10A FOR EACH CORPORATION.

10.1 Name or corporation HGC Basking Ridge, LLC10.2 Street address of home office 13873 Park Center Road, Suite 203NMunicipality Herndon Number _____ Street Name _____State VA Zip 20171

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

Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____

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

10.6 DATE CHARTERED OR INCORPORATED _____

10.7 CERTIFICATE OF INCORPORATION NUMBER _____

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE?

☒ Yes ☐ No

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY?

☐ Yes ☒ No

IF THE ANSWER IS "YES", INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF 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 OF U.S. DISTRICT COURT, MAY BE MADE:

Name Sherman, Esq., Douglas J.

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

Street Address 425 Eagle Rock Avenue, Suite 200

Number _____ Street Name _____

Municipality Roseland New JerseyZip 07068 - _____ Telephone Number (973) 228 - 9900

Area

Exchange

Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR 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).

SEE ATTACHED ORGANIZATION CHART

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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)

HGC Basking Ridge, LLC

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

✓ Burnett Mark A.
 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 _____
 Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
 ✓ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director
 _____ Trustee ✓ Manager _____ Agent _____ Executor/Administrator _____ Receiver
 _____ Beneficiary ✓ Other (specify) Chief Executive Officer

Name of individual (last name first):

✓ Oliver James M.
 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 _____
 Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
 _____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director
 _____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
 _____ Beneficiary ✓ Other (specify) Chief Operating Officer, Club General Manager

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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)

HGC Basking Ridge, LLC

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

HGC Holdings III, LLC

Last Name First Middle Initial
 Home Street Address 100 St. Paul Street, Suite 800
 Number Street Name
 P.O. Box # Municipality Denver State CO
 Zip 80206
 Social Security number - - Date of birth / /
 Home telephone number () -
 Area Exchange Number
 Office telephone number () - 6400
 Area Exchange Number
 % of business owned or controlled 100% 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) Member

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)

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY. ANY CORPORATION THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OR THE LICENSED COMPANY, HOLDING COMPANY, OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN MUST ANSWER THE FOLLOWING USING SEPARATE PAGE 10 AND 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND 10A FOR EACH CORPORATION.

10.1 Name or corporation HGC Holdings III, LLC10.2 Street address of home office 100 St. Paul Street, Suite 800Municipality Denver Number _____ Street Name _____State CO Zip 80206 - _____10.3 NJ Sales Tax Certificate of Authority Number N/A

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
Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? ☒ Yes ☐ No10.6 DATE CHARTERED OR INCORPORATED [REDACTED]10.7 CERTIFICATE OF INCORPORATION NUMBER [REDACTED]

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE?

☐ Yes ☒ No

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY?

☐ Yes ☒ No

IF THE ANSWER IS "YES", INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF 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 OF U.S. DISTRICT COURT, MAY BE MADE:

Name N/A

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

Street Address _____

Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____

Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR 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).

SEE ATTACHED ORGANIZATION CHART

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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)

HGC Holdings III, LLC

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

BurnettMarkA.

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

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):

OliverJamesM.

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

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

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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)

HGC Holdings III, LLC

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

WatfordEileenM.

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

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

Name of individual (last name first):

NewburgerMartinJ.

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

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 1802 - 33 - 005 - 011

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)

HGC Holdings III, LLC

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

MohappMichaelL.

Last Name

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0%

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):

ChangChristopher

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

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0%

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 1802 - 33 - 005 - 011

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)

HGC Holdings III, LLC

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

HGC Holdings, LLC

Last Name First Middle Initial
 Home Street Address 100 St. Paul Street, Suite 800
 Number Street Name
 P.O. Box # Municipality Denver State CO
 Zip 80206
 Social Security number Date of birth ____/____/____
 Home telephone number (____) ____-____-____
 Area Exchange Number
 Office telephone number (____) 720 284 6400
 Area Exchange Number
 % of business owned or controlled 100% 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) Member

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)

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY. ANY CORPORATION THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OR THE LICENSED COMPANY, HOLDING COMPANY, OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN MUST ANSWER THE FOLLOWING USING SEPARATE PAGE 10 AND 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND 10A FOR EACH CORPORATION.

10.1 Name or corporation HGC Holdings, LLC10.2 Street address of home office 100 St. Paul Street, Suite 800Municipality Denver Number _____ Street Name _____State CO Zip 80206 - _____10.3 NJ Sales Tax Certificate of Authority Number N/A

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 Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? ☒ Yes ☐ No10.6 DATE CHARTERED OR INCORPORATED [REDACTED]10.7 CERTIFICATE OF INCORPORATION NUMBER [REDACTED]

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE?

☐ Yes ☒ No

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY?

☐ Yes ☒ No

IF THE ANSWER IS "YES", INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF 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 OF U.S. DISTRICT COURT, MAY BE MADE:

Name N/A

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

Street Address _____

Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (____) _____ - _____

Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR 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).

SEE ATTACHED ORGANIZATION CHART

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the 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)

HGC Holdings, LLC

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

✓ Burnett Mark A.
 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 _____
 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):

✓ Oliver James M.
 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 _____
 Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
 _____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director
 _____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
 _____ Beneficiary ✓ _____ Other (specify) Chief Operating Officer

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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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)

HGC Holdings, LLC

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

☒ Watford Eileen M.
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 _____

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

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

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

_____ Beneficiary ☒ Other (specify) Vice President of Accounting and Finance

Name of individual (last name first):

☒ Newburger Martin J.
Last Name First Middle Initial

Home Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State CO

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 _____

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 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the 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)

HGC Holdings, LLC

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

✓ Mohapp Michael L.
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 _____
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):

✓ Chang Christopher
Last Name First Middle Initial
Home Street Address _____
Number Street Name
P.O. Box # _____ Municipality _____ State CO
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 _____
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 1802 - 33 - 005 - 011

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)

HGC Holdings, LLC

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

Steele HGC Investment, LLC

Last Name First Middle Initial
 Home Street Address 100 St. Paul Street, Suite 800
 Number Street Name
 P.O. Box # Municipality Denver State CO
 Zip 80206
 Social Security number Date of birth ____/____/____
 Home telephone number (____) ____-____-____
 Area Exchange Number
 Office telephone number (____) 720 284 6400
 Area Exchange Number
 % of business owned or controlled 100% 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) Member

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) ____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY. ANY CORPORATION THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OR THE LICENSED COMPANY, HOLDING COMPANY, OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN MUST ANSWER THE FOLLOWING USING SEPARATE PAGE 10 AND 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND 10A FOR EACH CORPORATION.

10.1 Name or corporation Steele HGC Investment, LLC10.2 Street address of home office 100 St. Paul Street, Suite 800Municipality Denver Number _____ Street Name _____State CO Zip 80206 - _____10.3 NJ Sales Tax Certificate of Authority Number N/A

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

Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? ☒ Yes ☐ No10.6 DATE CHARTERED OR INCORPORATED [REDACTED]10.7 CERTIFICATE OF INCORPORATION NUMBER [REDACTED]

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE?

☐ Yes ☒ No

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY?

☐ Yes ☒ No

IF THE ANSWER IS "YES", INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF 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 OF U.S. DISTRICT COURT, MAY BE MADE:

Name N/A

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

Street Address _____

Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (____) _____ - _____

Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR 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).

SEE ATTACHED ORGANIZATION CHART

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the 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)

Steele HGC Investment, LLC

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

✓ Siegel Steven S.
 Last Name First Middle Initial
 Home Street Address [REDACTED]
 Number Street Name
 P.O. Box # [REDACTED] Municipality [REDACTED] State [REDACTED]
 Zip [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 [REDACTED]
 Check position that applies: [REDACTED] Sole owner [REDACTED] Partner [REDACTED] Stockholder
✓ President [REDACTED] Vice-President ✓ Secretary [REDACTED] Treasurer ✓ Director
[REDACTED] Trustee [REDACTED] Manager [REDACTED] Agent [REDACTED] Executor/Administrator [REDACTED] Receiver
[REDACTED] Beneficiary [REDACTED] Other (specify) [REDACTED]

Name of individual (last name first):

✓ Martin James ("Charlie") Charles
 Last Name First Middle Initial
 Home Street Address [REDACTED]
 Number Street Name
 P.O. Box # [REDACTED] Municipality [REDACTED] State [REDACTED]
 Zip [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 [REDACTED]
 Check position that applies: [REDACTED] Sole owner [REDACTED] Partner [REDACTED] Stockholder
[REDACTED] President [REDACTED] Vice-President [REDACTED] Secretary ✓ Treasurer [REDACTED] Director
[REDACTED] Trustee [REDACTED] Manager [REDACTED] Agent [REDACTED] Executor/Administrator [REDACTED] Receiver
[REDACTED] Beneficiary ✓ Other (specify) Chief Financial Officer and Assistant Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the 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)

Steele HGC Investment, LLC

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

☒ Rohnstock Kevin R.
 Last Name First Middle Initial
 Home Street Address [REDACTED] [REDACTED] [REDACTED]
 Number Street Name
 P.O. Box # [REDACTED] Municipality [REDACTED] State [REDACTED]
 Zip [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 [REDACTED]
 Check position that applies: [REDACTED] Sole owner [REDACTED] Partner [REDACTED] Stockholder
[REDACTED] President ☒ Vice-President [REDACTED] Secretary [REDACTED] Treasurer [REDACTED] Director
[REDACTED] Trustee [REDACTED] Manager [REDACTED] Agent [REDACTED] Executor/Administrator [REDACTED] Receiver
[REDACTED] Beneficiary ☒ Other (specify) Assistant Secretary

Name of individual (last name first):

☒ Resnick Eric C.
 Last Name First Middle Initial
 Home Street Address [REDACTED] [REDACTED] [REDACTED]
 Number Street Name
 P.O. Box # [REDACTED] Municipality [REDACTED] State [REDACTED]
 Zip [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 [REDACTED]
 Check position that applies: [REDACTED] Sole owner [REDACTED] Partner [REDACTED] Stockholder
[REDACTED] President [REDACTED] Vice-President [REDACTED] Secretary [REDACTED] Treasurer ☒ Director
[REDACTED] Trustee [REDACTED] Manager [REDACTED] Agent [REDACTED] Executor/Administrator [REDACTED] Receiver
[REDACTED] Beneficiary ☒ Other (specify) Chairman of the Board of Directors

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

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Beneficiary ☒ Other (specify) ☐ Member ☐

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY. ANY CORPORATION THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OR THE LICENSED COMPANY, HOLDING COMPANY, OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN MUST ANSWER THE FOLLOWING USING SEPARATE PAGE 10 AND 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND 10A FOR EACH CORPORATION.

10.1 Name or corporation Steele HGC Investment II, LLC10.2 Street address of home office 100 St. Paul Street, Suite 800Municipality Denver Number _____ Street Name _____State CO Zip 80206 - _____10.3 NJ Sales Tax Certificate of Authority Number N/A

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Street Address N/A
Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____

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☐ Yes ☒ No

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY?

☐ Yes ☒ No

IF THE ANSWER IS "YES", INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date or revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF 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 OF U.S. DISTRICT COURT, MAY BE MADE:

Name N/A

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

Street Address _____
Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____
Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR 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).

SEE ATTACHED ORGANIZATION CHART

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Steele HGC Investment II, LLC

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

☒ Siegel Steven S.
 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 _____
 Office telephone number _____
 Area Exchange Number
 % of business owned or controlled 0% 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):

☒ Martin James ("Charlie") Charles
 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 _____
 Office telephone number _____
 Area Exchange Number
 % of business owned or controlled 0% 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 and Assistant Secretary

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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Steele HGC Investment II, LLC

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

☒ Rohnstock Kevin R.
Last Name First Middle Initial

Home Street Address [REDACTED]
Number Street Name

P.O. Box # [REDACTED] Municipality [REDACTED] State [REDACTED]

Zip [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

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

☐ President ☒ Vice-President ☐ Secretary ☐ Treasurer ☐ Director

☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver

☐ Beneficiary ☒ Other (specify) Assistant Secretary

Name of individual (last name first):

☒ Steele HGC Investment, LLC
Last Name First Middle Initial

Home Street Address 100 St. Paul Street, Suite 800
Number Street Name

P.O. Box # Municipality Denver State CO

Zip 80206

Social Security number Date of birth / /

Home telephone number () - -
Area Exchange Number

Office telephone number (720) 284 - 6400
Area Exchange Number

% of business owned or controlled 0% 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) Managing Member

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

Steele HGC Investment II, LLC

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

Steele HGC FLF Borrower, LLC

Last Name First Middle Initial
 Home Street Address 100 St. Paul Street, Suite 800
 Number Street Name
 P.O. Box # Municipality Denver State CO
 Zip 80206
 Social Security number - - Date of birth / /
 Home telephone number () -
 Area Exchange Number
 Office telephone number () -
 Area Exchange Number
 % of business owned or controlled 100% 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) Member

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

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10.1 Name or corporation Steele HGC FLF Borrower, LLC10.2 Street address of home office 100 St. Paul Street, Suite 800Municipality Denver Number _____ Street Name _____State CO Zip 80206 - _____10.3 NJ Sales Tax Certificate of Authority Number N/A

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 Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? ☒ Yes ☐ No10.6 DATE CHARTERED OR INCORPORATED [REDACTED]10.7 CERTIFICATE OF INCORPORATION NUMBER [REDACTED]

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE?

☐ Yes ☒ No

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY?

☐ Yes ☒ No

IF THE ANSWER IS "YES", INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____/____/____

Beginning date ____/____/____

Ending date ____/____/____

10.10 INSERT THE NAME AND ADDRESS OF 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 OF U.S. DISTRICT COURT, MAY BE MADE:

Name N/A

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

Street Address _____

Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (____) _____ - _____

Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR 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).

SEE ATTACHED ORGANIZATION CHART

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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)

Steele HGC FLF Borrower, LLC

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

Resnick Eric C.
 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 _____
 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):

McDermott Peter A.
 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 _____
 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 1802 - 33 - 005 - 011

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)

Steele HGC FLF Borrower, LLC

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

SiegelStevenS.

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 _____Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder☐ President ☒ Vice-President ☒ Secretary ☐ Treasurer ☐ Director☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver☐ Beneficiary ☒ Other (specify) Chief Operating Officer

Name of individual (last name first):

MartinJames ("Charlie")Charles

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 _____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 and Assistant Secretary

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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)

Steele HGC FLF Borrower, LLC

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

Rohnstock Kevin R.
 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 _____

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

☐ President ☒ Vice-President ☐ Secretary ☐ Treasurer ☐ Director

☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver

☐ Beneficiary ☒ Other (specify) Assistant Secretary

Name of individual (last name first):

See attached Explanation of Ownership

See attached Explanation of Ownership See attached Explanation of Ownership See attached Explanation of Ownership
 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) _____

**EXPLANATION OF OWNERSHIP
OF
STEELE HGC FLF BORROWER, LLC**

Steele HGC FLF Borrower, LLC is owned by the following four (4) limited partnerships:

- i. KSL Capital Partners V, L.P.
- ii. KSL Capital Partners V-A, L.P.
- iii. KSL Capital Partners V FF, L.P.
- iv. Steele HGC (Alternative), L.P.

These passive investors are managed by KSL Capital Partners (“KSL”), a private equity investment advisor focused on travel and leisure businesses, such as hotels and resorts, and certain of such funds’ affiliates. The limited partner ownership is comprised of numerous passive private equity investment vehicles with no control or influence over alcoholic beverage operations.

The investors of KSL are largely funded by a combination of public state and corporate pension funds, private and university endowments, fund of funds and other financial institutions.

Steele HGC FLF Borrower, LLC and the KSL investors are passive investors with no involvement in the direct day-to-day operations of the Applicant and no control or influence over the sale of alcohol at the licensed premises.

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

AFFIDAVIT

LICENSE PERIOD
APPLIED FOR FROM 07/01/2021 TO 06/30/2022

DATE:

State of VIRGINIA)
)
 County of FAIRFAX) SS:
)

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

(Check One)

1. The Individual Applicant
2. Members of the Partnership Applicant
3. Mark Burnett, President of HGC Basking Ridge, LLC

(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:

HGC Basking Ridge, LLC

Corporate Name

By

Mark Burnett

(Signature of Corporate President or Vice President)

Secretary SignatureMark Burnett, President

Affix Corporate Seal

(Signature of Partner)

(Signature of Partner)

(Signature of Partner)

Sworn to and subscribed before me

this 6th day of April 20 22

AFFIDAVIT MUST BE SIGNED HERE

Kimberly Ann Pearson
(Signature of Officer Administering Oath)BY DULY AUTHORIZED
NOTARY PUBLICKimberly Ann Pearson
(Printed Name of Officer Administering Oath)OR AN ATTORNEY-AT-LAW
OF NEW JERSEY

(Title of Officer Administering Oath)

4/30/2024
(Date of Expiration of
Commission, if applicable)

State of New Jersey
Department of Law and Public Safety
Division of Alcoholic Beverage Control
PO Box 087, Trenton, NJ 08625-0087

**Amendment Application Summary -
ADMINISTRATIVE AMENDMENT**

File Number: 569955
License Number: 1802-33-005-012
Created By: Anna Perna
Date Submitted: Dec 07, 2022
Fee Amount: \$0.00
Fees Paid: \$0.00

Licensee Information

Licensee: HGC BASKING RIDGE LLC
Mailing Address:
Physical Address: 13873 PARK CENTER ROAD
SUITE #203N
HERNADON, VA 20171
USA
Preferred Contact: [REDACTED]
Corporation Number: [REDACTED]
Incorporation Date: [REDACTED]
NJ Tax Auth Number:

Establishment Information

Establishment Type: Consumption
DBA / Trade Names: BASKING RIDGE COUNTRY CLUB
Operator: HGC BASKING RIDGE LLC
Contact Name: HGC BASKING RIDGE LLC
Business Phone: (908) 766-8200
Home Phone:
Mobile Phone:
Email:
Mailing Address: 13873 PARK CENTER ROAD
SUITE #203N
HERNADON, VA 20171
USA
Physical Address: 185 MADISONVILLE ROAD
BASKING RIDGE, NJ 07920
USA
Preferred Contact Method: Mail

State of New Jersey
Department of Law and Public Safety
Division of Alcoholic Beverage Control
PO Box 087, Trenton, NJ 08625-0087

**Amendment Application Summary -
ADMINISTRATIVE AMENDMENT**

File Number: 569955
License Number: 1802-33-005-012
Created By: Anna Perna
Date Submitted: Dec 07, 2022
Fee Amount: \$0.00
Fees Paid: \$0.00

License Information

Previously

License Type:	Plenary Retail Consumption License	
License Type Code:	33	
License Number:	1802-33-005-012	
Term:	12/07/2022 - 06/30/2023	09/30/2022 - 06/30/2023
County:	18 - SOMERSET COUNTY	
Municipality:	02 - BERNARDS TOWNSHIP	
Expiration Date:	06/30/2023	
Effective Date:	12/07/2022	09/30/2022
Issue Date:	01/19/2023	10/04/2022

Last Major Application Questions

- 1: IS THIS LICENSE BEING ACTIVELY USED AT AN ACTUAL PREMISE?
☒ Yes ☐ No
- 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
- 3: IN THE PAST 12 MONTHS, HAVE YOU ENTERED INTO AN AGREEMENT IN WHICH YOU OFFERED THE LICENSE OR ANY FINANCIAL INTEREST IN THE LICENSE AS COLLATERAL OR SECURITY TO A PERSON OR ENTITY NOT NAMED IN THE APPLICATION.
☐ Yes ☒ No
- 4: IN THE PAST 12 MONTHS, HAS THE LICENSEE BEEN NAMED AS A PARTY TO A LAWSUIT, ARISING FROM CONDUCT IN NEW JERSEY, THAT HAS NOT BEEN DISMISSED AND IN WHICH IT IS ALLEGED THAT THE LICENSEE SERVED AN INTOXICATED PATRON?
☐ Yes ☒ No

J#569955

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

1802 - 33 - 005 - 012

DATE APPLICATION FILED:

12 / 07 / 2022

[For DIVISION use only _____]

CODE TYPE OF LICENSE (CHECK ONE)

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

- 31 _____ Club
32 _____ Plenary Retail Consumption
w/Broad Package Privilege
33 ☒ Plenary Retail Consumption
36 _____ Plenary Retail Consumption
(Hotel/Motel Exception)
37 _____ Plenary Retail Consumption
(Theatre Exception)
35 _____ Seasonal Retail Consumption
(November 15 through April 30)
34 _____ Seasonal Retail Consumption
(May 1 through November 14)
44 _____ Plenary Retail Distribution
43 _____ Limited Retail Distribution

OTHER

- 14 _____ Annual State Permit
(R.S. 33:1-42, NJAC 13:2-52)
40 _____ Special Permit for a Golf Facility
(NJAC 13:2-5.3)

THIS APPLICATION IS FOR:

- _____ A New License
_____ Person-to-Person Transfer
(Including Partnership change,
except Limited Partnership)
_____ Place-to-Place Transfer
(Including expansion of premises)
_____ Change of Corporate Structure
_____ Extension of License (to Executor,
Receiver, Administrator, etc.)
_____ Renewal of License
☒ Amendment of Application on File
_____ Other update mortgage
info

This Area is Reserved for Municipal Use

Municipal Fee \$ _____

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

State Fee \$ _____

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

Refund Amount \$ _____

Special Conditions Attached: _____ Yes _____ No

Kieffer, Christine, V Municipal Clerk
Type or Print Name (Last Name, First Name, Middle Initial) of Municipal Clerk or ABC Secretary

Christine V Kieffer
Signature of Municipal Clerk or ABC Secretary

1/19/23
AP

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 012Application is made on behalf of: 7

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.

HGC Basking Ridge, LLC

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

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

Street Address 185 Madisonville Road

Number

Street Name

Municipality Basking Ridge (Bernards Township)Zip 07920Telephone number of business (908) 766 - 8200 E-mail Address [REDACTED]

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 13873 Park Center Road, Suite 203N

Number

Street Name

P.O. Box # _____

Municipality HerndonState VAZip 20171Telephone (703) 861 - 0518

- 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]:

Basking Ridge 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 1802 - 33 - 005 - 012

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? 4

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 4 TO BE LICENSED. **MAIN BUILDING**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 ☐ No1st floor ☐ Yes ☐ No All of it ☐ Yes ☐ No2nd floor ☐ Yes ☐ No All of it ☐ Yes ☐ No3rd 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):

Ares Capital Corporation

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

Street Address 245 Park Avenue

Number

Street Name

P.O. Box # _____

Municipality New YorkState NYZip 10167 - _____

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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 questions 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? 4

If more than one building is to be included under this license, a separate page number three 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 4 TO BE LICENSED. **HALFWAY HOUSE**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 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 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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Ares Capital Corporation

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

Street Address 245 Park Avenue

Number

Street Name

P.O. Box # _____

Municipality New YorkState NYZip 10167

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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 questions 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? 4

If more than one building is to be included under this license, a separate page number three 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 4 TO BE LICENSED. **POOL HOUSE CONCESSIONS**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 or 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 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 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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Ares Capital Corporation

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

Street Address 245 Park Avenue

Number

Street Name

P.O. Box # _____

Municipality New YorkState NYZip 10167

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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 questions 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? 4

If more than one building is to be included under this license, a separate page number three 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 4 TO BE LICENSED. **TENT/PAVILION**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 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 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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Ares Capital Corporation

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

Street Address 245 Park Avenue

Number

Street Name

P.O. Box # _____

Municipality New YorkState NYZip 10167

3.9 LANDLORD (HOLDER OF LEASE):

N/A

(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 1802 - 33 - 005 - 012

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 2013 - 33 - 013 - 004

Name HGC Shackamaxon, LLC (Scotch Plains)
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Sister Company

B. License Number 1022 - 33 - 001 - 005

Name HGC Stanton Ridge, LLC (Readington Township)
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Sister Company

C. License Number _____ - _____ - _____ - _____

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

Relationship to Applicant _____

- 7.2 WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTERESTS IN OTHER LICENSES?

☐ Yes ☒ No

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

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 012

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

N/A

(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

Ares Capital Corporation

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

Social Security Number _____ - _____ - _____ **OR**

NJ Sales Tax Certificate of Authority Number _____

Street Address 245 Park Avenue

Number

Street Name

P.O. Box # _____

Municipality New YorkState NYZip 10167 - _____Describe Nature of Interest Mortgage on furniture, fixtures and equipment used in business operations

- 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

N/A

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 _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 012

AFFIDAVIT

LICENSE PERIOD
APPLIED FOR FROM 07/01/2022 TO 06/30/2023

DATE:

State of VIRGINIA)
)
County of FAIRFAX) SS:
)

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

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. Mark Burnett, President of HGC Basking Ridge, LLC
(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:

HGC Basking Ridge, LLC

Corporate Name

(Signature of Partner)

By Mark Burnett

(Signature of Corporate President or Vice President)

(Signature of Partner)

Secretary

Signature

Mark Burnett, President

(Signature of Partner)

Affix Corporate Seal

Sworn to and subscribed before me

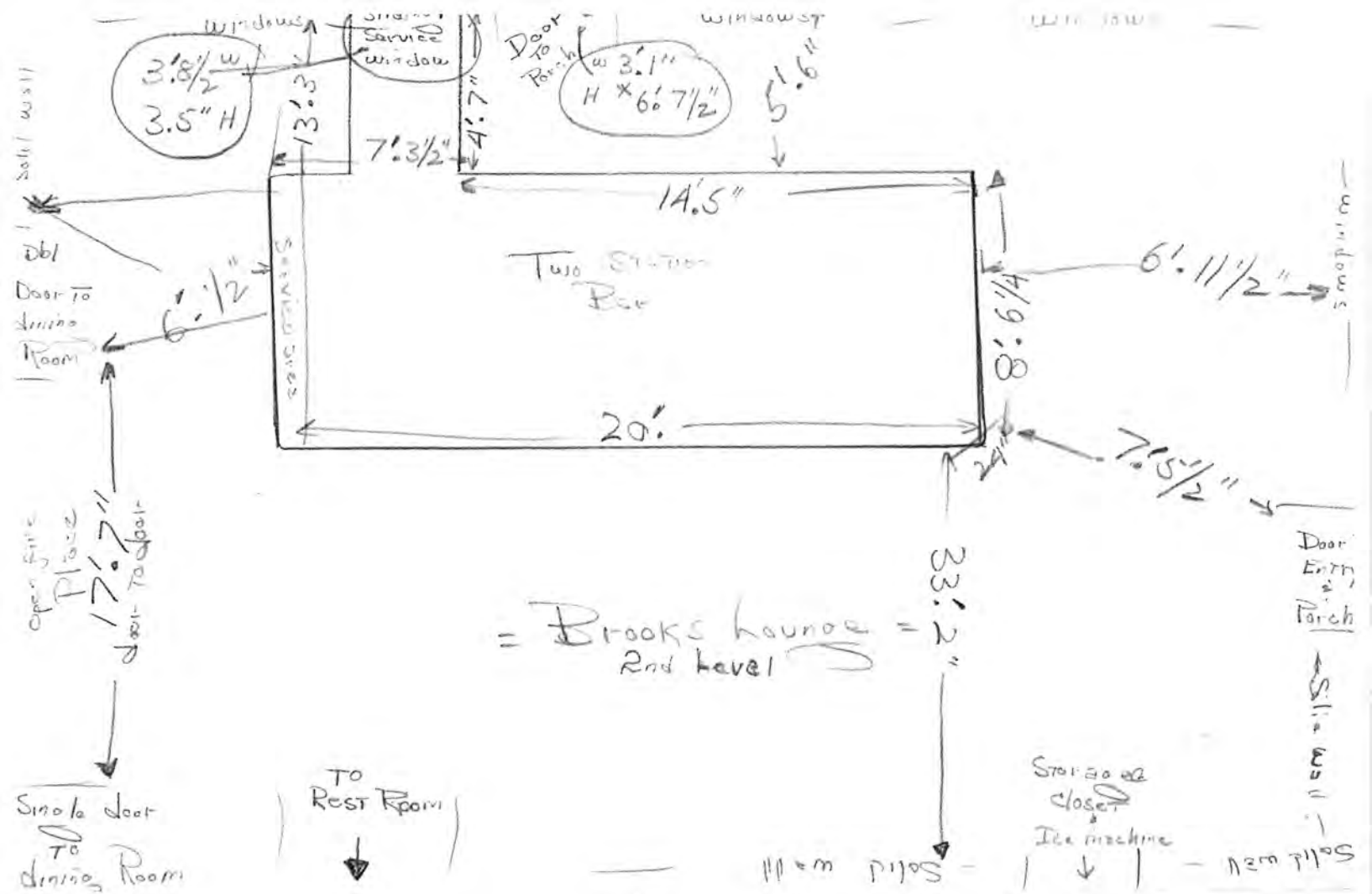
this 2nd day of December 2022

AFFIDAVIT MUST BE SIGNED HERE

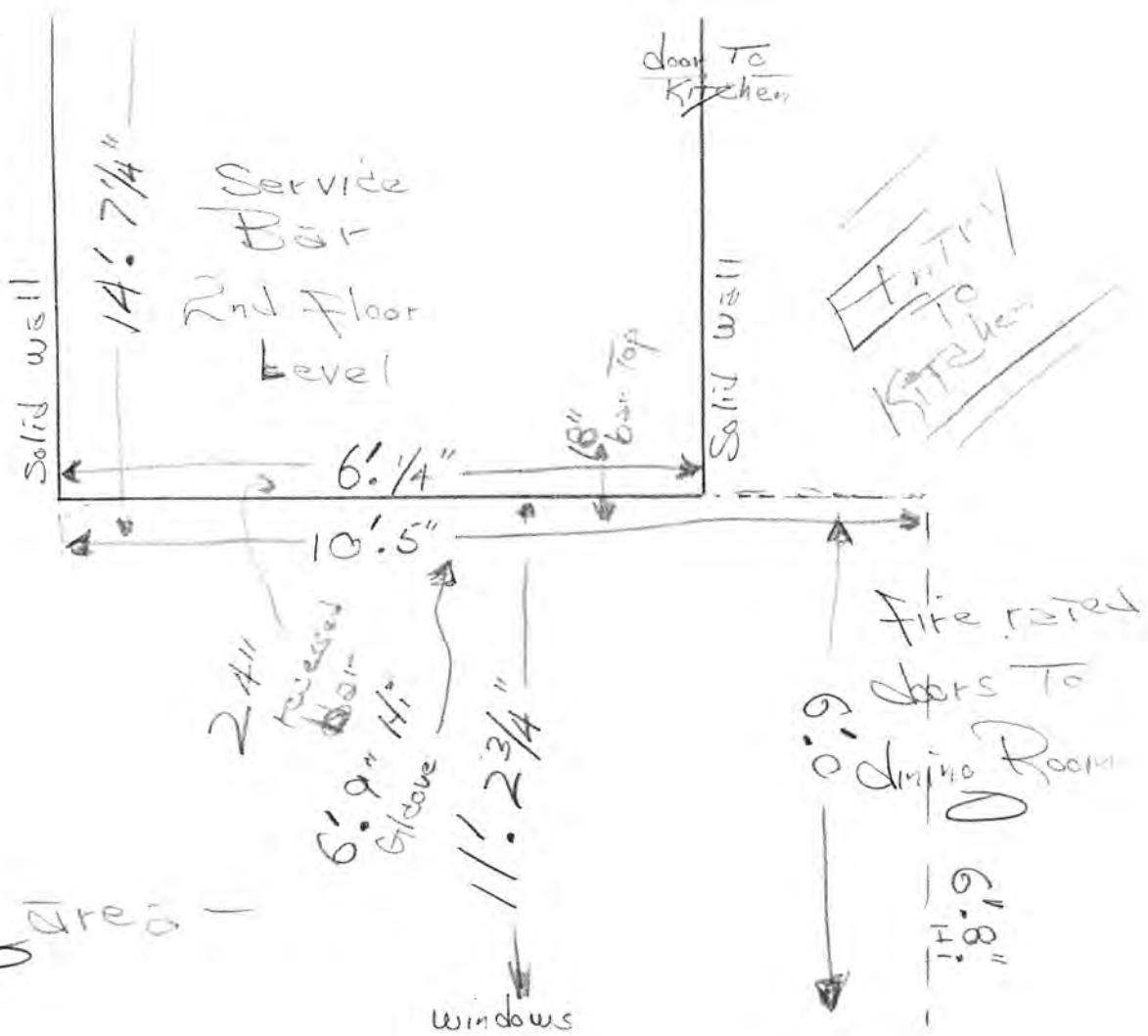
Kimberly Ann Pearson
(Signature of Officer Administering Oath)BY DULY AUTHORIZED
NOTARY PUBLICKimberly Ann Pearson
(Printed Name of Officer Administering Oath)OR AN ATTORNEY-AT-LAW
OF NEW JERSEY

(Title of Officer Administering Oath)

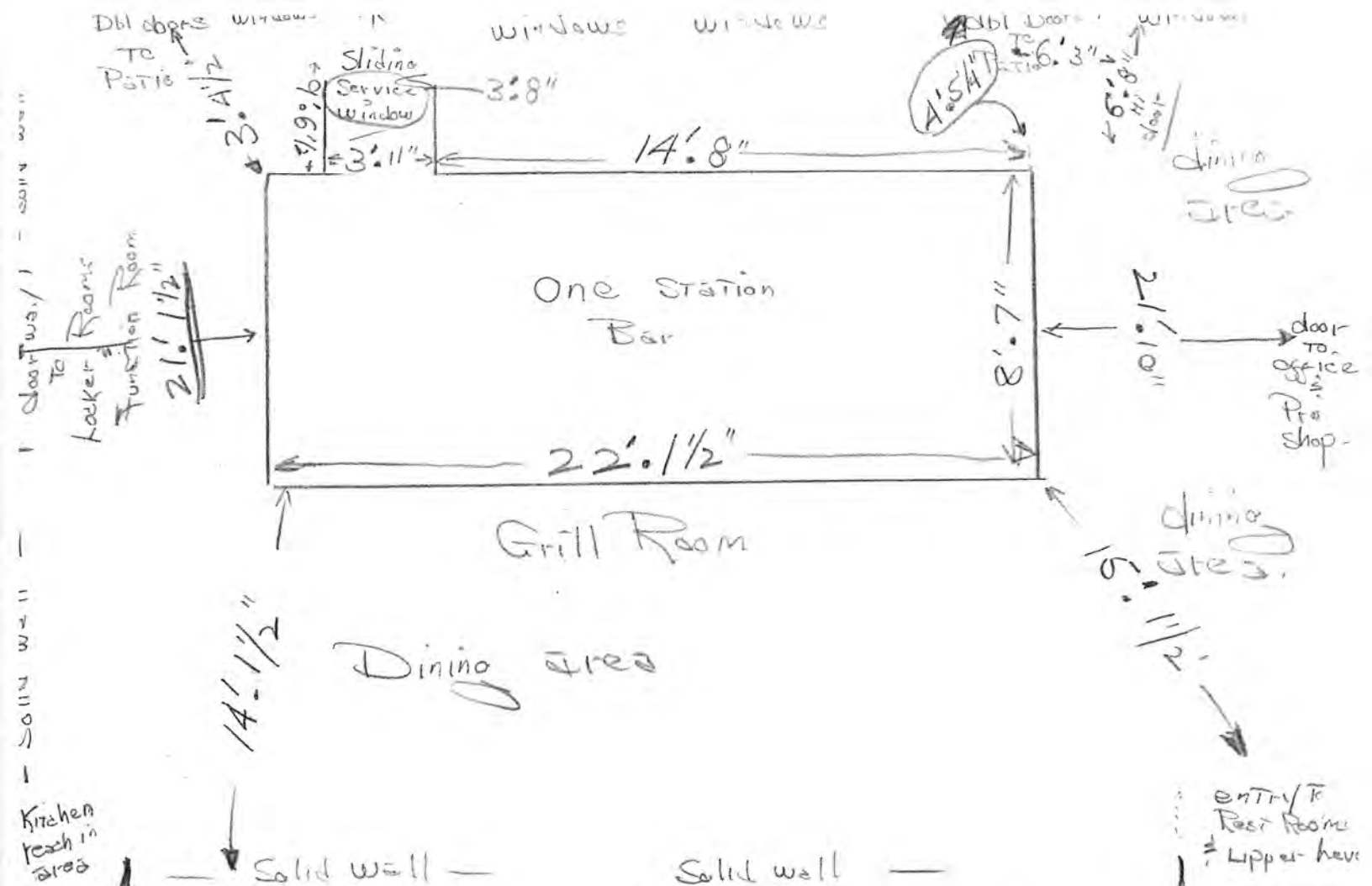
4/30/2024
(Date of Expiration of
Commission, if applicable)



↑
To
Rest
Rooms



Dining Area -
windows



Edge G.L.

To Route 1-157

Madisonville Road

North Maple Avenue

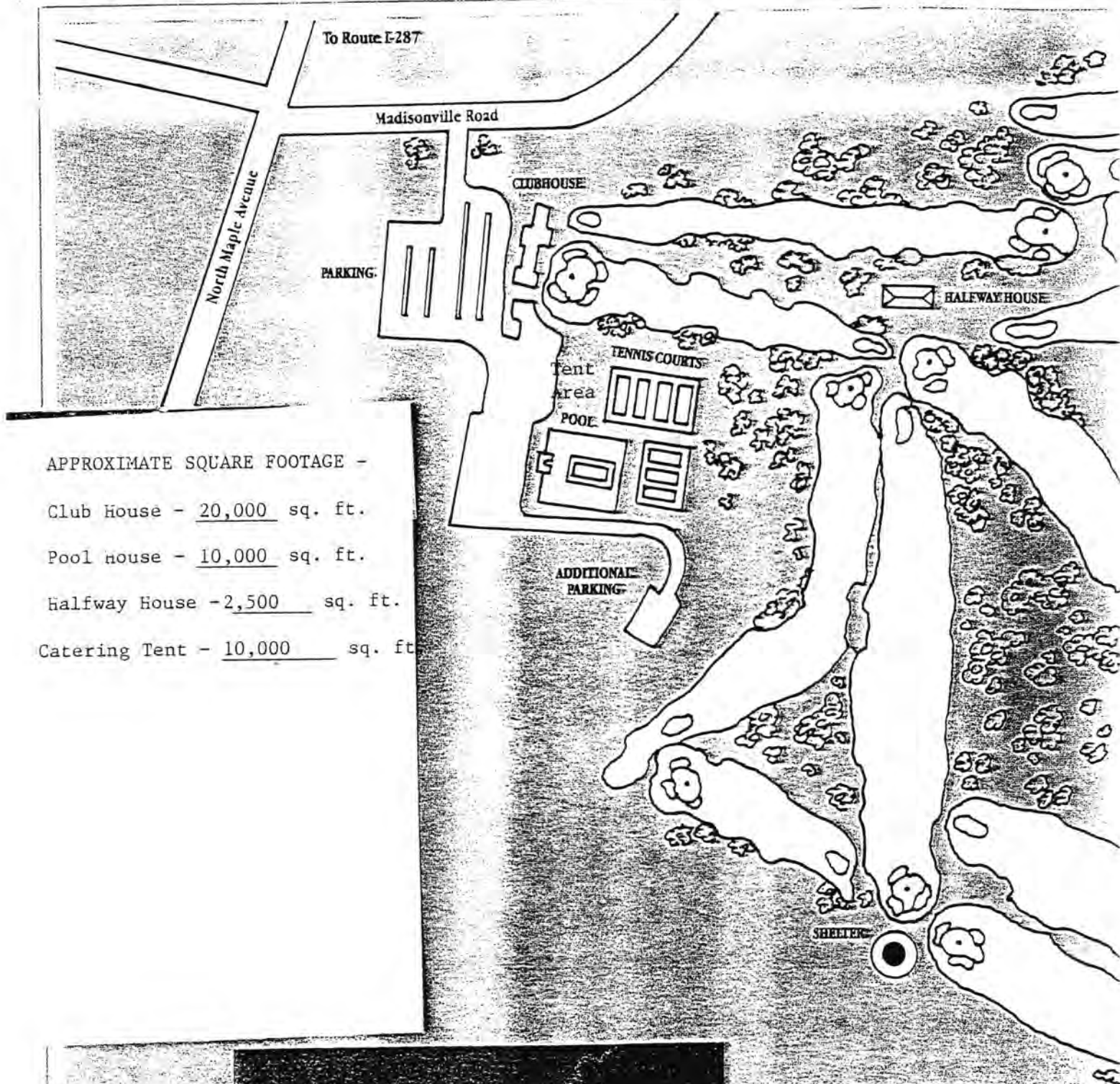
PARKING

APPROXIMATE SQUARE FOOTAGE

BLDG. #1	20,000	sq. ft.
BLDG. #2	2,500	sq. ft.
BLDG. #3	5,000	sq. ft.
BLDG. #4	2,700	sq. ft.
BLDG. #5	9,800	sq. ft.



Basking Ridge Golf Course



APPROXIMATE SQUARE FOOTAGE -

Club House - 20,000 sq. ft.

Pool house - 10,000 sq. ft.

Halfway House - 2,500 sq. ft.

Catering Tent - 10,000 sq. ft.

