

APPLICATION FOR 2013-2014

2013 - 2014 RENEWAL APPLICATION

TR#: _____

FEE: _____

DATE: _____

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROLAction ID Code
[] [] [] []
A W D U

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

0722 - 33 - 053 - 001

DATE APPLICATION FILED:

5 / 8 / 13

[For DIVISION use only _____]

CODE TYPE OF LICENSE (CHECK ONE)

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

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

THIS APPLICATION IS FOR:

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

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)

0722-33-053-001

ROCK SPRING CLUB
T/A ROCK SPRING CLUB
90 ROCK SPRING RD
WEST ORANGE NJ 07052

This Area is Reserved

Municipal Fee \$ 1,135.20

Effective Date ____/____/____

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

State Fee \$ 200

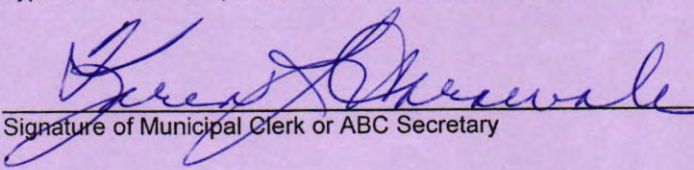
Date Denied ____/____/____

(As Stated in Resolution)

Refund Amount \$ _____

Special Conditions Attached: _____ Yes ☒ No

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

Carnevale, Karen S. R.M.C.

Signature of Municipal Clerk or ABC Secretary

TRANS NO: 13020731

PB
7/22/2013

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

Application is made on behalf of: 5

1 = An Individual
 3 = A Partnership
 5 = Incorporated Club

2 = Business Corporation
 4 = Unincorporated Club
 6 = Limited Partnership

7 = Limited Liability Company

- 2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):
 License may be held by Individual (Last Name, First Name, Middle Initial), Partnership or Corporation.

Rock Spring Club

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

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

Street Address 90 Rock Spring Rd West Orange NJ 07052
 Number Street Name

Municipality _____ Zip _____ - _____

Telephone number of business (973) 731-6464
 Area Exchange Number

- 2.3 If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing address (insert N/A if not applicable):

Street Address _____
 Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____ Telephone (_____) _____ - _____

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

- 2.5 TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE [if a corporation] OR COUNTY CLERK [if a partnership or sole proprietor]:

Rock Springs 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 _____ - _____ - _____ - _____

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for "not applicable." [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? _____

If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building.

An up-to-date sketch of the entire licensed premises should be submitted for inclusion in the State ABC license file.

3.2 BUILDING NO. _____ OF _____ TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? _____ Yes _____ No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

3.4 Basement	☒ Yes _____ No	All of it _____ Yes _____ No
1 st floor	☒ Yes _____ No	All of it _____ Yes _____ No
2 nd floor	☒ Yes _____ No	All of it _____ Yes _____ No
3 rd floor	_____ Yes _____ No	All of it _____ Yes _____ No

Specify each additional floor number to be included under this license: _____

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed areas from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES?

☒ Yes _____ No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?

_____ Yes ☒ No

IF THE ANSWER IS "YES," ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING?

☒ Yes _____ No

IF "YES," IS THERE A MORTGAGE ON THE BUILDING?

☒ Yes _____ No

DOES THE APPLICANT LEASE THE BUILDING?

_____ Yes ☒ No

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Valley National Bank
(Last Name, First Name, Middle Initial or Corporate Name)

Street Address _____
Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

3.9 LANDLORD (HOLDER OF LEASE):

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

Street Address _____
Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

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

IF THE ANSWER IS "YES," IS A WAIVER SIGNED BY THE APPROPRIATE OFFICIAL ATTACHED TO THIS APPLICATION? _____ Yes _____ No

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

- 4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB F 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?

_____ Yes ☒ No

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

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

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

☒ Restaurant	☒ Applicant	_____ Other
☒ Catering	☒ Applicant	_____ Other
_____ Hotel/Motel	_____ Applicant	_____ Other
_____ Amusements	_____ Applicant	_____ Other
_____ N.J. Lottery	_____ Applicant	_____ Other
_____ Grocery or Delicatessen	_____ Applicant	_____ Other
_____ Other (specify)	_____ Applicant	_____ Other

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

Business to be operated _____

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

Street Address _____
Number Street Name

Municipality _____ State _____

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

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING

- 5.1 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

_____ Yes ☒ No

If the answer is "Yes," complete the following:

Name of individual _____
Last Name First Name Middle Initial

Title of position held _____

Name of Employing Agency _____

- 5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? _____ Yes ☒ No

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

Name of Individual _____
Last Name First Name Middle Initial

Title of Office _____

Municipality _____

- 5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLERY, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE OR OTHERWISE?

_____ Yes ☒ No

IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING:

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

- B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

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

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

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Type of Business _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING

- 6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY? _____ Yes
- ☒
- No

IF THE ANSWER TO THIS QUESTION IS "YES," ANSWER THE FOLLOWING:

Type of License or Permit Denied: _____ Retail _____ Wholesale _____ Transportation
_____ Warehouse _____ Manufacturer

Unit of Government which denied License or Permit: _____

Date of Denial (approximate if not known) _____ / _____ / _____

Reason for Denial _____

- 6.2 HAS ANY CORPORATION, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT? _____ Yes
- ☒
- No

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

Name of Entity _____

Last Name

First Name

Middle Initial

Type of License or Permit Denied: _____ Retail _____ Wholesale _____ Transportation
_____ Warehouse _____ Manufacturer

Unit of Government which denied License or Permit: _____

Date of Denial (approximate if not known) _____ / _____ / _____

Reason for Denial _____

- 6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION? _____ Yes
- ☒
- No

IF THE ANSWER IS "YES," PROVIDE DETAILS OF EACH BELOW [Complete a separate Page 6 for each action]:

Name of Individual _____

Last Name

First Name

Middle Initial

DATE OF ACTION _____ / _____ / _____ DOCKET NO. _____

PENALTY WAS IMPOSED BY: _____

[Indicate whether by Division of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

_____ FINED \$ _____ [amount] _____ NOT RENEWED

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

_____ OTHER [explain] _____

- 6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? _____ Yes
- ☒
- No

A. IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Individual _____

Last Name

First Name

Middle Initial

Date of Birth _____ / _____ / _____ Conviction Date _____ / _____ / _____

State _____ Court of Jurisdiction _____

Description of offense (specific charge) _____

Disposition (fine, penalty, etc.) _____

Nature of interest in entity to be licensed _____

- B. If applicable, provide the date the Director of the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: _____ / _____ / _____. (No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No. :[NN]- _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

- 7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS) OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

_____ Yes ☒ No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S) AND THE NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License Number _____ - _____ - _____ - _____

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

Relationship to Applicant _____

B. License Number _____ - _____ - _____ - _____

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

Relationship to Applicant _____

C. License Number _____ - _____ - _____ - _____

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

Relationship to Applicant _____

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

_____ Yes ☒ No

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

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

STATE ASSIGNED LICENSE NUMBER - - -

8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW OR ANY OTHER NEW JERSEY OR FEDERAL LAW?
 _____ Yes No

8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, FOR A HOTEL/MOTEL AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF R.S. 33:1-12.20?
 _____ Yes No

IF THE ANSWER IS "YES," IS IT FOR A HOTEL/MOTEL FACILITY OF 50 OR 100 ROOMS?
 CHECK ONE: _____ 50 ROOMS _____ 100 ROOMS

8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (R.S. 33:1-12.32) FOR A HOTEL/MOTEL, RESTAURANT, BOWLING ALLEY OR INTERNATIONAL AIRPORT? _____ Yes No

IF THE ANSWER IS "YES," CHECK ONE OF THE FOLLOWING: _____ HOTEL/MOTEL
 _____ RESTAURANT _____ BOWLING ALLEY _____ INTERNATIONAL AIRPORT

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

- 8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED _____ - _____ - _____ - _____
- 8.5 IF THIS IS A REQUEST FOR A PERSON-TO-PERSON TRANSFER, INSERT NAME(S) OF PERSON (Last Name First), PARTNERSHIP OR CORPORATION CURRENTLY HOLDING THE LICENSE:

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

- 8.6 IF THIS IS A REQUEST FOR A PLACE-TO-PLACE TRANSFER OF A POCKET LICENSE (NO SITED PREMISES), MARK AN X HERE:

IF THIS IS A REQUEST FOR A PLACE-TO-PLACE TRANSFER OF A SITED LICENSE, INSERT THE ADDRESS OF THE CURRENT SITE FROM WHICH THE LICENSE IS TO BE TRANSFERRED.

Street Address _____
 _____ Number _____ Street Name _____
 Municipality _____ New Jersey
 Zip _____ - _____

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

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

Date of first notice _____ / _____ / _____

Date of second notice _____ / _____ / _____

- 8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE _____

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

Date of notice _____ / _____ / _____

Name of newspaper publishing notice _____

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

- 8.10 HAS THE CLUB BEEN IN ACTIVE OPERATION IN THE STATE OF NEW JERSEY FOR AT LEAST THREE YEARS CONTINUOUSLY IMMEDIATELY PRIOR TO THE SUBMISSION OF ITS APPLICATION FOR A LICENSE?
☒ Yes ☐ No
- 8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCHISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?
☐ Yes ☒ No
- 8.12 HAS THE CLUB HAD EXCLUSIVE POSSESSION AND USE OF CLUB QUARTERS FOR THREE CONTINUOUS YEARS?
☒ Yes ☐ No
- 8.13 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?
☒ Yes ☐ No

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING

- 9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY? ____ Yes ✓ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation _____

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

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

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

- 9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR? ____ Yes ____ ✓ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation _____

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

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

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

- 9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR? ____ Yes ____ ✓ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation _____

Last Name _____ First Name _____ Middle Initial _____

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

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

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

- 10.1 Name of corporation Rock Spring Club.
- 10.2 Street address of home office 90 Rock Spring Rd
Number Street Name
Municipality WEST ORANGE
State NJ Zip 07057
- 10.3 NJ Sales Tax Certificate of Authority Number _____
- 10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.
Street Address _____
Number Street Name
Municipality _____ New Jersey
Zip _____ - _____
- 10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? Yes No
- 10.6 DATE CHARTERED OR INCORPORATED _____
- 10.7 CERTIFICATE OF INCORPORATION NUMBER _____
- 10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ____ Yes ____ No
- 10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? ____ Yes ____ No
- IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.
- Date of revocation _____ / _____ / _____
Beginning date _____ / _____ / _____
Ending date _____ / _____ / _____
- 10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.
Name _____
(Last Name, First Name, Middle Initial or Corporation)
Street Address _____
Number Street Name
Municipality _____ New Jersey
Zip _____ - _____ Telephone Number (_____) _____ - _____
Area Exchange Number
- 10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

Same
as file
on file

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

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

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

Last Name		First Name		Middle Initial
Home Street Address _____				
Number		Street Name		
P.O. Box # _____	Municipality _____		State _____	
Zip _____ - _____				
Social Security Number _____ - _____ - _____		Date of Birth _____ / _____ / _____		
Home telephone number (_____) _____ - _____				
Area		Exchange	Number	
Office telephone number (_____) _____ - _____				
Area		Exchange	Number	
% of business owned or controlled _____			Number of shares _____	
Check position that applies: _____ Sole owner _____ Partner _____ Stockholder				
_____ President	_____ Vice-President	_____ Secretary	_____ Treasurer	_____ Director
_____ Trustee	_____ Manager	_____ Agent	_____ Executor/Administrator	_____ Receiver
_____ Beneficiary _____ Other (specify) _____				

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

Last Name		First Name		Middle Initial
Home Street Address _____				
Number		Street Name		
P.O. Box # _____	Municipality _____		State _____	
Zip _____ - _____				
Social Security Number _____ - _____ - _____		Date of Birth _____ / _____ / _____		
Home telephone number (_____) _____ - _____				
Area		Exchange	Number	
Office telephone number (_____) _____ - _____				
Area		Exchange	Number	
% of business owned or controlled _____			Number of shares _____	
Check position that applies: _____ Sole owner _____ Partner _____ Stockholder				
_____ President	_____ Vice-President	_____ Secretary	_____ Treasurer	_____ Director
_____ Trustee	_____ Manager	_____ Agent	_____ Executor/Administrator	_____ Receiver
_____ Beneficiary _____ Other (specify) _____				

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

AFFIDAVIT

LICENSE PERIOD
APPLIED FOR

FROM _____ TO _____

DATE:

State of _____)
 County of _____) SS:
)

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

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. _____ of _____
 (President/Vice-President) (Corporation or Club Name)

consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Director of the Division of Alcoholic Beverage Control, his or her duly authorized deputies, inspectors or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application, that in instance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of the fact, and that the contents of this application are true.

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)
 Attestation by Corporate Secretary

Attest:

Corporate Name

By _____
 (Signature of Corporate President or Vice President)

Secretary _____
 Signature

Affix Corporate Seal

(Partnership Name)_____
(Signature of Partner)_____
(Signature of Partner)_____
(Signature of Partner)_____
(Signature of Partner)

Sworn to and subscribed before me

this 10th day of May 20 13

AFFIDAVIT MUST BE SIGNED HERE →

(Signature of Officer Administering Oath)

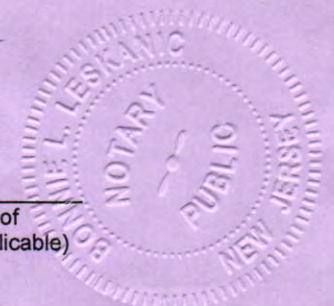
BY DULY AUTHORIZED
 NOTARY PUBLIC

(Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW
 OF NEW JERSEY

(Title of Officer Administering Oath)

 (Date of Expiration of
 Commission, if applicable)



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

License Number: 0722-33-053-002
Plenary Retail Consumption License
Amendment Application #119574
Term: 10/13/2016 to 6/30/2017

Licensee: MONTCLAIR GOLF CLUB
Mailing Address:

Contact: MONTCLAIR GOLF CLUB
(973) 239-1800

Physical Address: 25 PROSPECT AVE
WEST ORANGE, NJ 07052
USA

Establishment Information

DBA / Trade Names: MONTCLAIR GOLF CLUB AT ROCK SPRING
Mailing Address: 90 ROCK SPRING ROAD
WEST ORANGE, NJ 07052
USA

Contact: DANIEL SOMOGYI
(973) 731-6464

Physical Address: 90 ROCK SPRING ROAD
WEST ORANGE, NJ 07052
USA

Additional License Info

County: ESSEX COUNTY
Municipality: WEST ORANGE TOWN

Questions and Answers - Application #119574

Documents Submitted With the Application - Application #119574

TR#: _____

FEE: _____

DATE: _____

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
RETAIL LIQUOR LICENSE APPLICATION

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

STATE ASSIGNED LICENSE NUMBER

0722 - 33 - 053 - 001

[For DIVISION use only _____]

DATE APPLICATION FILED:

06 / 29 / 16

CODE TYPE OF LICENSE (CHECK ONE)
CLASS C LICENSES [N.J.S.A. 33:1-12]

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

OTHER

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

THIS APPLICATION IS FOR:

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

This Area is Reserved for Municipal Use

Municipal Fee \$ 113.52

Effective Date 10 / 6 / 16
(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

Carnevale, Karen J

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

[Signature]

Signature of Municipal Clerk or ABC Secretary

Ac 10/13/16

TR#: _____

FEE: _____

DATE: _____

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
RETAIL LIQUOR LICENSE APPLICATION

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

STATE ASSIGNED LICENSE NUMBER

0722 - 33 - 053 - 001
(For DIVISION use only _____)

DATE APPLICATION FILED:

06 / 29 / 16

CODE TYPE OF LICENSE (CHECK ONE)
CLASS C LICENSES [N.J.S.A. 33:1-12]

- 31 _____ Club
32 _____ Plenary Retail Consumption
w/Broad Package Privilege
33 ☒ Plenary Retail Consumption
36 _____ Plenary Retail Consumption
(Hotel/Motel Exception)
37 _____ Plenary Retail Consumption
(Theatre Exception)
35 _____ Seasonal Retail Consumption
(November 15 through April 30)
34 _____ Seasonal Retail Consumption
(May 1 through Nov. 14)
44 _____ Plenary Retail Distribution
43 _____ Limited Retail Distribution
OTHER
14 _____ Annual State Permit
(N.J.S.A. 33:1-42, NJAC 13:2-52)
40 _____ Special Permit for a Golf Facility
(NJAC 13:2-5.3)

THIS APPLICATION IS FOR:

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

This Area is Reserved for Municipal Use

Municipal Fee \$ 113.52

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

RECEIVED
2016 JUN -5 P 1:39
ALCOHOLIC BEVERAGE
CONTROL

Carnevale, Karen J

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

Karen J Carnevale

Signature of Municipal Clerk or ABC Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 053 - 001Application is made on behalf of: 2

1 = An Individual

3 = A Partnership

5 = Incorporated Club

2 = Business Corporation

4 = Unincorporated Club

6 = Limited Partnership

7 = Limited Liability Company

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE NAME"):

Montclair Golf Club

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

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

Street Address 90 Rock Spring Road

Number

Street Name

Municipality West OrangeZip 07052

Telephone number of business

(973)731- 6464

Area

Exchange

Number

2.3 If no licensed premises exists or if mailing address is different than the "actual address" given above, provide the mailing address: (Insert N/A if not applicable).

Street Address 25 Prospect Avenue

Number

Street Name

P.O. Box # _____

Municipality West OrangeState NJZip 07052Telephone (973)239- 18002.4 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 NJ SECRETARY OF STATE (If a corporation) OR COUNTY CLERK (If a partnership or sole proprietor):

Montclair Golf Club at Rock Spring

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 PLACE OF BUSINESS):

____ / ____ / ____

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?

☐ Yes ☐ No

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

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?

☐ Yes ☐ No

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

____ / ____ / ____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 053 - 001

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt, or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS answer question 3.1 only, entering N/A for "not applicable." (If you use N/A as a response to 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? 3

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. 1 OF 3 TO BE LICENSED. Club House3.3 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 ☐ No Entire golf course (18 holes)

3.6 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

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Valley National Bank

Street Address 1455 Valley Road (Last Name, First Name, Middle Initial or Corporate Name)

Number

Street Name

P.O. Box # _____

Municipality WayneState NJZip 07470 - _____

3.9 LANDLORD (HOLDER OF LEASE):

Rock Spring Club, Inc.

Street Address 25 Prospect Avenue (Last Name, First Name, Middle Initial or Corporate Name)

Number

Street Name

P.O. Box # _____

Municipality West OrangeState NJZip 07052 - _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 053 - 001

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt, or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS answer question 3.1 only, entering N/A for "not applicable." (If you use N/A as a response to 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? 3

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 3 TO BE LICENSED. Pool House and pool areas3.3 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 ☐ No Entire golf course (18 holes)

3.6 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

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Valley National Bank

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

Street Address 1455 Valley Road

Number

Street Name

P.O. Box # _____

Municipality Wayne

State NJ

Zip 07470 - _____

3.9 LANDLORD (HOLDER OF LEASE):

Rock Spring Club, Inc.

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

Street Address 25 Prospect Avenue

Number

Street Name

P.O. Box # _____

Municipality West Orange

State NJ

Zip 07052 - _____

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 053 - 001

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt, or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS answer question 3.1 only, entering N/A for "not applicable." (If you use N/A as a response to 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? 3

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 3 TO BE LICENSED. Halfway House (snack shack)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 ☐ No Entire golf course (18 holes)

3.6 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

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Valley National Bank

Street Address 1455 Valley Road (Last Name, First Name, Middle Initial or Corporate Name)

Number _____ Street Name _____

P.O. Box # _____ Municipality Wayne State NJ

Zip 07470 - _____

3.9 LANDLORD (HOLDER OF LEASE):

Rock Spring Club, Inc.

Street Address 25 Prospect Avenue (Last Name, First Name, Middle Initial or Corporate Name)

Number _____ Street Name _____

P.O. Box # _____ Municipality West Orange State NJ

Zip 07052 - _____

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 Inception of business

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) Country club ✓ 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. _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 053 - 001

ALL APPLICANTS ANSWER THE FOLLOWING

- 5.1 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

____ Yes ☒ No

If the answer is "Yes", complete the following:

Name of individual N/A

____ Last Name

____ First

____ Middle Initial

Title of position held _____

Name of Employing Agency _____

- 5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? ____ Yes ☒ No

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

Name of individual N/A

____ Last Name

____ First

____ Middle Initial

Title of office _____

Municipality _____

- 5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLER, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER, OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE, OR OTHERWISE?

____ Yes ☒ No

IF THE ANSWER IS "YES" ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING:

A. New Jersey license number, if applicable _____

- B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

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

N/A

(Last Name, First Name, or Corporate Name)

Street Address _____

____ Number

____ Street Name

P.O. Box # _____

____ Municipality

____ State

Zip _____ - _____

Type of Business _____

ALL APPLICANTS ANSWER THE FOLLOWING

- Reason for Denial

- Reason for Denial

- ____ OTHER (explain)

- Provide Agency Docket No. : (NN)-

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 053 - 001

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

- 7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS), OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

☒ Yes ☐ No

IF THE ANSWER IS "YES", COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S), AND THE NAMES(S) OF THE PERSON(S) OR CORPORATIONS(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License number 0722 - 33 - 041 - 001

Name Montclair Golf Club

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

Relationship to applicant Applicant

B. License number _____ - _____ - _____ - _____

Name _____

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

Relationship to applicant _____

C. License number _____ - _____ - _____ - _____

Name _____

(Last Name, First, 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, THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

Name N/A

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

Social Security number _____ - _____ - _____ or

NJ Sales Tax Certificate of Authority No. _____

Date of Birth ____ / ____ / ____

ALL APPLICANTS ANSWER THE FOLLOWING

- _____Yes _____No N/A

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 053 - 001

ALL APPLICANTS ANSWER THE FOLLOWING

- 9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION, OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY?

 Yes ☒ No

IF THE ANSWER IS "YES", ANSWER THE FOLLOWING, USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of individual (Last Name First) or Corporation

N/A

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

Social Security number - - or

NJ Sales Tax Certificate of Authority No.

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 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 No.

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 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 No.

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 0722 - 33 - 053 - 001

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 Montclair Golf Club10.2 Street address of home office 25 Prospect Avenue

Municipality West Orange Number _____ Street Name _____
 State NJ Zip 07052 - _____

10.3 NJ Sales Tax Certificate of Authority Number [REDACTED]

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

Street Address 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 N/A

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 09 / 16 / 02Ending date 06 / 13 / 06

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 Edmund M. Trinidad

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

Street Address 25 Prospect Avenue

Number _____ Street Name _____

Municipality West Orange New JerseyZip 07052 - _____ Telephone Number (973) 239 - 1800

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).

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 053 - 001

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

LIMITED PARTNERSHIP: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on page 10. Information on this page, 10A, will identify all officers, directors, and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

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

Montclair Golf Club

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

GengaroChristopherP

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

Less than 1%

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) Licensing Subcommittee Member

Name of individual (last name first):

SomogyiDaniel

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

0Number of shares 0Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder☐ President☐ Vice-President☐ Secretary☐ Treasurer☐ Director☐ Trustee☐ Manager☐ Agent☐ Executor/Administrator☐ Receiver☐ Beneficiary☒ Other (specify) General manager and Licensing Subcommittee Member

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 053 - 001

AFFIDAVIT

LICENSE PERIOD
APPLIED FOR

FROM 07/01/2016 TO 06/30/2017

DATE:

State of New Jersey)
County of Essex) SS:
)

As provided by law (N.J.S.A. 33:1-35),

(Check One)

- ☐ 1. The Individual Applicant
- ☐ 2. Members of the Partnership Applicant
- ☒ 3. Christopher Gengaro, Trustee of Montclair Golf Club
(President/Vice-President) (Corporation or Club Name)

consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics, and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Director of the Division of Alcoholic Beverage Control, his or her duly authorized deputies, inspectors, or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application, that in instance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of fact, and that the contents of this application are true.

(Signature of Individual Applicant / sole proprietor)

(Corporations Only)
Attestation by Corporate Secretary

(Partnership Name)

(Signature of Partner)

(Signature of Partner)

(Signature of Partner)

(Signature of Partner)

Attest:

Montclair Golf Club
Corporate Name

By Christopher Gengaro, Trustee
(Signature of Corporate President or Vice President)

Secretary Signature
Affix Corporate Seal

Sworn to and subscribed before me
this 23 day of June 2016

AFFIDAVIT MUST BE SIGNED HERE
BY DULY AUTHORIZED NOTARY PUBLIC
OR AN ATTORNEY AT LAW OF NEW JERSEY

(Signature of Officer Administering Oath)

(Printed Name of Officer Administering Oath)

(Title of Officer Administering Oath)

(Date of Expiration of
Commission, if applicable)

SAMUEL J. HALPERN
ATTORNEY AT LAW
347 MT. PLEASANT AVE, SUITE 203
WEST ORANGE, NJ 07052

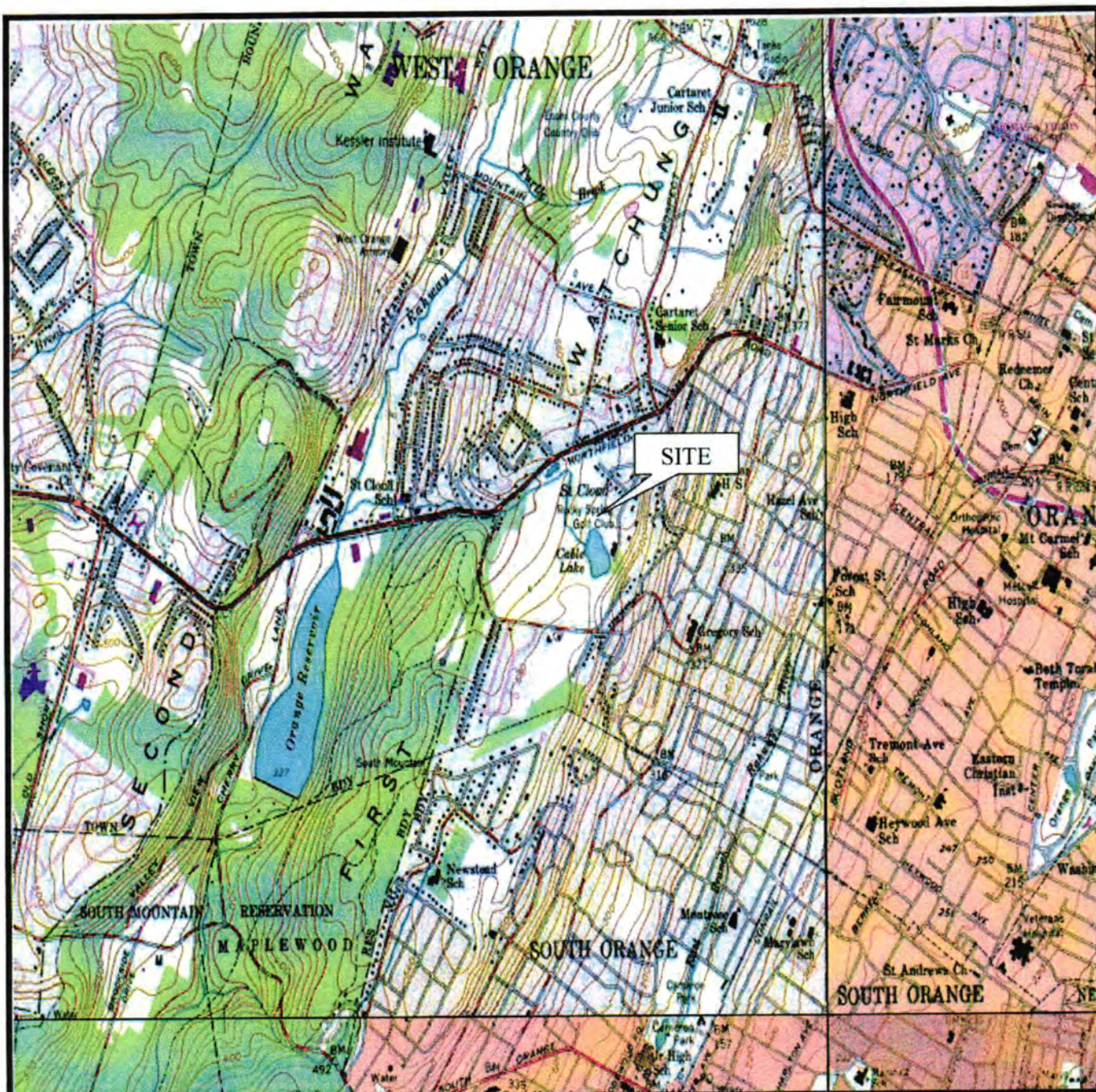


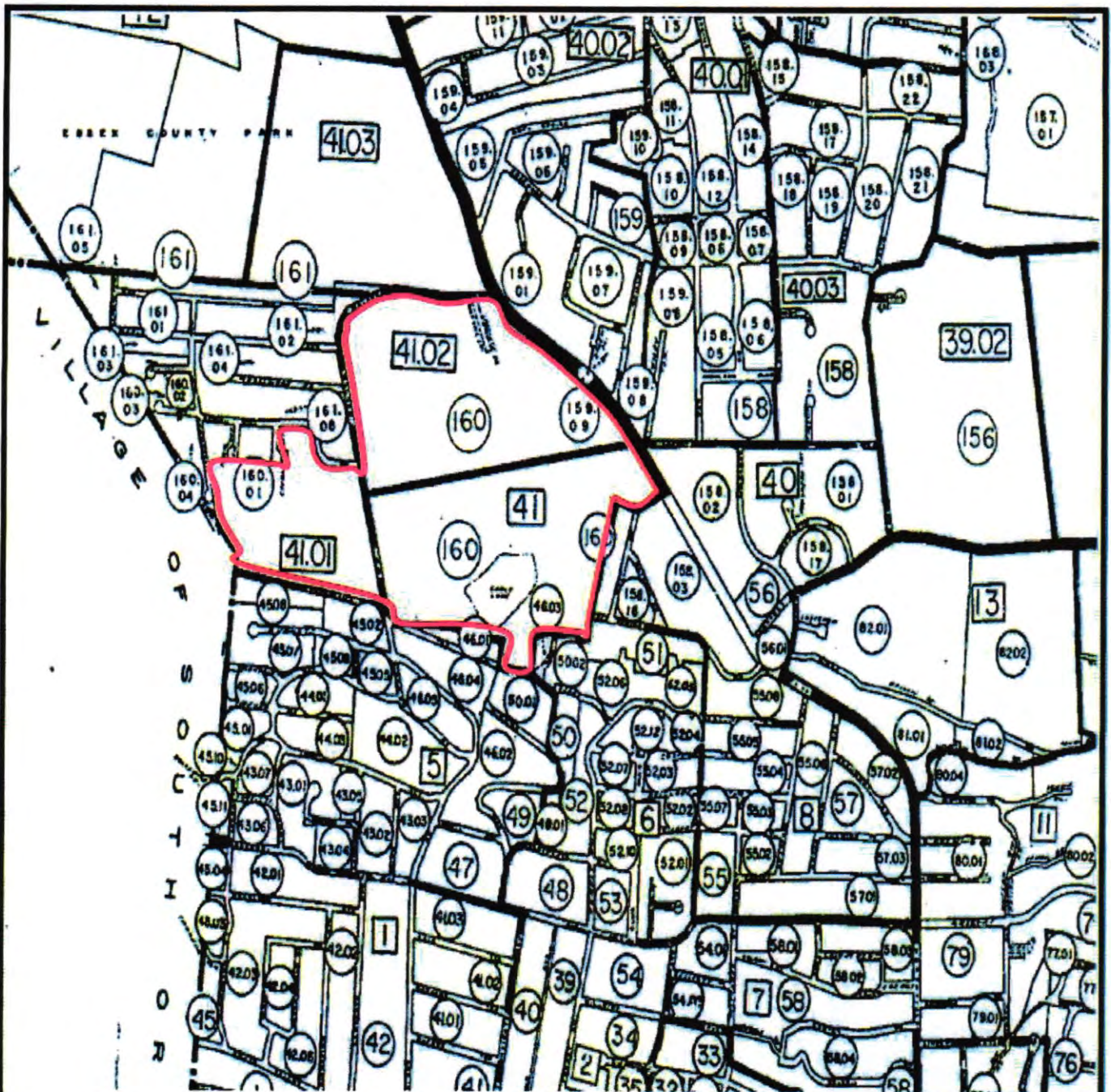
FIGURE 1: REGIONAL SITE LOCATION

**90 Rock Spring Road
Block 160, Lots 2 and 10, & Block 160.01, Lots
30 and 34, & Block 46.01, Lots 22 thru 31
Township of West Orange
Essex County, New Jersey**

EcolSciences, Inc.

Environmental Management and Regulatory Compliance

DATE: 12/14
Scale: 1" = 2,000'



-- Approximate
property boundary



FIGURE 2: MUNICIPAL TAX MAP

**90 Rock Spring Road
Block 160, Lots 2 and 10, & Block 160.01, Lots
30 and 34, & Block 46.01, Lots 22 thru 31
Township of West Orange
Essex County, New Jersey**

Source: NJTaxMaps.com2014

EcolSciences, Inc.

Environmental Management and Regulatory Compliance

DATE: 12/14

Scale: NTS

F:\jobs\14\HW\14-155\Reports\Figures\Figure 2



Legend



Approximate Property Boundary



FIGURE 3: GENERAL SITE LAYOUT

90 Rock Spring Road
Block 160, Lots 2 and 10, & Block 160.01, Lots
30 and 34, & Block 46.01, Lots 22 thru 31
Township of West Orange
Essex County, New Jersey

EcolSciences, Inc.
Environmental Management & Regulatory Compliance

DATE: 12/14
Scale: NTS
F:\Jobs\14\HW\14-155\Reports\Figures\Figure 3

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

License Number: 0722-33-053-003
Plenary Retail Consumption License

Amendment Application #401880
Person to Person Transfer - Reta
Term: 9/28/2020 to 6/30/2020

Licensee: DPG EDISON LL LLC
Mailing Address:

Contact: EUGENE DIAZ

Physical Address: 200 BROADACRES DRIVE
SUITE 180
BLOOMFIELD, NJ 07003
USA

Establishment Information

DBA / Trade Names: ABC POCKET LICENSE
Mailing Address: UNKNOWN

Contact: UNKNOWN
(111) 111-1111

Physical Address:

Additional License Info

County: 07 - ESSEX COUNTY
Municipality: 22 - WEST ORANGE TOWN

Questions and Answers - Application #401880

J# 401880

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

0722 33 053 0013

[For DIVISION use only _____]

DATE APPLICATION FILED:

9.13.2019

CODE TYPE OF LICENSE (CHECK ONE)

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

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

OTHER

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

THIS APPLICATION IS FOR:

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

This Area is Reserved for Municipal Use

Municipal Fee \$ 113.52

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

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

Signature of Municipal Clerk or ABC Secretary

RECEIVED
MUNICIPAL CLERK
2019 AUG 30 AM 9:52
WEST ORANGE NJ

RECEIVED
2019 SEP -6 P 1:16
ALCOHOLIC BEVERAGE
CONTROL

9/28/20 AP

Page 2

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 33 053 001Application 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.

DPG Edison LL 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 N/A POCKET License Upon Transfer
Number Street Name

Municipality _____ Zip _____

Telephone Number of Business () _____ E-Mail Address _____
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 c/o Prism Partners, 200 Broadacres Dr., Suite 180
Number Street Name

P.O. Box # _____ Municipality Bloomfield State NJ

Zip 07003 Telephone (201) 510-2040

- 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):

N/A

- 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): N/A

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?

Yes ☐ No ☒

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

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?

Yes ☐ No ☒

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

Page 3

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722. 33. 053. 001

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for "not applicable." [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? N/A

If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building.

An up-to-date sketch of the entire licensed premises should be submitted for inclusion in the State ABC license file.

3.2 BUILDING NO. _____ OF _____ TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? _____ Yes _____ No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

3.4 Basement _____ Yes _____ No

All of it _____ Yes _____ No

1st floor _____ Yes _____ No

All of it _____ Yes _____ No

2nd floor _____ Yes _____ No

All of it _____ Yes _____ No

3rd floor _____ Yes _____ No

All of it _____ Yes _____ No

Specify each additional floor number to be included under this license: _____

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed areas from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES?

_____ Yes _____ No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?

_____ Yes _____ No

IF THE ANSWER IS "YES," ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING?

_____ Yes _____ No

IF "YES," IS THERE A MORTGAGE ON THE BUILDING?

_____ Yes _____ No

DOES THE APPLICANT LEASE THE BUILDING?

_____ Yes _____ No

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

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

Street Address _____

Number _____

Street Name _____

P.O. Box # _____

Municipality _____

State _____

Zip _____

3.9 LANDLORD (HOLDER OF LEASE):

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

Street Address _____

Number _____

Street Name _____

P.O. Box # _____

Municipality _____

State _____

Zip _____

STATE ASSIGNED LICENSE NUMBER 0722 33 033 001

- IF THE ANSWER IS "YES," IS A WAIVER SIGNED BY THE APPROPRIATE OFFICIAL ATTACHED TO THIS APPLICATION? ☐ Yes ☐ No

- 4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB F 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?

Yes No

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

- 4 4 WILL ANY BUSINESS OTHER THAN THE SALE OF ALCOHOLIC BEVERAGES BE CONDUCTED ON THE PREMISES TO BE LICENSED? Yes No N/A

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

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

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

Business to be operated M/A

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

Street Address _____

Municipality _____ State _____

Zip _____ NJ Sales Tax Certificate of Authority No. _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 33 053 001

ALL APPLICANTS ANSWER THE FOLLOWING

- 5.1 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

____ Yes ☒ No

If the answer is "Yes," complete the following:

Name of individual N/A
Last Name First Name Middle Initial
Title of position held _____

Name of Employing Agency _____

- 5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? ____ Yes ☒ No

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

Name of Individual N/A
Last Name First Name Middle Initial

Title of Office _____

Municipality _____

- 5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLERY, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE OR OTHERWISE?

____ Yes ☒ No

IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING:

A. New Jersey license number, if applicable N/A

- B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

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

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

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Type of Business _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 33 053 001

ALL APPLICANTS ANSWER THE FOLLOWING

- 6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY?
- ☐
- Yes
- ☒
- No

IF THE ANSWER TO THIS QUESTION IS "YES," ANSWER THE FOLLOWING:

Type of License or Permit Denied: ☐ Retail ☐ Wholesale ☒ Transportation
☐ Warehouse ☐ Manufacturer

Unit of Government which denied License or Permit: _____

Date of Denial (approximate if not known) _____ / _____ / _____

Reason for Denial _____

- 6.2 HAS ANY CORPORATION, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT?
- ☐
- Yes
- ☒
- No
-
- IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Entity _____
Last Name First Name Middle InitialType of License or Permit Denied: ☐ Retail ☐ Wholesale ☐ Transportation
☐ Warehouse ☐ Manufacturer

Unit of Government which denied License or Permit: _____

Date of Denial (approximate if not known) _____ / _____ / _____

Reason for Denial _____

- 6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION?
- ☐
- Yes
- ☒
- No

IF THE ANSWER IS "YES," PROVIDE DETAILS OF EACH BELOW [Complete a separate Page 6 for each action]:

Name of Individual _____
Last Name First Name Middle Initial

DATE OF ACTION _____ / _____ / _____ DOCKET NO. _____

PENALTY WAS IMPOSED BY: _____

(Indicate whether by Division of ABC or identify Local Issuing Authority)

PENALTY CONSISTED OF:

_____ FINED \$ _____ NOT RENEWED

[amount]

_____ SUSPENDED _____ REVOKED _____ CANCELLED

(number of days)

_____ OTHER [explain] _____

- 6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?
- ☐
- Yes
- ☒
- No

A. IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Individual _____
Last Name First Name Middle Initial

Date of Birth _____ / _____ / _____ Conviction Date _____ / _____ / _____

State _____ Court of Jurisdiction _____

Description of offense (specific charge) _____

Disposition (fine, penalty, etc.) _____

Nature of interest in entity to be licensed _____

- B. If applicable, provide the date the Director of the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: _____ / _____ / _____. (No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No. :[NN]- _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 053 - 001

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

- 7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS) OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

☐ Yes ☒ No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S) AND THE NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License Number N/A

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

Relationship to Applicant _____

B. License Number N/A

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

Relationship to Applicant _____

C. License Number N/A

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, IF AN INDIVIDUAL, THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

Name N/A
(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ OR

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

Page 8

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722-33-053-001

ALL APPLICANTS ANSWER THE FOLLOWING

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

- 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 **N/A**

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

- 8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED 0722-33-053-001

- 8.5 IF THIS IS A REQUEST FOR A PERSON-TO-PERSON TRANSFER, INSERT NAME(S) OF PERSON (Last Name First), PARTNERSHIP OR CORPORATION CURRENTLY HOLDING THE LICENSE:

Montclair Golf Club
(Last Name, First Name, Middle Initial or Corporate Name)

- 8.6 IF THIS IS A REQUEST FOR A PLACE-TO-PLACE TRANSFER OF A POCKET LICENSE (NO SITED PREMISES), MARK AN X HERE: N/A

IF THIS IS A REQUEST FOR A PLACE-TO-PLACE TRANSFER OF A SITED LICENSE, INSERT THE ADDRESS OF THE CURRENT SITE FROM WHICH THE LICENSE IS TO BE TRANSFERRED.

will be
a
pocket
license

Street Address 25 Prospect Avenue
Municipality West Orange New Jersey
Zip 07052

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

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

Date of first notice 02/13/2020

Date of second notice 02/20/2020

- 8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE The West Orange Chronicle

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

Date of notice / /

Name of newspaper publishing notice

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY: **N/A**

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

- 8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCHISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?
- Yes ☐ No

- 8.12 HAS THE CLUB HAD EXCLUSIVE POSSESSION AND USE OF CLUB QUARTERS FOR THREE CONTINUOUS YEARS?
- Yes ☐ No

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 33-053-001

ALL APPLICANTS ANSWER THE FOLLOWING

- 9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY? ____ Yes ☒ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

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 _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 33 053 001

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

- 10.1 Name of corporation DPG Edison LLC LLC
- 10.2 Street address of home office % Prism Partners, 200 Broadacres Dr. Suite 180
 Municipality Bloomfield Number _____ Street Name _____
 State NJ Zip 07003
- 10.3 NJ Sales Tax Certificate of Authority Number [REDACTED]
- 10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.
 Street Address 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 [REDACTED] STATE [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 N/A
- 10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? ☐ Yes ☒ No

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

Date of revocation _____ / _____ / _____
 Beginning date _____ / _____ / _____
 Ending date _____ / _____ / _____

- 10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name The Corporation Trust Company
 (Last Name, First Name, Middle Initial or Corporation)
 Street Address 820 Bear Tavern Road
 Number _____ Street Name _____
 Municipality West Trenton New Jersey
 Zip 08628 Telephone Number (609) 538 - 1818
 Area Exchange Number

- 10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

STATE ASSIGNED LICENSE NUMBER 0722 33 - 053 - 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

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

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

Diaz Eugene R.
 Last Name _____
 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 0
 Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder
☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director
☐ Trustee ☒ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver
☐ Beneficiary ☐ Other (specify) _____

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

Eugene R. Diaz as General Manager of DGP Edison LLC
 Last Name _____
 Home Street Address _____
 Number _____ Street Name _____
 P.O. Box # _____ Municipality _____ State NJ
 Zip _____
 Social Security Number _____ Date of Birth _____
 Home telephone number _____
 Office telephone number _____
 Area _____ Exchange _____ Number _____
 % of business owned or controlled 100% Number of shares 100% LLC membership interest
 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 0722 33 - 053 - 001

AFFIDAVIT

LICENSE PERIOD
APPLIED FORFROM 7/1/2019 TO 6/30/2020

DATE:

8/28/2019State of New Jersey)
County of Essex) SS:

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

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. Eugene R. Diaz, General Manager of DPG Edison 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:

Corporate Name

(Signature of Partner)

By

(Signature of Corporate President or Vice President)

(Signature of Partner)

Secretary

Signature

Affix Corporate Seal

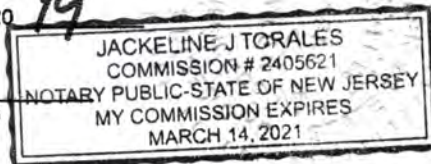
(Signature of Partner)

Sworn to and subscribed before me

this 28 day of August 20 19

AFFIDAVIT MUST BE SIGNED HERE

(Signature of Officer Administering Oath)

BY DULY AUTHORIZED
NOTARY PUBLICJackeline Torales
(Printed Name of Officer Administering Oath)OR AN ATTORNEY-AT-LAW
OF NEW JERSEYOffice Coordinator
(Title of Officer Administering Oath)
03/14/2021
08/1/2019
 (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

License Number: 0722-33-053-003
Plenary Retail Consumption License

Amendment Application #407390
ADMINISTRATIVE AMENDMENT
Term: 10/22/2020 to 6/30/2021

Licensee: DPG EDISON LL LLC
Mailing Address: 200 METRO BOULEVARD
SUITE 1300
NUTLEY, NJ 07110
USA
Physical Address: 200 METRO BOULEVARD
SUITE 1300
NUTLEY, NJ 07110
USA

Contact: EUGENE DIAZ

Establishment Information

DBA / Trade Names: ABC POCKET LICENSE
Mailing Address: UNKNOWN

Contact: UNKNOWN
(111) 111-1111

Physical Address:

Additional License Info

County: 07 - ESSEX COUNTY
Municipality: 22 - WEST ORANGE TOWN

Questions and Answers - Application #407390

Questions and Answers (From Last Major Application) - Application #403612 (Renewal Application)

J# 407390

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:

0722 - 33 - 053 - 001

5 / 7 / 20

[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 *Change of address of
Applicant*

This Area is Reserved for Municipal Use

Municipal Fee \$ N/A

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

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

Karen J Carnevale
Signature of Municipal Clerk or ABC Secretary

10/22/20 AP

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722-33-053-001Application 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.

DPG Edison LL 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 N/A Pocket License Upon Transfer
 Number Street Name

Municipality _____ Zip _____

Telephone number of business () - -
 Area Exchange Number

- 2.3 If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing address (insert N/A if not applicable):

Street Address C/o Prism Partners, 200 Metro Blvd., Ste 1300
 Number Street Name

P.O. Box # _____ Municipality Nutley State NJZip 07110 - Telephone (201) 510-2040

- 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]:

N/A

- 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): N/A

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 ☒

N/A

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

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 072 - 33 - 053 - 001

10.1 Name of corporation DPG Edison LL, LLC

10.2 Street address of home office % Prism Partners 200 Metro Blvd., Ste. 1300
Number Street Name

Municipality Nutley

State NJ Zip 07110

10.3 NJ Sales Tax Certificate of Authority Number _____

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

Street Address _____
Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____

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

10.6 DATE CHARTERED OR INCORPORATED _____ STATE _____

10.7 CERTIFICATE OF INCORPORATION NUMBER [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 N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? Yes ☐ No ☒

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

Date of revocation _____/_____/_____

Beginning date _____/_____/_____

Ending date _____/_____/_____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name The Corporation Trust Company
(Last Name, First Name, Middle Initial or Corporation)

Street Address 820 Bear Tavern Rd
Number Street Name

Municipality West Trenton New Jersey

Zip 08628 - Telephone Number (609) 538 - 1818
Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

STATE ASSIGNED LICENSE NUMBER 0722-33-053-001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

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

DGP Edison LLC

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

Diaz
Last NameEugene
First NameR
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

0

Check position that applies:

☐ Sole owner☐ Partner☐ Stockholder☐ President☒ Vice-President☐ Secretary☐ Treasurer☐ Director☐ Trustee☒ Manager☐ Agent☐ Executor/Administrator☐ Receiver☐ Beneficiary ☐ Other (specify)

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

Eugene R. Diaz, as General Manager of DGP Edison LLC

Last Name

First Name

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security Number

Date of Birth

Home telephone number

Office telephone number

Area

Exchange

Number

% of business owned or controlled

100%

Number of shares

100% LLC
Membership Interest

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 0722-33-053-001

AFFIDAVIT

LICENSE PERIOD
APPLIED FORFROM 7/1/2019 TO 6/30/2020

DATE:

State of New Jersey }
County of Essex } SS:

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

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. Eugene R. Diaz of General Manager of DPG Edison 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:

DPG Edison LLC
Corporate Name

(Signature of Partner)

Secretary _____
SignatureBy Eugene R. Diaz
(Signature of Corporate President or Vice President)
General Manager

(Signature of Partner)

Affix Corporate Seal

(Signature of Partner)

Sworn to and subscribed before me

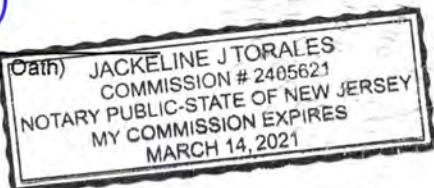
this 22 day of April 20 20

AFFIDAVIT MUST BE SIGNED HERE

(Signature of Officer Administering Oath)

BY DULY AUTHORIZED
NOTARY PUBLICJackeline J. Torres
(Printed Name of Officer Administering Oath)OR AN ATTORNEY-AT-LAW
OF NEW JERSEY

(Title of Officer Administering Oath)

(Date of Expiration of
Commission, if applicable)

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

License Number: 0722-33-053-003
Plenary Retail Consumption
License

Amendment Application #490302
ABC INACTIVATE AMENDMENT
Term: 1/03/2022 to 6/30/2021

Licensee: DPG EDISON LL LLC
Mailing Address: 200 METRO BOULEVARD
SUITE 1300
NUTLEY, NJ 07110
USA

Contact: EUGENE DIAZ
Phone Number: (201) 510-2040

Physical Address: 200 METRO BOULEVARD
SUITE 1300
NUTLEY, NJ 07110
USA

Establishment Information

DBA / Trade Names: ABC POCKET LICENSE
Mailing Address: UNKNOWN

Contact: UNKNOWN
Phone Number: (111) 111-1111

Physical Address:

Additional License Info

County: 07 - ESSEX COUNTY
Municipality: 22 - WEST ORANGE TOWN

Questions and Answers - Application #490302

Questions and Answers (From Last Major Application) - Application #403612 (Renewal Application)