

December 2, 2024

VIA EMAIL AND FEDEX

Ms. Jamilet Baquerizo Vite, Planning Board Clerk
Township of West Orange
66 Main Street
West Orange, NJ 07052

Re: Essex County Country Club
Site Plan Application
350 Mount Pleasant Avenue - Block 156, Lot 1
Response to M. Bennett Email 11.25.24

Dear Ms. Vite:

This office represents the Essex County Country Club (the “**Applicant**” or the “**Club**”), which is the owner of property located at 350 Mount Pleasant Avenue, and designated as Block 156, Lot 1 on the Tax Maps of the Township of West Orange (the “**Property**”). The Club was established in 1887. It is the State’s oldest Country Club and the sixth oldest in the Country. The Club has been at its present location since 1917.

The Property measures approximately 176.83 acres and is developed with an existing golf course, clubhouse and a number of accessory structures including, but not limited to, a pool house, swimming pool, tennis courts, and maintenance buildings. The Property is located in the Township’s R-2 Zoning District (the “**Zoning District**”) where golf courses and golf club houses as well as customary accessory buildings and structures related thereto are expressly permitted.

The Applicant recently filed an application for site plan approval with the Township of West Orange Planning Board (the “**Planning Board**” or the “**Board**”) to renovate the existing pool house building located on the Property and to construct certain improvements in the immediate vicinity of the pool house. The area in question is located in the western portion of the Property adjacent to the Francis Byrne Golf Course owned by the County of Essex (the “**Application**”). The Application is scheduled for a public hearing before the Board on December 4, 2024. In advance of the public hearing, the Applicant provided notice of the Application in accordance with the Municipal Land Use Law, N.J.S.A. 40:55D-1, et seq. (the “**MLUL**”) (the “**Legal Notice**”).

In response to the Application, Ms. Micaela Bennett (the “**Objector**”) emailed the Board Secretary on November 24, 2024 and November 25, 2024 objecting to the Board’s consideration of

the Application at the December 4, 2024 hearing on two grounds. First, the Objector asserted that the Applicant is operating a “golf club” and a “private club” at the Property, which are two distinct uses under the Township Code. Based on this inaccurate assertion, the Objector concluded that the Application required a d(1) or d(2) variance which would place jurisdiction over the Application with the Township of West Orange Zoning Board of Adjustment (the “**Zoning Board**”). Second, the Objector alleged that the Legal Notice was defective because it did not apprise the public, with sufficient specificity, that the Applicant intended to sell alcohol at the proposed location. The Objector’s positions are legally and factually wrong for the reasons set forth below.

A. Use of the Property

The Objector does not fully articulate why she believes more than one use, a “golf club” and “private club”, are being operated on the Property. One can only assume it is because the Property contains structures other than a golf course and golf club house, such as the pool house, which is the subject of the Application. This fact, however, does not equate to the operation of two uses on the Property. To the contrary, one use operates on the Property, a “golf club”.

i. Township Code

The Township Code contains a table of permitted uses within all zoning districts in the Township. Section 25-7.1 Table of District Regulations Part A: Permitted Uses Table of District Regulations. With respect to the R-2 Zoning District, the Code provides in pertinent part the following:

ZONE	PERMITTED PRINCIPAL USES	PERMITTED ACCESSORY USES	PERMITTED CONDITIONAL USES
R-2	Golf course and golf club house	Customary accessory building or structure	Private club, <u>other than a golf club</u> (Emphasis added)

The Township Code expressly permits golf courses, golf club houses, and customary accessory buildings or structures associated therewith within the R-2 Zoning District, and expressly excludes “golf clubs” from the separate and distinct “private club” use group. Accordingly, on its face, the Objector’s position must fail.

ii. Township Precedent and Customary Accessory Nature of Pool House Structure

To further emphasize the permitted nature of the Applicant’s use, at least since 1978, a pool and pool house, among other accessory structures associated with the golf club, have been located on

the Property¹ and since that time no less than 10 development applications have been filed with the Planning Board for various improvements on the Property, which the Board assumed jurisdiction over². Had the Planning Board viewed the Applicant's operations as anything other than a "golf club" or the structures to be of a non-permitted nature, jurisdiction over the applications would have lied with the Zoning Board. See, N.J.S.A. 40:55D-70(d)(1).

Moreover, the Township has treated other similarly situated golf clubs and improvements in the same manner. The Montclair Golf Club at Rock Spring and the Crestmont Country Club are two other golf clubs located within the R-2 Zoning District of the Township. Each of the clubs previously filed applications with the Planning Board for pool house improvements. The Planning Board classified the improvements as accessory structures to the golf courses and assumed jurisdiction over the applications³. The treatment of the two applications by the Planning Board crystalize the intent of the Township Code and the customary accessory nature of pool house structures to golf courses.

The customary accessory nature of pool house structures with golf courses may also be established by viewing the New Jersey Alcohol Beverage Commission's (the "ABC") records attached hereto as Exhibit B. A representative sampling of the ABC's records demonstrates that the Montclair Country Club at Rock Spring in West Orange, the Echo Lake Country Club in Westfield, the Basking Ridge Country Club in Basking Ridge, and the Plainfield Country Club in Plainfield all have golf courses, club houses and (liquor licensed) pools houses and improvements similar to those proposed by the Applicant.

Based on the above analysis, there can be no question that the Applicant operates one golf club use on the Property, and the improvements located thereon are expressly permitted by the Township Code. The existing golf course and golf club house are principal permitted uses/structures

¹ See, Survey of Essex County Country Club, prepared by Stewart Associates, Inc., consisting of 1 sheet, dated October 27, 1978.

² See, (1) Planning Board Resolution, PB-78-42, adopted on September 6, 1978, approving minor subdivision; (2) Planning Board Resolution, PB-79-36, approving site plan for additions to club house and pro shop; (3) Planning Board Resolution, PB-93-35, adopted on March 23, 1994, approving site plan for replacement of maintenance shed; (4) Planning Board Resolution, PB-96-27, adopted on February 5, 1997, approving site plan for pump station; (5) Planning Board Resolution, PB-00-19, adopted on February 15, 2001, approving site plan to reconstruct drive entrance to country club; (6) Planning Board Resolution, PB-02-10, adopted on November 13, 2002, approving site plan for removal of curved walls to construct a new shed storage, a pesticide building and a chain link fence; (7) Planning Board Resolution, PB-03-18, adopted on January 7, 2004, approving soil removal permit; (8) Planning Board Resolution, PB-14-04, adopted on July 2, 2014, approving site plan for additions to club house and associated parking variance; (9) Planning Board Resolution, PB-23-09, adopted on December 6, 2023, approving amended final site plan approval with bulk variances and soil moving permit to modify existing golf course facilities; and (10) Planning Board Resolution, PB-23-09, adopted on May 1, 2024, approving amended final site plan approval for construction of a new halfway house (being voluntarily rescinded by the Applicant).

³ See, Resolution PB-19-11 granting preliminary and final site plan approval and c(2) variance to replace and relocate existing pool and racquet facilities to Montclair Golf Club, adopted by the Planning Board on April 4, 2020; and Resolution PB-17-08 granting preliminary and final site plan approval to the Westmount Country Club, adopted by the Planning Board on November 1, 2017 attached hereto as Exhibit A.

on the Property and the pool house, which is the subject of the pending application, is a permitted customary accessory structure related thereto. Accordingly, jurisdiction over the Application is rightly placed with the Planning Board.

B. Adequacy of Legal Notice

The MLUL requires that legal notice for a development application “state the nature of the matters to be considered”. N.J.S.A. 40:55D-11. Our courts have consistently interpreted this provision to mean that the notice must accurately describe what the property will be used for in a “common sense manner such that an ordinary layperson . . . may make an informed determination as to whether they should participate in the hearing or, at the least, look more closely at the plans and other documents on file” with the board. Perlmart of Lacey, Inc. v. Lacey Tp. Planning Bd., 295 N.J. Super. 234, 237-238 (App. Div. 1996).

The Legal Notice for the Application met and exceeded this requirement. The Legal Notice notified the public, in pertinent part, that the Applicant “has applied to the Planning Board for site plan approval in order to renovate the existing pool house building, and **to construct an open-air pavilion with a bar seating area** to be attached to the pool house as well as a covered pergola with tables and chairs...The Applicant also proposes associated improvements, including but not limited to expanded paver and walkway areas, grill area, fencing and landscaping. **For the avoidance of doubt, the Applicant intends to continue to sell alcohol beverages from the premises.**” (Emphasis added). For the Objector to remotely allege that the Applicant failed to satisfy the statutory notice obligations under the MLUL is blatantly disingenuous.

Similarly, Objector’s reliance on Pond Run Watershed Ass’n v. Tp. of Hamilton Zoning Bd. or Adjustment, 397 N.J. Super. 335 (App. Div. 2008) to claim the Legal Notice was deficient is equally without merit and misplaced. In Pond Run, vacant property was proposed to be developed with a mixed-use development, which included a prohibited 5,000 square foot, 168-seat restaurant use. Yet, the legal notice for the application was entirely devoid of any reference to a restaurant use and instead described the mixed-use development as a “retail/office” use. The court in Pond Run therefore appropriately concluded “[t]he notice’s generic allusion to ‘retail/office units’ would not reasonably alert a recipient of the notice that a dining establishment was anticipated”, which may raise heightened concerns to neighbors “as to issues of traffic, parking, noise and possible consumption of alcoholic beverages on site” and ruled the notice deficient. Id. at 354-355.

Unlike the Pond Run case where vacant land was proposed to be converted to a mixed-use development with a 5,000 square foot prohibited restaurant use that was not mentioned in the notice, the Property has been used as a golf course and golf club since 1917 that has historically sold alcohol. The character and nature of the use of the Property is not proposed to change as a result of the Application. Moreover, even if it were, the Legal Notice fairly apprised the public of the nature of the Application by stating that a pavilion with a bar seating area was proposed and that the Applicant intends to continue to sell alcoholic beverages from the premises.

C. Planning Board Procedure

Pursuant to the MLUL, while the technical rules of evidence are not applicable to the hearing, the planning board may exclude irrelevant, immaterial or unduly repetitious evidence. N.J.S.A. 40:55D-10e. Based on this authority, we respectfully request that the Planning Board reject any objections to the Application based on alleged liquor licensing issues, and exclude any questions and/or evidence related to the liquor licensing of the Property during the public hearing as irrelevant to the Application. It is submitted that the power to control and regulate the sale of alcohol is reserved for other regulatory bodies pursuant to the New Jersey Alcoholic Beverage Control Act, N.J.S.A. 33:1-1 et seq., and the Planning Board lacks jurisdiction to control same.

The Applicant also respectfully requests that the Applicant be afforded the opportunity to present each of its witnesses without interpretation by the Objector or other interested members of the public. To that end, we request that the presiding officer utilize his/her discretion pursuant to N.J.S.A. 40:55D-10d to not elevate the Objector or other interested members of the public as panelists during the hearing until the Applicant has finished its questioning of each individual witness, and the Planning Board has finished its questioning of each individual witness. At that time questions of the witness and/or objections may be made by the Objector or other interested members of the public in the normal course.

D. Conclusion

For the reasons set forth herein, the Planning Board has proper jurisdiction over the Application, and the Objector's claims are wholly without merit. Accordingly, the Application should be permitted to proceed to a public hearing on December 4, 2024 as scheduled.

Very truly yours

Lisa A John-Basta

Lisa A. John-Basta
Member

LAJ:bs

Encls.

c: Ms. Diana McGovern, Board Attorney (via email)
Ms. Micaela Bennett (via email)

EXHIBIT A

MONTCLAIR GOLF CLUB

RESOLUTION OF THE PLANNING BOARD OF THE TOWNSHIP OF WEST ORANGE

Granting preliminary and final site plan approval and c(2) variances to replace and relocate existing pool and racquet facilities.

WHEREAS, the Planning Board of the Township of West Orange, at a meeting held on March 4, 2020, considered the application for preliminary and final site plan approval with c(2) variances to replace and relocate existing pool and racquet facilities on property located in the R-2 Zone, identified as Block 151, Lots 1, 5, 7, 11, 14, 15.01, 23, 24, 37, 41, 45.01 and 49, which was submitted by Montclair Golf Club (the “Applicant”) , through its attorney, Robert A. Gaccione, Esq. ; and

WHEREAS, the Planning Board considered the presentation of Robert A. Gaccione, Esq., attorney for the Applicant; and heard and considered the testimony of Club President Vernon Endo, Timothy B. Derrick, P.E., the Applicant’s engineer (licensed in New Jersey as an engineer, and qualified in that capacity by the Board), A. James Tinson, R.A., the Applicant’s architect (licensed in New Jersey as an architect, and qualified in that capacity by the Board), Sean Moronski, P.P., the Applicant’s Professional Planner (licensed in New Jersey as a Professional Planner, and qualified in that capacity by the Board); and considered the site plan revision dated February 19, 2020, the revised architectural plans dated December 19, 2020, as well as photographs of the site; as well as questions and comments from Board members and from the public as shall appear in the Board’s minutes for the meeting of March 4, 2020; and

WHEREAS, a complete application has been filed, all fees required by Ordinance have been paid and it otherwise appears that the jurisdiction and powers of the Planning Board have

been properly invoked and exercised; and the Board having conducted a vote on this application on March 4, 2020;

WHEREAS, the Applicant requested preliminary and final site plan approval with c(2) variances to replace and relocate existing pool and racquet facilities;

NOW, THEREFORE, does the Planning Board of the Township of West Orange make the following findings of fact and conclusions of law with regard to this application:

1. This is an application for preliminary and final site plan approval with c(2) variances to replace and relocate existing pool and racquet facilities.
2. The Board reviewed the site plan and related drawings submitted by Langan Engineering and Environmental Services, Inc., the Applicant's engineer, which revised site plan is dated February 19, 2020, revised architectural plans submitted by A. James Tinson, R.A. dated December 19, 2020, as well as photographs of the property submitted to the Board.
3. The Board has recommended and the Applicant has agreed to the following additional conditions of approval:
 - a. Subject to the Applicant's compliance with all comments in the report of the Board Engineer;
 - b. Subject to the Applicant's compliance with all comments in the report of the Township Forester;
 - c. Subject to the Applicant's submission of a Sustainability Checklist describing the sustainable measures included in the proposed site and building improvements;

- d. Subject to the Applicant's installation of one or more new Electric Vehicle Charging Stations for automobiles parking in the existing or new parking spaces at the golf club;
- e. Subject to the Applicant's further review of the need to install protective netting at other locations adjacent to roadways and pedestrian walkways to avoid golf balls from leaving the course and posing a safety hazard to the public;
- f. Subject to the submission of revised plans complying with this Resolution and the review memorandum of the Board Engineer and Township Planning Director, and listing conditions of approval on the plans;
- g. The Applicant shall supply the Township Planning Director with an Affidavit of Compliance with all conditions agreed to by the Applicant;
- h. All findings of fact and conclusions of law set forth herein are deemed conditions that are binding on the Applicant.

NOW, THEREFORE, BE IT RESOLVED that the following (8) c(2) variances requested by the Applicant are approved:

SECTION	REQUIRED	PROPOSED & NOW APPROVED	VARIANCES
25-8.1.f- Maximum accessory building height	1.5 stories/15 feet	-Locker room building: 29 ft.; -Snack bar building: 29 ft.; -Outdoor bar: 25.25 ft.; -Paddle hut: 23.5 ft.	c(2) (4)

25-8.4.a- Maximum fence height	4 feet	-Golf protective netting: 100 ft.; -Paddle tennis courts: 16 ft.; -Pickle ball courts: 10 ft.; -Pool area: 5 feet.	c(2) (4)

The Applicant's engineer, architect, and professional planner, testified and the Board found that the above c(2) variances could be granted because the purposes of the Municipal Land Use Law would be furthered in that these deviations would maintain adequate light, air, and open space and would maintain a desirable visual environment; and the benefits of these c(2) variances would substantially outweigh any detriment and that there would be no detriment to the public good in that the new structures are replacing and removing much older structures, and that the new buildings will have improved functionality via the addition of pitched roofs, and the proposed and approved fencing will improve the safety of the property by conforming with the recommendations of experts and in the case of the pool area fence, state law. The proposed netting will not create a visual impact and there will be no impairment of the Township Zoning Plan. These deviations will provide a more modern, safe and enjoyable experience for both club members and visitors.

NOW, THEREFORE, BE IT RESOLVED that this application for preliminary and final site plan approval with c(2) variances to replace and relocate existing pool and racquet facilities is approved in accordance with the site plan, subject to the conditions set forth in this resolution.

The foregoing is a true copy of the resolution adopted by the Planning Board of the Township of West Orange.


SEAN MCCAULEY, ACTING BOARD SECRETARY
WEST ORANGE TOWNSHIP PLANNING BOARD

Dated: 4/4/2020

**ROLL CALL VOTE ON ACTION TAKEN BY THE BOARD AT REGULAR MEETING
ON MARCH 4, 2020**

Board Member	Motion	Second	Aye	Nay	Abstain	Absent
Bagoff (Vice-Chair)		X	X			
Johnson (1 st Alt.)			X			
Smeraldo						X
Klein						X
McCartney			X			
Trenk			X			
Wegner						X
Weston (Chair)	X		X			
Williams			X			
Wilkes			X			

**ROLL CALL VOTE ON ADOPTION OF MEMORIALIZED RESOLUTION OF
ACTION TAKEN BY THE BOARD AT SPECIAL MEETING ON APRIL 3, 2020**

Board Member	Motion	Second	Aye	Nay	Abstain	Absent
Bagoff (Vice-Chair)			X			
Johnson (1 st Alt.)			X			
Smeraldo						X
Klein					X	

McCartney		X	X			
Trenk			X			
Wegner						X
Weston (Chair)	X		X			
Williams						X
Wilkes			X			

RESOLUTION OF APPROVAL
PLANNING BOARD OF THE TOWNSHIP OF WEST ORANGE

Decided: October 4, 2017
Memorialized: November 1, 2017

CRESTMONT COUNTY CLUB
Preliminary and Final Site Plan Approval
With “c” Variances
750 Eagle Rock Avenue
Block 174, Lots 1 and 1.01
PB-17-08

WHEREAS Crestmont County Club (the “Applicant”) having an address at 750 Eagle Rock Avenue, West Orange, NJ 07052 having made application for Preliminary and Final Site Plan Approval with variances for premises at 750 Eagle Rock Avenue, West Orange, NJ also known as Block 174, Lots 1 and 1.01 on the tax map of the Township of West Orange (the “Premises”); and

WHEREAS the Board having conducted a public hearing on this application on September 6, 2017 and October 4, 2017; and

WHEREAS the Applicant having appeared by its attorney Richard Angowski, Esq., and by witnesses Alan Ackerman, Wayne Jacques, RA, Jeff Morris, PE, PP, and Tim Clinton, and having received review letters from Board Consulting Engineer Eric Keller, PE, PP dated August 31, 2017 and September 29, 2017, and from Township Planner Paul Grygiel, AICP dated September 5, 2017 and September 25, 2017, and the Board having granted an opportunity for public comment, and having deliberated on the merits of the application,

IT IS HEREBY RESOLVED:

EVIDENCE SUBMITTED

In summary, the following evidence was received and/or introduced in connection with this application:

1. A West Orange Planning Board application form, and the following:
 - i. Proposal for “c(2)” parking variance;
 - ii. Checklist;
 - iii. Application for Tree Removal and Replacement Permit;

- iv. Adjacent parcels in Borough of Roseland and Township of Livingston;
 - v. Former Land Use Applications and Resolutions;
 - vi. Site Plan prepared by Boswell Engineering dated August 24, 2017 last revised September 21, 2017 (17 Sheets);
 - vii. Architectural Drawings prepared by Jefferson Group Architecture dated September 22, 2017 (5 Sheets);
 - viii. Steep Slope Analysis prepared by Boswell Engineering dated September 1, 2017 (2 Sheets);
 - ix. Partial Topographic Survey prepared by Boswell Engineering dated April 18, 2017 (3 Sheets); and
 - x. Storm Water Management Report prepared by Boswell Engineering dated June, 2017.
2. In addition, the Board also received the following:
- i. Response Memo prepared by JGA Architectural Design dated September 4, 2017; and
 - ii. Response Memo from Boswell Engineering dated September 27, 2017.

3. The Board accepted into evidence the following testimonial exhibits:

APPLICANT EXHIBITS

- A-1:** Main Level Furniture Floor Plan, Page 4A, dated 9/1/17, JGA Architectural Design;
- A-2:** Lower Level Floor Finishes Plan, Page 2, dated 9/1/17, JGA Architectural Design;
- A-3:** Main Level Floor Finishes Plan, Page 4, dated 9/1/17, JGA Architectural Design;
- A-4:** Proposed Exterior Renderings (2) (North and South facades) Guest & Member Entry View, Course View, Page 6, dated 9/1/17, JGA Architectural Design;
- A-5:** Proposed Exterior Color Rendering – Finishes for Guest Entry, Roof, Ladies Lounge, Front & Side Elevations, Page 7, dated 9/1/17, JGA Architectural Design;
- A-6:** Pool Plan, Page 26, dated 9/1/17, JGA Architectural Design;

- A-7:** Exterior Pool 3D Rendering, Page 27, dated 9/1/17, JGA Architectural Design;
- A-8:** Lower Level Floor Plan, part of response letter dated 9/4/17; 3 drawings A1.0, A1.1, A3.1 by JGA (undated) issued in response to Bowman Memo dated 8/31/17
(Exhibit for Testimonial Purposes only);
- A-9:** Color Rendering Site Plan, Drawing No. 17-126-SP-1, dated 8/31/17, Boswell Engineering;
- A-10:** Color Rendering Steep Slope Analysis-Existing Conditions, Drawing No. 17-126-SS-1, dated 9/1/17, Boswell Engineering;
- A-11:** Site Plan Drawing Set, 17 Sheets, Revised 8/24/17, Boswell Engineering

Board Exhibits

- B-1 Color Photo of existing conditions on the property
- B-2 Color Photo of existing conditions on the property
4. Richard J. Angowski, Jr., Esq., appeared on behalf of the Applicant and stated that the application was for improvements to the Crestmont County Club including renovations to the existing clubhouse entrances, pool deck, parking lot, utilities, and improvements elsewhere on site.
 5. Alan R. Ackerman was sworn and testified that he is the President of the Crestmont County Club. He stated that the club was 64 years old and has had renovations in the past, however, the proposed renovations would upgrade the Club's facilities and help to ensure its future competitiveness in the marketplace. He noted that renovations include upgrades to the existing interior infrastructure, increasing the size of the Donald Ross Room in the Clubhouse and enhancing the pool deck. There are currently 244 parking spaces and the upgrade would increase the number of spaces to 250. Mr. Ackerman stated that the Club membership capacity is 250 and there were currently 220 full-time adult members. He testified that the Club's parking lot was never full and that he estimated no more than 70 to 80 cars were at the Club for any event including major holidays.
 6. In response to Board questions Mr. Ackerman stated that if there was a large gathering which required additional parking the Club would make arrangements so that it would not create problems off-site. Mr. Ackerman noted that there was valet parking during major events. The Board noted

that there had recently been a prior application to place a bubble over two of the tennis courts on the Club's property and Applicant's attorney stated that this application would not conflict with the prior approval for those tennis bubbles.

7. A Board Member noted he had visited the site and was concerned about large areas of stored materials such as trees, unscreened dumpsters and other debris. He introduced 2 photographs which were marked as Board Exhibits B-1 and B-2 which were pictures of maintenance areas, cut trees, and trucks. Mr. Ackerman responded that the Club had thousands of trees on site which were managed and maintained by Club staff. The Club's manager and agronomist from Rutgers University were identifying trees that are unhealthy so that they could be taken down, chopped up and removed from the property. He stated that it was not the Club's intention to have stumps and/or tree debris remain on the property.
8. In response to questions from the public Mr. Ackerman noted that rather than replacing the unhealthy trees with additional trees the Club was looking to replace them with fescue grasses which are more beneficial to the golf course and the environment in general.
9. Wayne Jacques, RA was sworn and qualified as an expert in architecture. Mr. Jacques gave a description of the Clubhouse and the existing additions and the improvements which included removal of old porticos and construction of new porticos at both the Main Entrance and the Member's Entrance, expansion of the Donald Ross Dining Room, expansion of the restrooms, and new ADA accessible ramp. A new pool deck would be constructed and all exterior finishes would be upgraded to match the main Clubhouse. Mr. Jacques stated that the entire proposed area of additions totaled 4,279 sq ft.
10. In response to Board questions Mr. Jacques testified that the truck loading dock would remain in the same area but would be extended with gates; the height of the building would not be increased; and the renovations would impact less than 10 percent of the overall building. Mr. Jacques then reviewed comments from the review letter by Bowman Consulting dated August 31, 2017.
11. Applicant called Jeffrey Morris, PE, PP who was sworn and qualified as an expert in engineering and planning. Mr. Morris described the overall site plan and testified that the proposed area of outside improvements were located primarily in the northerly portion of the Club near Eagle Rock Avenue. The auxiliary parking lot would be restriped and the existing exit driveway to Eagle Rock Avenue would be abandoned and a new egress driveway to Eagle Rock Avenue would be built. Vehicles would continue to enter the site from Laurel Avenue to the Clubhouse where there would be modifications to the existing porte cochere. The improved main parking lot

would have curbed landscaped islands at the end of each parking bay with trees and lighting. Improvements to the pool house include a 1,200 sq ft pool deck and a handicapped accessible ramp. Mr. Morris stated that the Club sought to install a new egress which would line up with the existing intersection of Eagle Rock Avenue and Oval Avenue. He stated that the proposed new egress would have better sight distances. He stated that additional improvements included upgrades to the gas and water utilities to the Clubhouse for better fire protection and utility service. Mr. Morris noted that the proposed additions to the building and parking lot layouts would not create setback issues. The existing driveway to be replaced would be milled, grinded, landscaped and planted. Mr. Morris testified that the project would include the removal of 69 trees and that 47 of them were beyond a 75 ft setback from Eagle Rock Avenue. Many of the removed trees were the result of the new proposed egress road. Mr. Morris referred to the grading, drainage and landscaping plan (drawing No. 17-126-GD-1) and described the proposed parking lot plan with end islands. Underground detention systems was proposed for the new driveway. 14 ft light poles were proposed in the parking area. He also described that Applicant was seeking a new water connection from a main on Eagle Rock Avenue. It was noted that the proposed water and gas lines would not follow the new roadway but would cut through the existing treed area between Eagle Rock Avenue and the clubhouse.

12. Regarding steep slopes that would be disturbed by the new driveway and utility connections Mr. Morris stated that in his opinion all of the slopes which were being disturbed were man-made.
13. Mr. Morris then reviewed Eric Keller's engineering review letters.
14. Responding to Board questions Mr. Morris noted that Applicant was replacing 24 trees which was the number of trees being removed which are not exempt from removal pursuant to the Ordinance; that the new storm water system is entirely on Club property and would be maintained by the Club; that the Applicant would not plow snow out onto Eagle Rock Avenue; that additional trees would be added in the auxiliary parking lot, and that consideration would be given to reducing the current pavement areas not needed for circulation to reduce the amount of paved surface.
15. Mr. Morris then turned to planning testimony and stated that the number of parking spaces in the Ordinance was far greater than the number which were utilized by the Club even during larger events. He noted that fewer parking spaces would also create less storm water runoff. He testified that the benefits of the proposed disturbance to steep slopes and reduction of parking spaces outweigh the detriments and at worse, even if there were insufficient number of spaces, the Applicant could park additional cars on site in other locations. Mr. Morris introduced Exhibit A-10 which is a steep slope analysis and noted those areas of the premises which exceeded 25

percent slope and required variance relief. He stated that where the new driveway exits the parking area and as it nears Eagle Rock Avenue are the steep sloped areas which would be disturbed along with the trench for new gas, electric and water connections.

16. Tim Clinton was sworn and testified that he is the General Manager of the Applicant. He stated that the Club needs all three dumpsters it has on site, that he was not aware of any accidents at the Club's exit drive onto Eagle Rock Avenue, and that in the event of large gatherings the Club would park surplus vehicles on the property and not on Laurel Avenue or Eagle Rock Avenue.
17. Various members of the public cross-examined Applicant's witnesses and spoke during public comment raising concerns about the removal of trees, the proposed new driveway, safe egress from Applicant's driveway, sidewalks and handicapped accessibility.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

18. The subject property is located in the R-2 Zone where golf courses are a permitted use. The property is generally surrounded by residential neighborhoods, although there are nonresidential uses in the vicinity including Essex Fells Country Club, Pleasantdale Chateau and multiple houses of worship.
19. Applicant is seeking approval to expand the existing clubhouse building and pool house area in the northeastern portion of the Club's property. The proposed expansion would include: a new 550 square-foot deck and accessible ramp adjacent to the grill room on the south side of the clubhouse, connecting the grill deck to the existing deck on the southwest corner of the clubhouse, a 1,200 square foot pool deck and accessible ramp directly south of the pool house, a new loading dock area, a new two-car porte cochere at the main entrance, a new members' only entrance and porte cochere, and a new 7,900 square foot egress driveway to Eagle Rock Avenue. The Applicant also proposes to repave and restripe the existing parking. New utility lines, including gas and sanitary sewer, would be constructed and extended to the existing lines at Eagle Rock Avenue.
20. During the hearing and in response to concerns expressed by the public and the Board the Applicant decided to keep the existing driveway to Eagle Rock Avenue as-is and forego its plans to move it.
21. The renovations sought are relatively minor given the size of the property (240+/- acres). The proposed Clubhouse addition would be 3,100 sf. The proposed new 7,900 sf driveway was removed from the plans.

22. Although the use is permitted the proposed improvements would require variance relief as follows:

<i>SECTION</i>	<i>REQUIRED</i>	<i>EXISTING</i>	<i>PROPOSED</i>
<i>25-12.2b Minimum Required Parking</i>	<i>1,286</i>	<i>244</i>	<i>250</i>
<i>25-28.8c Disturbance of Slopes of 25%</i>	<i>Not permitted</i>	<i>Unknown</i>	<i>1,878 sf of Disturbance</i>
<i>25-27.4b4 Removal of Trees on Slopes >15%</i>	<i>Not Permitted</i>	<i>N/A</i>	<i>Trees proposed to be removed</i>

23. The Board finds that the variances sought can be justified. The Applicant proposes upgrades and improvements to an existing use which has occupied the site for 54 years. The disturbance will be the result of installing new utility lines from Eagle Rock Avenue to the Clubhouse which will provide better fire safety, and the tree removal which would result would be offset by new trees being planted elsewhere on the property. The testimony indicated that the slopes being disturbed were manmade and not natural slopes. The Board finds that the proposed route for the new utility lines is reasonable and the landscaping and new trees proposed will offset any tree removal. The Board notes that Ordinance Section 27.4c5 exempts trees on a golf course which are greater than seventy-five (75) feet from a property boundary from the tree removal permit requirement. The Board also finds that Applicant's decision to keep the exit drive in its current location onto Eagle Rock Avenue will avoid further disturbance of steep slopes and existing trees.
24. Regarding parking both the Club President and Manager testified that parking is rarely a problem and that in the event additional parking is needed there is sufficient room on site to accommodate it and avoid spillover onto neighboring roadways or streets. The Board notes that the Applicant has extensive acreage and represented it would create added parking and/or valet service if an overflow event occurred.
25. The Board is mindful of the "Complete Streets" policy set forth in the 2016 Master Plan Circulation Plan Element Amendment. This Board's Resolution §13-02 which recommended implementation of the Complete Streets policy recognized certain exemptions would be necessary, including the "cost of accommodations is excessively disproportionate to cost of the project." Here, Applicant has several hundred yards of street frontage and is making limited upgrades to its existing facilities. The Board finds that imposing a requirement for Applicant to install sidewalks along its entire street frontage would be unfairly cost prohibitive in relation to the improvements proposed.
26. The benefits of the improvements would outweigh the detriments because the plan offers a better alternative to what the ordinance permits and would

promote the general welfare by promoting the appropriate use of land. Little or no detriment would result, either to the neighboring properties, the public good in general, or to the Township's planning documents or ordinances. It is worth noting that the nearest single family homes to the proposed expanded pool deck are more than 250' away. The Clubhouse improvements would also promote a desirable visual environment.

27. In sum the Board finds that the Applicant has carried the burden of proof, including both the positive and negative criteria, necessary to obtain the variance relief sought.
28. The Board also finds that a waiver from the requirement of having a licensed landscape architect prepare a landscaping plan is warranted. Applicant's engineer provided detailed drawings and testimony which made clear both the location of trees being removed as well as replacement trees and landscaping being added. The Board finds that the landscaping plans and testimony which were submitted were more than sufficient to meet the general purpose and intent of the Ordinance provision. The Board further finds that the landscaping proposed by Applicant will improve the site especially the parking areas, and will help create a desirable visual environment pursuant to MLUL 2(i).

THE DECISION

WHEREAS, the Board, having reviewed the application for Preliminary and Final Site Plan approval and associated "c" variance relief and having considered the impact of the proposed application on the Township's master plan and zoning ordinance and the surrounding property owners, and having considered whether the proposal complies with and furthers the goals of the land use and zoning ordinances of the Township of West Orange and the Municipal Land Use Law; and upon the imposition of specific conditions to be fulfilled, hereby, concludes that good cause has been shown to approve the application.

NOW THEREFORE, BE IT RESOLVED by the Planning Board of the Township of West Orange that the application for Preliminary and Final Site Plan approval with "c" variances relief and Soil Removal Permit as set forth in the plans, reports, representations, testimony, stipulations and Exhibits offered by the Applicant is granted subject to the following conditions:

1. The Applicant shall comply with all applicable Township, County, State and Federal laws, ordinances, regulations and directives, including without limitation, obtaining all applicable local, state and federal approvals and/or permits. Without limitation of the foregoing, prior to the signing of the approved site plans, and prior to the commencement of any land disturbance or construction, the Applicant shall

submit to this Board, with a copy to the Board Engineer, proof that it has obtained all required governmental approvals.

2. If another governmental entity or agency grants a waiver or variance affecting the plans and/or exhibits submitted by the Applicant, this approval or the conditions attached to it, then the Applicant shall re-apply to this Board respecting the same and this Board shall have the right to view that issue as it relates to this approval and these conditions and modify and amend same, if appropriate.

3. In the event that any other required regulatory approval conflicts with the terms and conditions hereof, or materially alters the same, or the terms and conditions hereof are materially altered by any change in applicable law or regulation other than those municipal regulations for which change is prohibited by the Municipal Land Use Law (MLUL), or in the event Applicant or its successors or assigns construct or attempt to construct any improvement in conflict with or in violation of the terms of this approval, the Board hereby reserves the right to withdraw, amend or supplant the instant approval.

4. All construction, use and development of the property shall be in conformance with the plans approved herein, all representations of the Applicant and its witnesses during the public hearing, all exhibits introduced by the Applicant, and all terms and conditions of this resolution.

5. The Applicant shall pay all outstanding taxes, tax liens, application fees and technical review fees, as well as any inspection fees that may be required hereunder. The Applicant shall pay any additional fees or escrow deposits which may be due and owing within thirty (30) days of notification or this approval shall be deemed withdrawn.

6. All notes included in the approved plans, including notes required by this Resolution, shall be deemed conditions of approval having the same force and effect as conditions expressly set forth in this Resolution.

7. All conditions of approval shall be written on the site plans.

8. Applicant to comply with the review letters from Bowman Consulting dated August 29, 2017 except for Item #17.

9. Applicant shall comply with the recommendation in the Memo from Township Forrester John Linson dated October 4, 2017 which states: "I recommend that the Applicant be required to amend the landscape plans to provide for the restoration of the disturbed area within 75' of the property boundary."

10. Applicant to provide an Engineer's estimate of the cost of improvements for calculation of Engineering inspection fees.

11. Prior to beginning work Applicant shall request a pre-construction meeting with Township officials.

12. Applicant shall work with the Township Forrester regarding tree removal and replacement and shall plant not less than the number of trees removed, including additional replacement trees if additional trees within 75 ft. of a public roadway are removed.

13. Applicant shall not shovel snow onto Eagle Rock Avenue.

14. Applicant to comply with recommendations by the Township Fire Officials as they apply to the proposed improvements.

15. Applicant shall use commercially reasonable efforts to avoid tree removal to the extent possible when digging the trench for the new utility lines from Eagle Rock Avenue to the Clubhouse, and will detail this restriction on the site plans.

16. Applicant shall permanently maintain landscaping to preserve sight lines on both sides of the exit drive onto Eagle Rock Avenue, and revise the landscape plan to detail the required treatments at the exit driveway intersection with Eagle Rock Avenue.

17. Applicant shall provide lighting in the overflow parking area per the review and approval of the Board Engineer.

18. Applicant shall comply with fire lane widths and/or other requirements in the parking areas.

19. Applicant shall provide supervision for parking for large events.

20. Applicant shall install "Do Not Enter" and other appropriate signage in the parking areas subject to the review and approval of the Board Engineer.

21. Applicant to install markers along the exit driveway to Eagle Rock Avenue.

22. Applicant shall provide an "as-built" survey of the newly installed utilities.

Certified to be a true copy of the Resolution adopted on the 1st day of November, 2017.



Robin Miller, Secretary

Vote on the Action Taken by the Board

Board Member	Motion	Second	Aye	Nay	Abstain	Absent
Cardoza (2 nd Alt.)		*	*			
Eben			*			
Ghebremicael						*
Keigher			*			
Klein (Vice Chair)						*
McCartney			*			
Trenk						
Wegner (1 st Alt.)			*			
Weston			*			
Wilkes						
Bagoff (Chair)	*		*			

Vote on the Memorializing Resolution

Board Member	Motion	Second	Aye	Nay	Abstain	Absent
Cardoza (2 nd Alt.)			*			
Eben			*			
Ghebremicael						
Keigher			*			
Klein (Vice Chair)						
McCartney		*	*			
Trenk						
Wegner (1 st Alt.)						*
Weston			*			
Wilkes						
Bagoff (Chair)	*		*			

EXHIBIT B

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

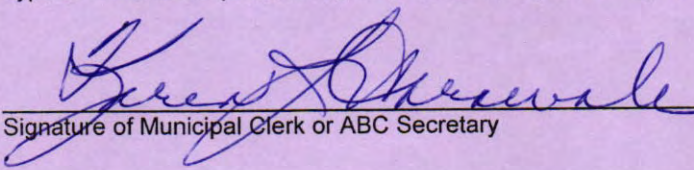
Date Denied ____/____/____

(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 \$ _____ NOT RENEWED

_____ [amount]

_____ SUSPENDED _____ REVOKED _____ CANCELLED

_____ (number of days)

_____ OTHER [explain] _____

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

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

Name of Individual _____

Last Name

First Name

Middle Initial

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

State _____ Court of Jurisdiction _____

Description of offense (specific charge) _____

Disposition (fine, penalty, etc.) _____

Nature of interest in entity to be licensed _____

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

Provide Agency Docket No. :[NN]- _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

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 _____ / _____ / _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING

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

Same
as file

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

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

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

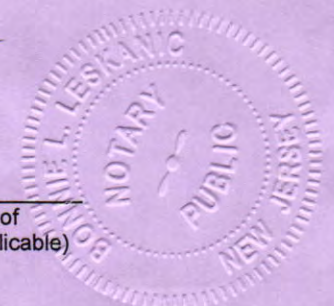
(Signature of Officer Administering Oath)

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 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 - _____

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 of it ☐ Yes ☐ No

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

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

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

☒ Yes ☐ 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 ____ / ____ / ____

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 N.J.S.A. 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 (N.J.S.A. 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 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:
Rock Spring 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: ☐

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 07 / 14 / 16

Date of second notice 07 / 21 / 16

- 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:

- 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 LICENSE?

☐ Yes ☐ No N/A

- 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 N/A

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

☐ Yes ☐ No N/A

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

☐ 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).

PLEASE TYPE OR PRINT ALL INFORMATION

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

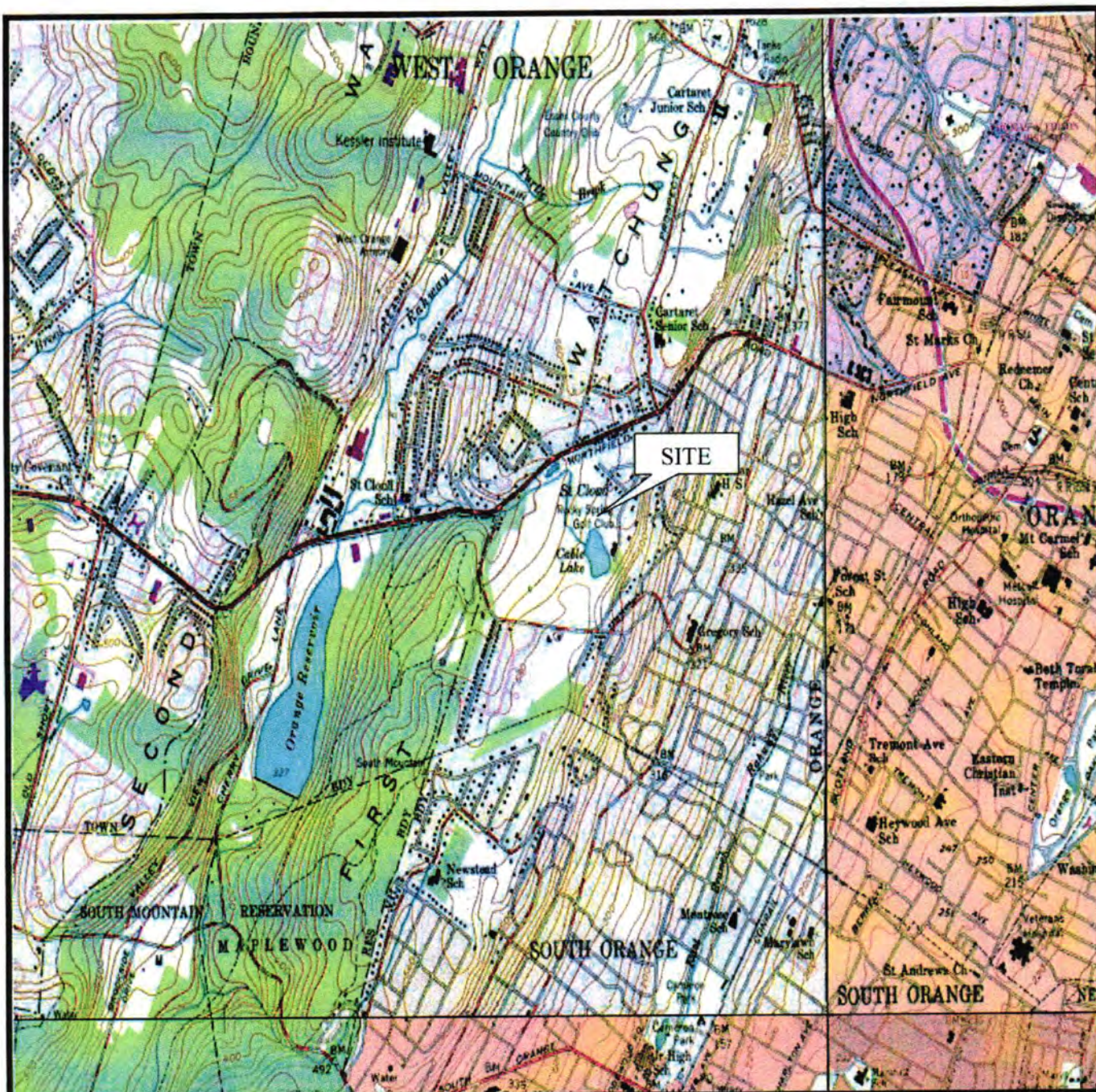


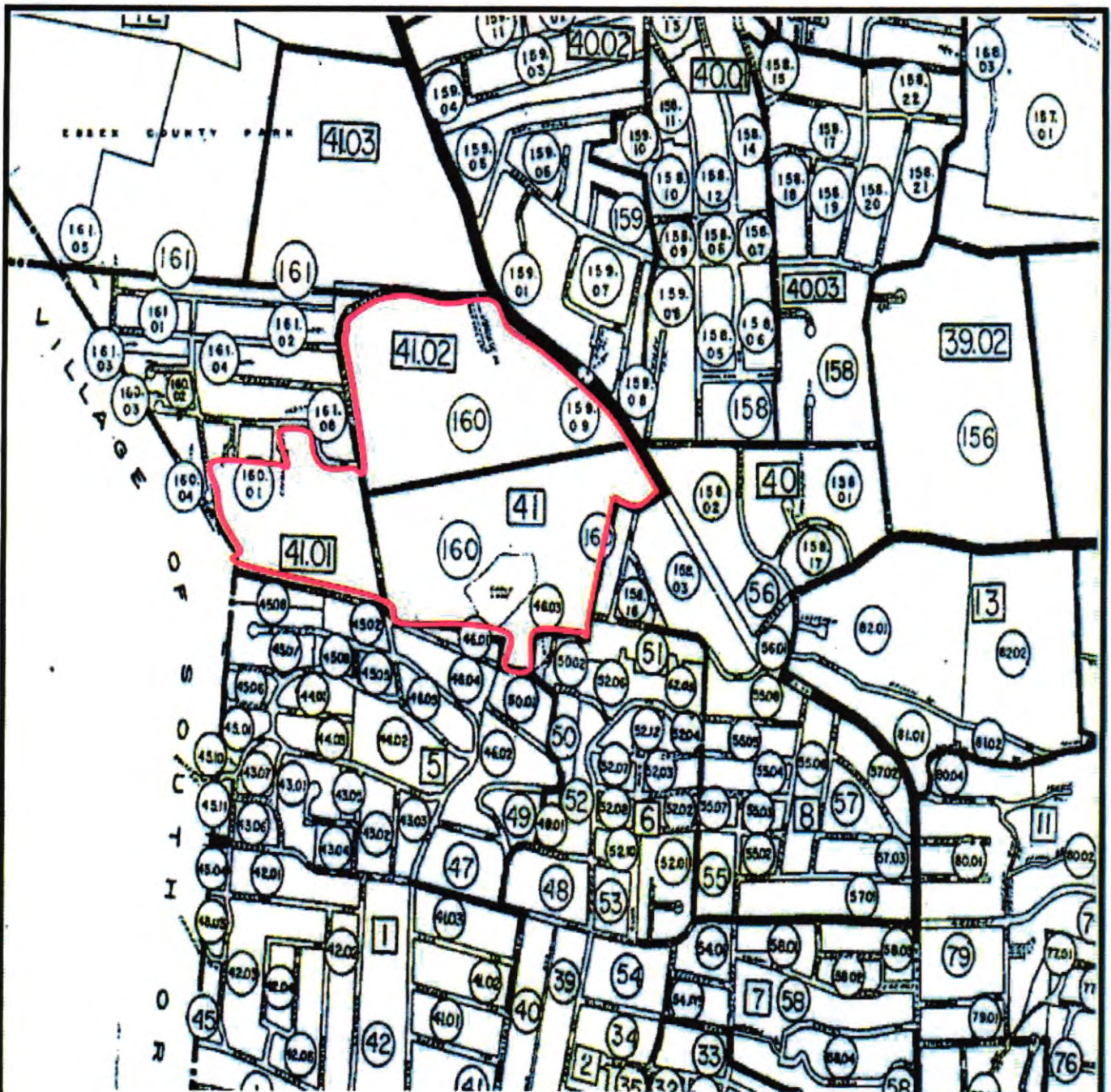
FIGURE 1: REGIONAL SITE LOCATION

**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

2012 - 2013 RENEWAL APPLICATION

APPLICATION
FOR 2012-2013

TR#: _____

FEE: _____

DATE: _____

STATE ASSIGNED LICENSE NUMBER
_____-_____-_____-_____

[For DIVISION use only _____]

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

RETAIL LIQUOR LICENSE APPLICATION

DATE APPLICATION FILED:

____/____/____

Action ID Code

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

CODE TYPE OF LICENSE (CHECK ONE)

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

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

OTHER

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

THIS APPLICATION IS FOR:

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

2020-33-027-002

ECHO LAKE COUNTRY CLUB

PO BOX 399
WESTFIELD NJ 07091 0399

This Area is Reserved

Municipal Fee \$ 2,000.00

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

State Fee \$ 200.00

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

Refund Amount \$ _____

Special Conditions Attached: _____ Yes X No

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

Signature of Municipal Clerk or ABC Secretary

TRANS NO: 12023432

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 002Application is made on behalf of: 5

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

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

7 = Limited Liability Company

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

Echo Lake Country Club

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

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

Street Address 515 Springfield AvenueMunicipality Westfield, New Jersey Zip 07090 - 0399Telephone Number of Business (908) 232 - 4141 E-Mail Address [REDACTED]

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

Street Address _____

P.O. Box # 399 Municipality Westfield State New JerseyZip 07091-0399 Telephone (908) 232 - 4141

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

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

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

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?

X Yes _____ No

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

_____/_____/_____

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

_____Yes _____ No

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

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

_____Yes _____ No

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

_____/_____/_____

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 002

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

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 3

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

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

3.2 BUILDING NO. 1 OF 3 TO BE LICENSED.

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

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

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

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

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? ☒ Yes ☐ 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 2020 - 33 - 027 - 002

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

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

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

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

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

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

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

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

xx Restaurant xx Applicant _____ Other

 Catering Applicant Other

_____ Hotel/Motel _____ Applicant _____ Other

_____ Amusements _____ Applicant _____ Other

 N.J. Lottery Applicant Other

_____ Grocery or Delicatessen _____ Applicant _____ Other

xx Other (specify) country club xx Applicant _____ Other

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

Business to be operated _____

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

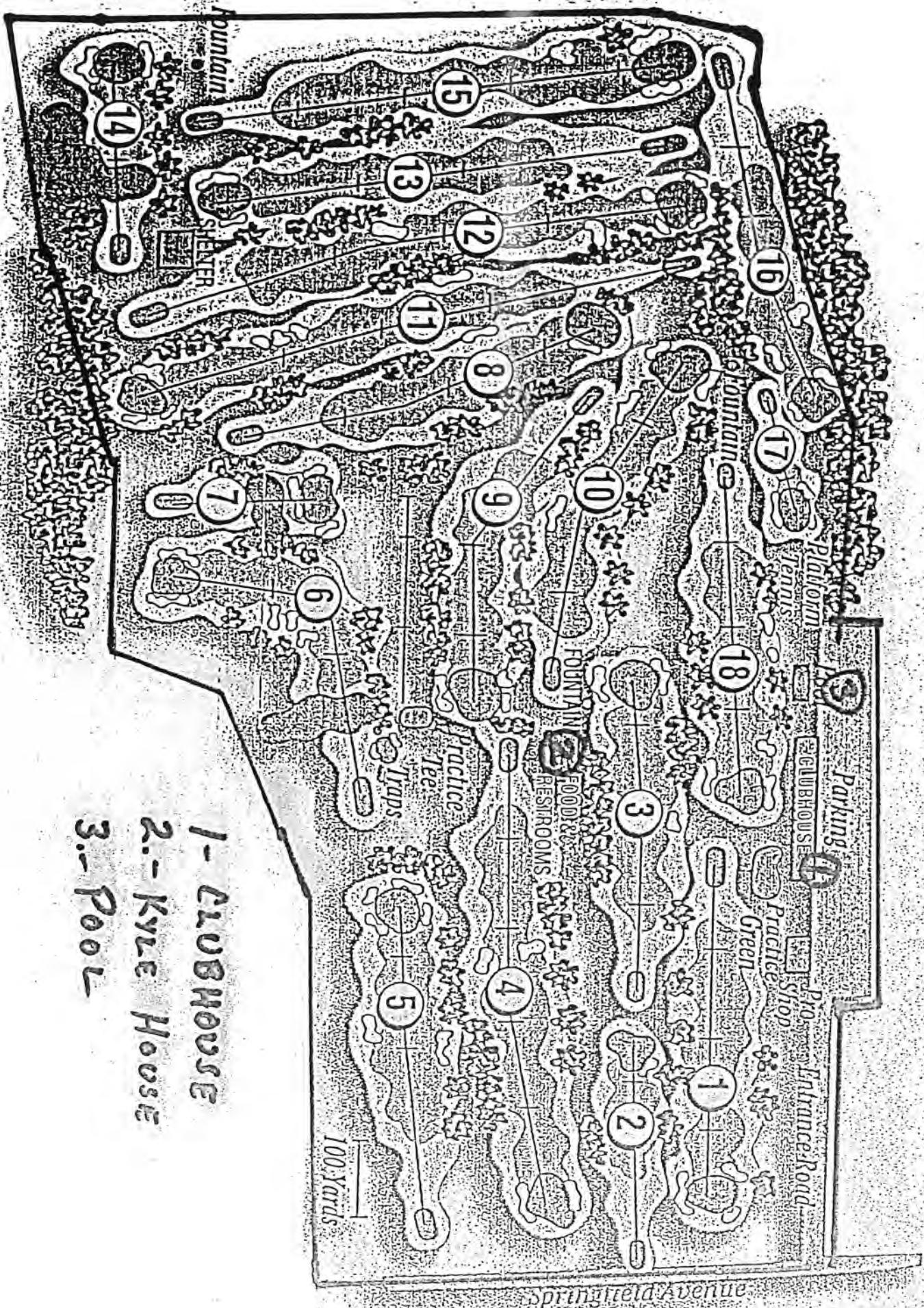
Street Address _____

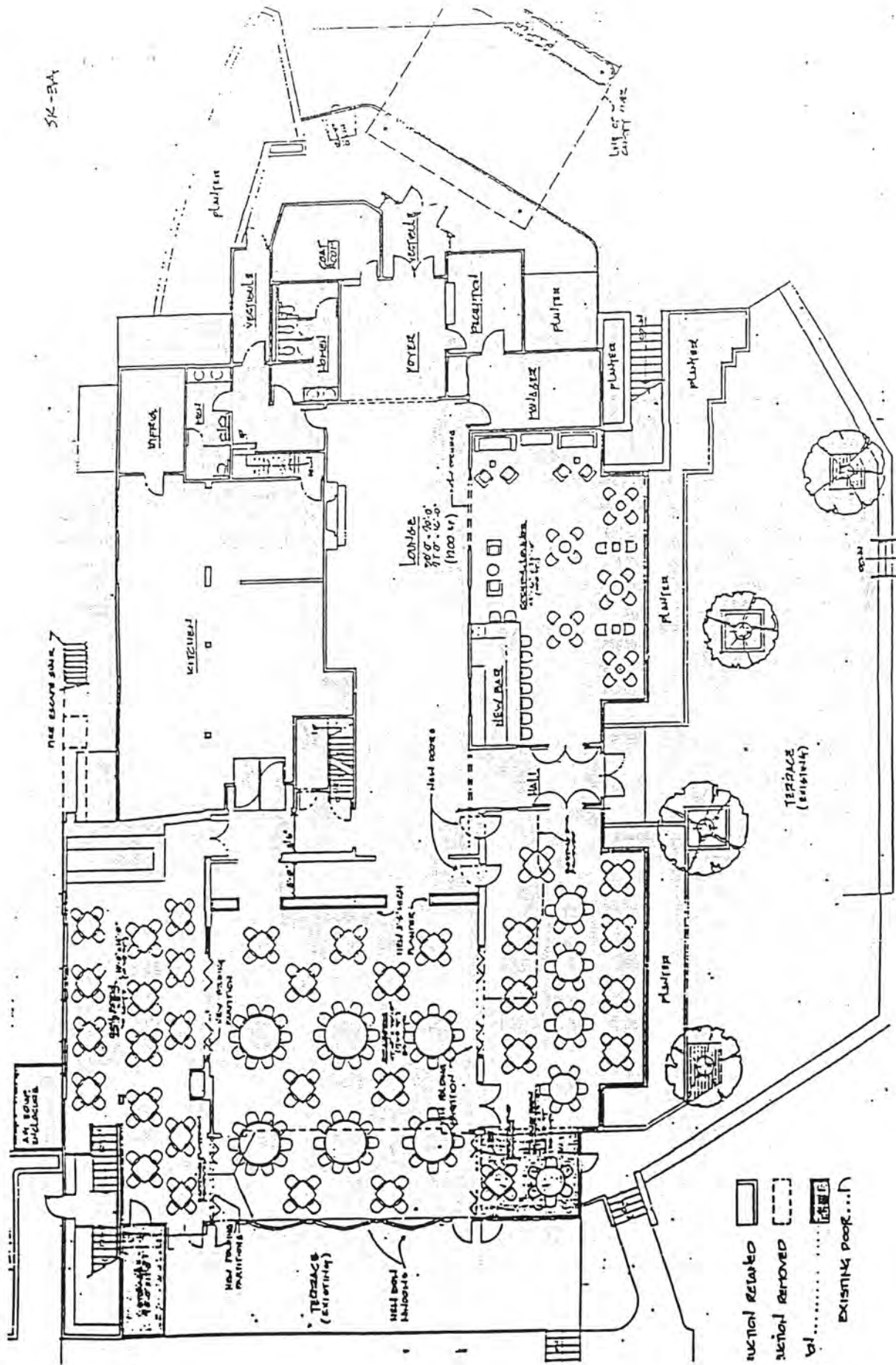
Number _____ Street Name _____

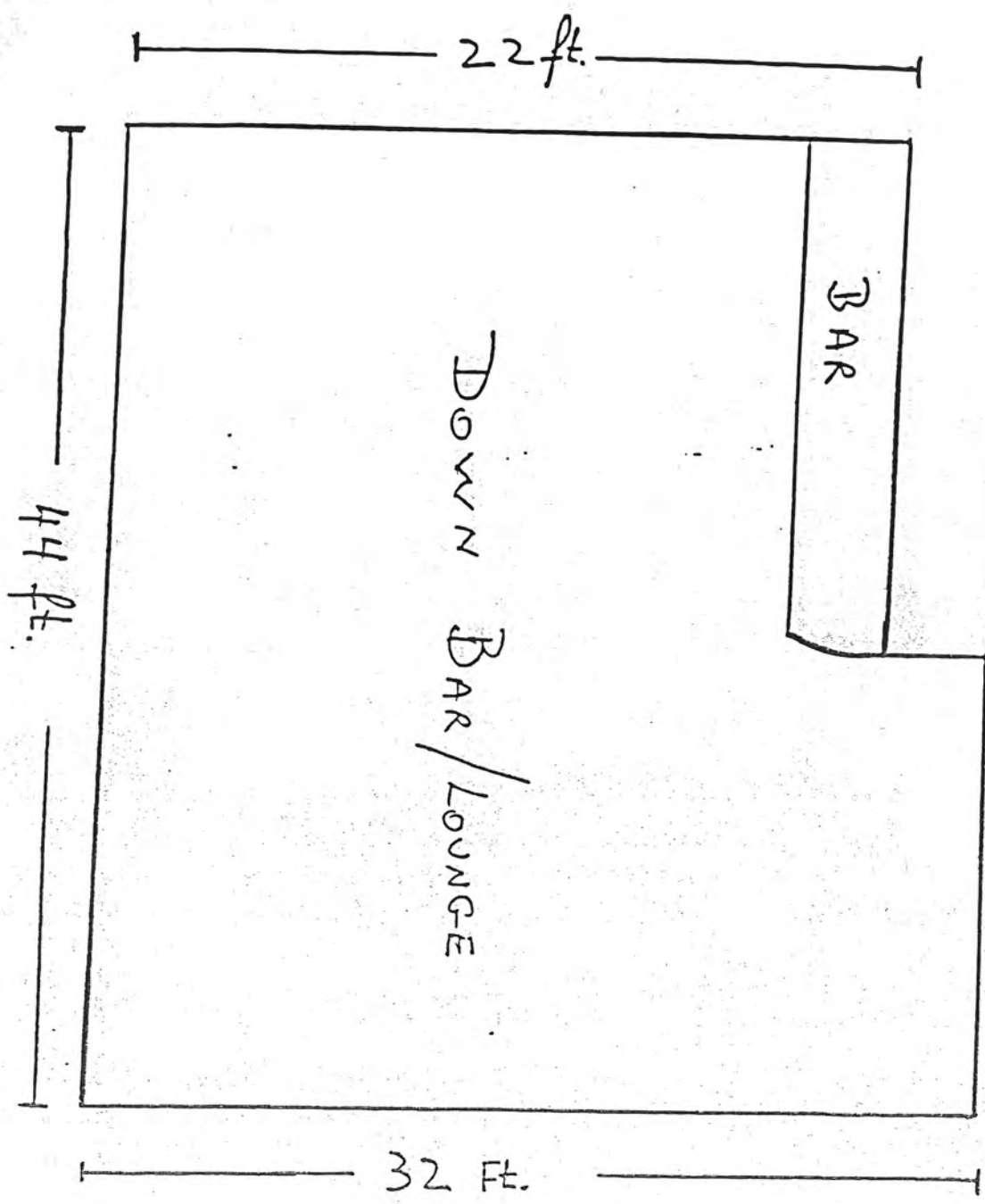
Municipality _____ State _____

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

Echo Lake South. 11.1







Entrance / Exit

STATE ASSIGNED LICENSE NUMBER 2020 33 027 002

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

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 3

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

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

3.2 BUILDING NO. 2 OF 3 TO BE LICENSED.

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

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

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

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

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? ☒ Yes ☐ No

IF "YES," IS THERE A MORTGAGE ON THE BUILDING? ☐ Yes ☒ No

DOES THE APPLICANT LEASE THE BUILDING? ☐ Yes ☒ No

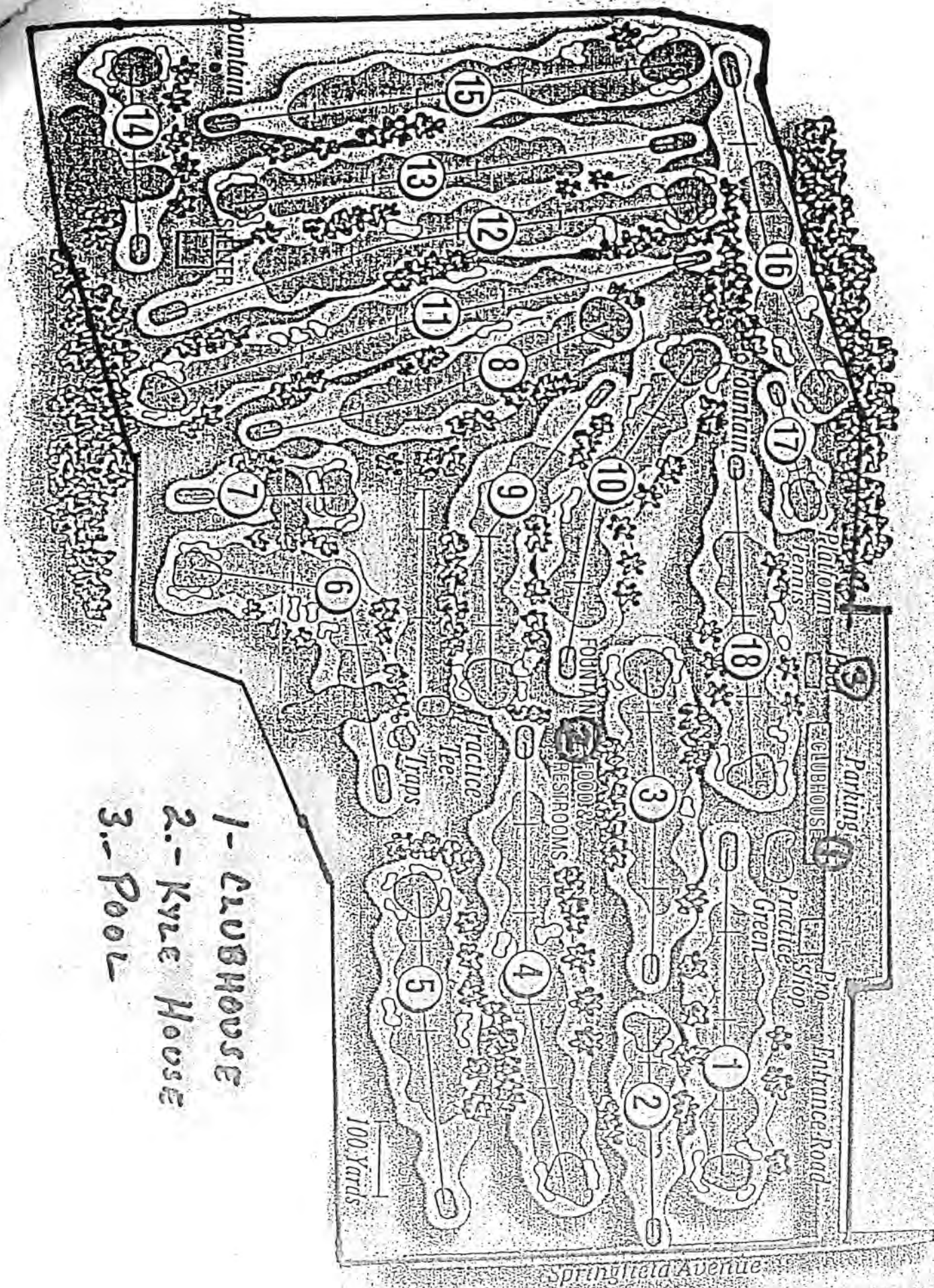
If there is a mortgage on the property, answer question 3.8. If the licensed premise is leased, answer question 3.9.

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

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

3.9 LANDLORD (HOLDER OF LEASE):

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



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

Echo Lake South 11.1

GOLF ASSOCIATES
 ASHVILLE, NC
 (800) 438-6726

Kyle House

2952

Cornier

Men's
Room

Wid's
Room

438

Pcho Lake C.C.

Kyle House

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 002

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

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 3

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

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

3.2 BUILDING NO. 3 OF 3 TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? X 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	<u> </u> Yes <u> </u> No	All of it <u> </u> Yes <u> </u> No
1 st floor	<u> </u> Yes <u> </u> No	All of it <u> </u> Yes <u> </u> No
2 nd floor	<u> </u> Yes <u> </u> No	All of it <u> </u> Yes <u> </u> No
3 rd floor	<u> </u> Yes <u> </u> No	All of it <u> </u> Yes <u> </u> 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?

X Yes No

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

 Yes X 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? X Yes No

IF "YES," IS THERE A MORTGAGE ON THE BUILDING? Yes X No

DOES THE APPLICANT LEASE THE BUILDING? Yes X No

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

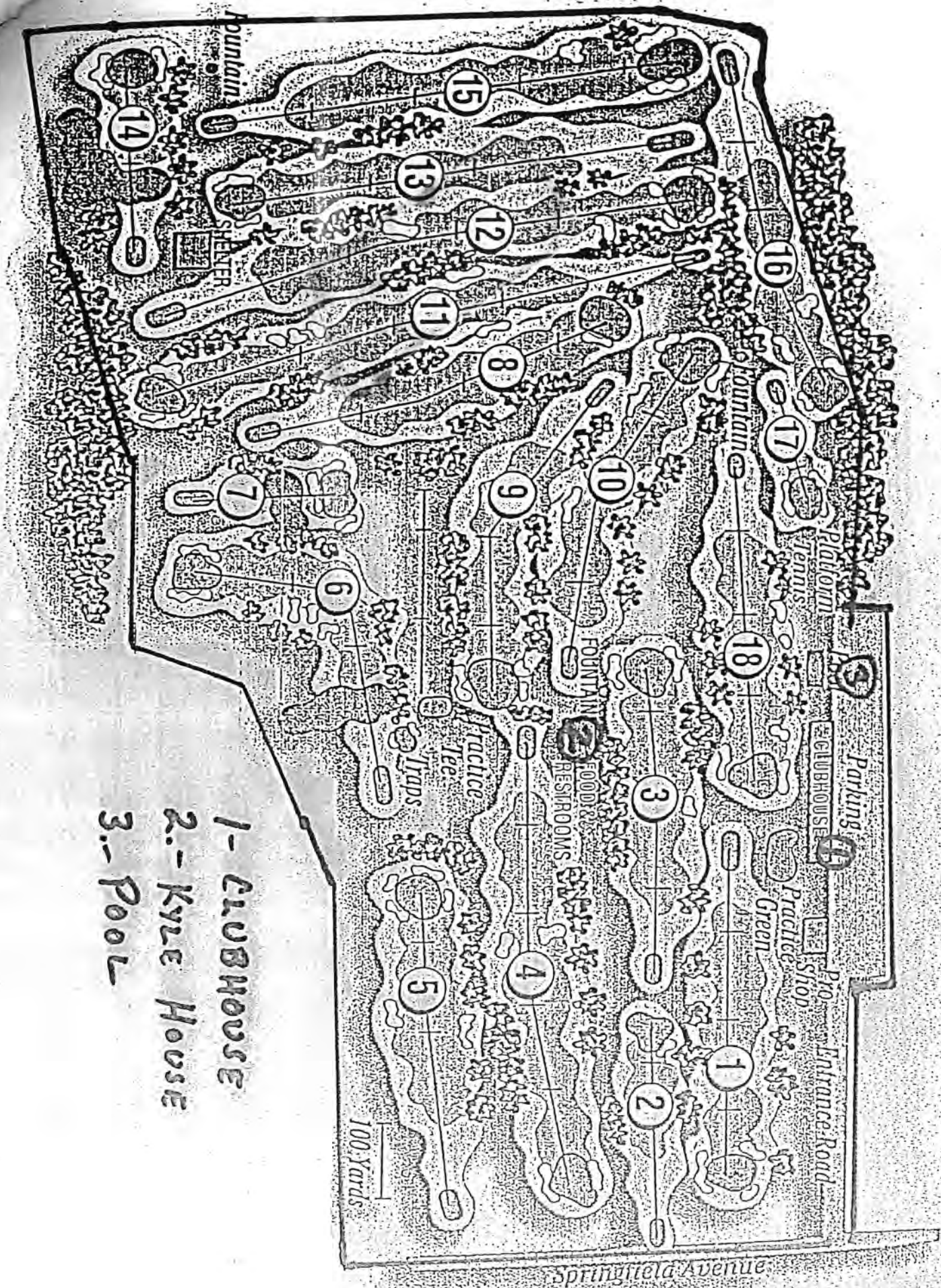
(Last Name, First Name, Middle Initial or Corporate Name)
Street Address _____
Number _____ Street Name _____
P.O. Box # _____ Municipality _____ State _____
Zip _____ - _____

3.9 LANDLORD (HOLDER OF LEASE):

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

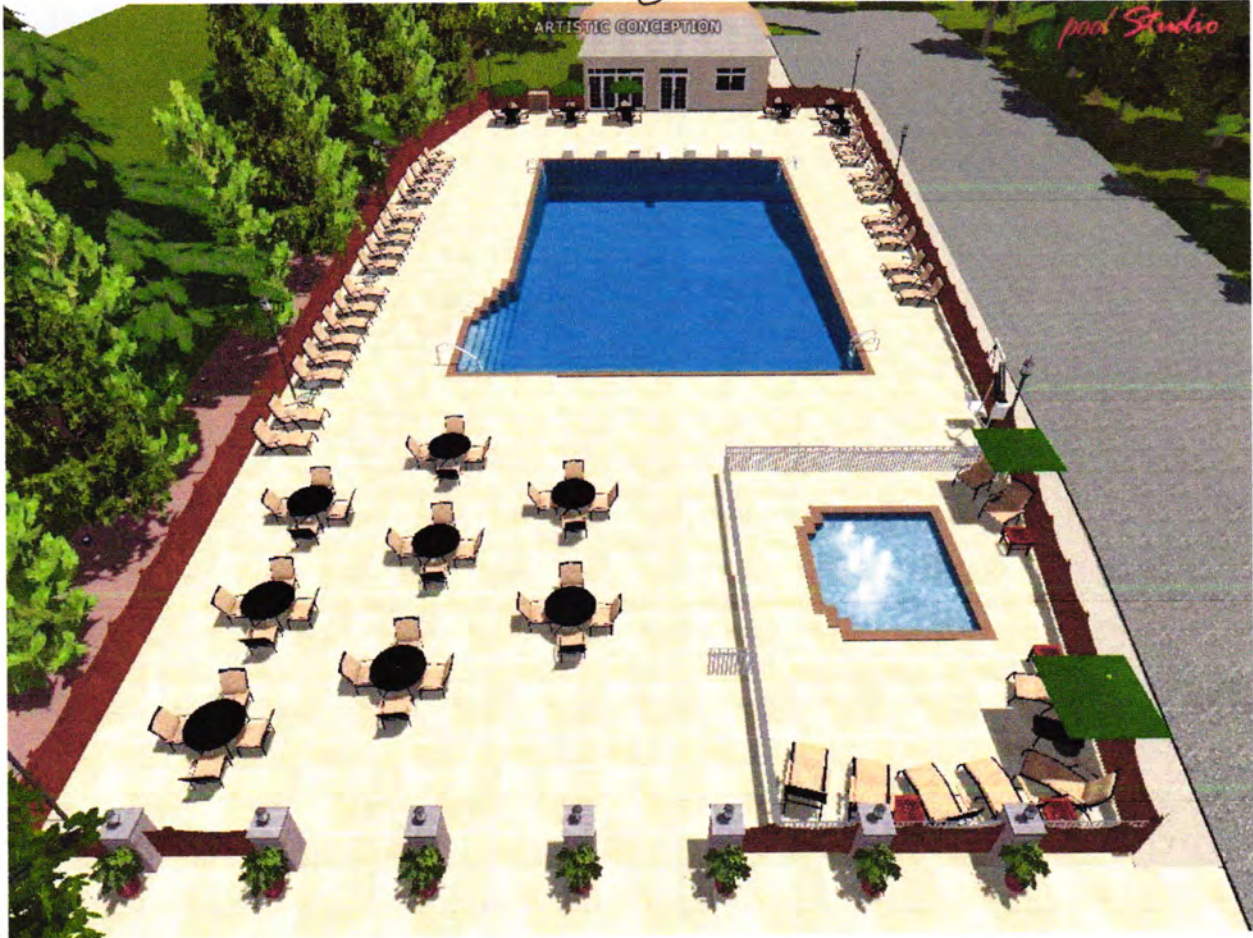
Echo Lake Country Club

GOLF ASSOCIATES
ASHEVILLE, NC
4001 438-8726



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

Pool Snook Bar



Pool Snook Bar

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 002

ALL APPLICANTS ANSWER THE FOLLOWING

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

____ Yes XX No

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

Name of individual _____
Last Name First Name Middle Initial

Title of position held _____

Name of Employing Agency _____

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

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

Name of Individual _____
Last Name First Name Middle Initial

Title of Office _____

Municipality _____

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

____ Yes XX No

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

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

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

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

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

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Type of Business _____

STATE ASSIGNED LICENSE NUMBER

2020 33 027 002

ALL APPLICANTS ANSWER THE FOLLOWING

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

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

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

Unit of Government which denied License or Permit: _____

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

Reason for Denial _____

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

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

Name of Entity _____

Last Name

First Name

Middle Initial

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

Unit of Government which denied License or Permit: _____

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

Reason for Denial _____

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

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

Name of Individual _____

Last Name

First Name

Middle Initial

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

PENALTY WAS IMPOSED BY: _____

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

PENALTY CONSISTED OF:

____ FINED \$ ____ NOT RENEWED
[amount]____ SUSPENDED ____ REVOKED ____ CANCELLED
(number of days)

____ OTHER [explain] _____

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

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

Name of Individual _____

Last Name

First Name

Middle Initial

Date of Birth ____ / ____ / ____

Conviction Date ____ / ____ / ____

State ____ Court of Jurisdiction _____

Description of offense (specific charge) _____

Disposition (fine, penalty, etc.) _____

Nature of interest in entity to be licensed _____

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

Provide Agency Docket No. :[NN]- _____

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 002

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

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

Yes **xx** No

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

A. License Number _____ - _____ - _____ - _____

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

Relationship to Applicant _____

B. License Number _____ - _____ - _____ - _____

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

Relationship to Applicant _____

C. License Number _____ - _____ - _____

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

Relationship to Applicant _____

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

Yes XX No

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

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

STATE ASSIGNED LICENSE NUMBER _____

ALL APPLICANTS ANSWER THE FOLLOWING

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

____ Yes XX No

- 8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, FOR A HOTEL/MOTEL AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF R.S. 33:1-12.20?

____ Yes XX No

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

CHECK ONE: ____ 50 ROOMS ____ 100 ROOMS

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

IF THE ANSWER IS "YES," CHECK ONE OF THE FOLLOWING: ____ HOTEL/MOTEL

____ RESTAURANT ____ BOWLING ALLEY ____ INTERNATIONAL AIRPORT

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

- 8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED _____ - _____ - _____

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

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

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

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

Street Address _____

Number

Street Name

Municipality _____ New Jersey

Zip _____ - _____

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

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

Date of first notice ____ / ____ / ____

Date of second notice ____ / ____ / ____

- 8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE _____

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

Date of notice ____ / ____ / ____

Name of newspaper publishing notice _____

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

- 8.10 HAS THE CLUB BEEN IN ACTIVE OPERATION IN THE STATE OF NEW JERSEY FOR AT LEAST THREE YEARS CONTINUOUSLY IMMEDIATELY PRIOR TO THE SUBMISSION OF ITS APPLICATION FOR A LICENSE?

XX Yes ____ No

- 8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCHISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?

____ Yes XX No

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

XX Yes ____ No

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

XX Yes ____ No

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 002

ALL APPLICANTS ANSWER THE FOLLOWING

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

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

Name of Individual (Last Name First) or Corporation

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

Social Security Number - - OR

NJ Sales Tax Certificate of Authority Number

Street Address

Number Street Name
P.O. Box # Municipality State

Zip -

Describe Nature of Interest

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

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

Name of Individual (Last Name First) or Corporation

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

Social Security Number - - OR

NJ Sales Tax Certificate of Authority Number

Street Address

Number Street Name
P.O. Box # Municipality State

Zip -

Describe Nature of Interest

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

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

Name of Individual (Last Name First) or Corporation

Last Name First Name Middle Initial

Social Security Number - - OR

NJ Sales Tax Certificate of Authority Number

Street Address

Number Street Name
P.O. Box # Municipality State

Zip -

Describe Nature of Interest

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 001

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

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

10.3 NJ Sales Tax Certificate of Authority Number

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

Street Address
Number Street Name

Municipality New Jersey

Zip -

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

10.6 DATE CHARTERED OR INCORPORATED STATE

10.7 CERTIFICATE OF INCORPORATION NUMBER

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ☐ Yes ☐ No10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? ☐ Yes ☒ No

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

Date of revocation / /

Beginning date / /

Ending date / /

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

Name Echo Lake Country Club
(Last Name, First Name, Middle Initial or Corporation)Street Address 515 Springfield Avenue
Number Street NameMunicipality Westfield New JerseyZip 07090 - Telephone Number (908) 232 - 4141
Area Exchange Number

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

STATE ASSIGNED LICENSE NUMBER 2020 33. 027. 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

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

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

Echo Lake Country ClubTO ADD

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

FraitesChristopherG.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

()

Area

Exchange

Number

% of business owned or controlled _____ Number of shares _____

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

Name of individual (last name first):

Fusco, Jr.ClaudeE.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

()

Area

Exchange

Number

% of business owned or controlled _____ Number of shares _____

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

STATE ASSIGNED LICENSE NUMBER _____

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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TO ADD

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

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

Centrella

Robert

Last Name
Home Street Address

Middle Initial

Number

Street Name

P.O. Box #

Municipality

State

Zip

E-Mail Address

Social Security Number

Date of Birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

% of business owned or controlled

Number of shares

0

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

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

George Bruce

Gillie

Last Name
Home Street Address

Middle Initial

Number

Street Name

P.O. Box #

Municipality

State

Zip

E-Mail Address

Social Security Number

Date of Birth

Home telephone number

Area

Exchange

Number

Office telephone number ()

Area

Exchange

Number

% of business owned or controlled

Number of shares

0

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

STATE ASSIGNED LICENSE NUMBER 2020 33. 027. 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

Echo Lake Country ClubTO ADD

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

TriarsiJosephJ.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

()

Area

Exchange

Number

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

Name of individual (last name first):

AllenStephenI.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Home telephone number

Area

Exchange

Number

Office telephone number

()

Area

Exchange

Number

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

STATE ASSIGNED LICENSE NUMBER 2020 33 027 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

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

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

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0 Number of shares 0Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director☒ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver☐ Beneficiary ☐ Other (specify) _____TO ADD

Name of individual (last name first):

Parker Jr.WallaceP.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

()

Area

Exchange

Number

% of business owned or controlled 0 Number of shares 0Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder☐ President ☐ Vice-President ☒ Secretary ☐ Treasurer ☐ Director☒ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver☐ Beneficiary ☐ Other (specify) _____

STATE ASSIGNED LICENSE NUMBER 2020 33 027 001

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

Echo Lake Country ClubTO ADD

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

BondScottS.

Last Name

First

Middle Initial

Home Street Address

Number

Municipality

State

P.O. Box #

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

()

Area

Exchange

Number

% of business owned or controlled _____ Number of shares _____

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

Name of individual (last name first):

BrownDavid

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

()

Area

Exchange

Number

% of business owned or controlled _____ Number of shares _____

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

STATE ASSIGNED LICENSE NUMBER 2020 33 027 002

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

Echo Lake Country ClubTO ADD

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

MolowaDavidT.

Last Name

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

()

Area

Exchange

Number

% of business owned or controlled _____ Number of shares _____

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

Name of individual (last name first):

LiebermanDavid

Last Name

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

()

Area

Exchange

Number

Office telephone number

()

Area

Exchange

Number

% of business owned or controlled _____ Number of shares _____

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

STATE ASSIGNED LICENSE NUMBER 2020 33 027 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

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

Echo Lake Country Club

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

NowickiDavidTO ADDE.

Last Name

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

()

Area

Exchange

Number

% of business owned or controlled _____ Number of shares _____

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

☒ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director☒ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

TO ADD

Name of individual (last name first):

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

()

Area

Exchange

Number

Office telephone number

()

Area

Exchange

Number

% of business owned or controlled _____ Number of shares _____

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

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

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

_____ Beneficiary _____ Other (specify) _____

STATE ASSIGNED LICENSE NUMBER

2020 33 027 002

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

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TO ADD

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

TO ADD

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

Maus Richard
 Last Name First Name Middle Initial
 Home Street Address [REDACTED]
 Number Street Name
 P.O. Box # Municipality [REDACTED] State [REDACTED]
 Zip [REDACTED] E-Mail Address [REDACTED]
 Social Security Number [REDACTED] Date of Birth [REDACTED]
 Home telephone number [REDACTED]
 Area Exchange Number
 Office telephone number [REDACTED]
 Area Exchange Number
 % of business owned or controlled 0 Number of shares 0
 Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder
☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director
☒ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver
☐ Beneficiary ☐ Other (specify) _____

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

Walsh Michael C.
 Last Name First Name Middle Initial
 Home Street Address [REDACTED]
 Number Street Name
 P.O. Box # Municipality [REDACTED] State [REDACTED]
 Zip [REDACTED] E-Mail Address [REDACTED]
 Social Security Number [REDACTED] Date of Birth [REDACTED]
 Home telephone number ([REDACTED])
 Area Exchange Number
 Office telephone number ([REDACTED])
 Area Exchange Number
 % of business owned or controlled 0 Number of shares 0
 Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder
☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director
☒ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver
☐ Beneficiary ☐ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 027 - 001

AFFIDAVIT

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

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

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

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. David E. Nowicki of Echo Lake Country Club
 (President/Vice-President) (Corporation or Club Name)

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

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)

Attestation by Corporate Secretary

(Partnership Name)

(Signature of Partner)

Attest:

Echo Lake Country Club

Corporate Name

(Signature of Partner)

Secretary

By

(Signature of Corporate President or Vice President)

(Signature of Partner)

Signature

(Signature of Partner)

Affix Corporate Seal

Sworn to and subscribed before me

this 15th day of May 2012

AFFIDAVIT MUST BE SIGNED HERE

(Signature of Officer Administering Oath)

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

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

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

Amendment Application Summary - Person to Person Transfer - Retail Licenses

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

Licensee Information

Licensee: HGC BASKING RIDGE LLC
Mailing Address:

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

Previously

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

Establishment Information

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

Previously

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

185 MADISONVILLE ROAD
BASKING RIDGE, NJ 07920
USA

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

Amendment Application Summary - Person to Person Transfer - Retail Licenses

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

License Information

Previously

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

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

07/01/2022

Last Major Application Questions

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

☒ Yes ☐ No

2: DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

J#551211

TR#: _____

FEE: _____

DATE: _____

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

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

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

DATE APPLICATION FILED:

1802 - 33 - 005 - 011 012

04 / 08 / 2022

[For DIVISION use only _____]

CODE TYPE OF LICENSE (CHECK ONE)

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

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

OTHER

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

THIS APPLICATION IS FOR:

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

J# 50 7742
R# 263367

This Area is Reserved for Municipal Use

Municipal Fee \$ 240.00

Effective Date _____ / _____ / _____

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

State Fee \$ 200.00

Date Denied _____ / _____ / _____

(As Stated in Resolution)

Refund Amount \$ _____

Special Conditions Attached: _____ Yes _____ No

BULK SALE

J# 507745

R# 263369

RECEIVED
2022 APR 19 P 3:22
ALCOHOLIC BEVERAGE
CONTROL

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

Rhonda Pisano
Signature of Municipal Clerk or ABC Secretary

10/4/22 AP

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

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

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

7 = Limited Liability Company

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

HGC Basking Ridge, LLC

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

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

Street Address 185 Madisonville Road

Number

Street Name

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

Area

Exchange

Number

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

Street Address 13873 Park Center Road, Suite 203N

Number

Street Name

P.O. Box # _____

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

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

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

Basking Ridge Country Club

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

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?

✓ Yes _____ No

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

_____/_____/_____

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

_____/_____/_____ Yes _____ No

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

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

_____/_____/_____ Yes _____ No

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

_____/_____/_____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 4

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

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

✓ 3.2 BUILDING NO. 1 OF 4 TO BE LICENSED. **MAIN BUILDING**3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

3.4 Basement ☐ Yes ☐ No All of it ☐ Yes ☐ No1st floor ☐ Yes ☐ No All of it ☐ Yes ☐ No2nd floor ☐ Yes ☐ No All of it ☐ Yes ☐ No3rd floor ☐ Yes ☐ No All of it ☐ Yes ☐ No

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

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

✓ 3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? ☒ Yes ☐ No

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

☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? ☒ Yes ☐ NoIF "YES," IS THERE A MORTGAGE ON THE BUILDING? ☒ Yes ☐ NoDOES THE APPLICANT LEASE THE BUILDING? ☐ Yes ☒ No

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

✓ 3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Basking Ridge Country Club, Inc.

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

Street Address 135 Stonehouse Road

Number

Street Name

P.O. Box # _____

Municipality

Basking RidgeState NJZip 07920 - _____

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 4

If more than one building is to be included under this license, a separate page number three is to be submitted covering each building.

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

3.2 BUILDING NO. 2 OF 4 TO BE LICENSED. **HALFWAY HOUSE**3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

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

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

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

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? ☒ Yes ☐ No3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? ☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? ☒ Yes ☐ No
IF "YES", IS THERE A MORTGAGE ON THE BUILDING? ☒ Yes ☐ No
DOES THE APPLICANT LEASE THE BUILDING? ☐ Yes ☒ No

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Basking Ridge Country Club, Inc.

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

Street Address 135 Stonehouse Road

Number

Street Name

P.O. Box # _____

Municipality

Basking RidgeState NJZip 07920 - _____

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 4

If more than one building is to be included under this license, a separate page number three is to be submitted covering each building.

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

3.2 BUILDING NO. 3 OF 4 TO BE LICENSED. **POOL HOUSE CONCESSIONS**3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

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

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

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

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? ☒ Yes ☐ No3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? ☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? ☒ Yes ☐ NoIF "YES", IS THERE A MORTGAGE ON THE BUILDING? ☒ Yes ☐ NoDOES THE APPLICANT LEASE THE BUILDING? ☐ Yes ☒ No

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Basking Ridge Country Club, Inc.

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

Street Address 135 Stonehouse Road

Number

Street Name

P.O. Box # _____ Municipality Basking Ridge State NJZip 07920 - _____

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 4

If more than one building is to be included under this license, a separate page number three is to be submitted covering each building.

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

3.2 BUILDING NO. 4 OF 4 TO BE LICENSED. **TENT/PAVILION**3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

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

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

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

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? ☒ Yes ☐ No3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? ☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? ☒ Yes ☐ No

IF "YES", IS THERE A MORTGAGE ON THE BUILDING? ☒ Yes ☐ No

DOES THE APPLICANT LEASE THE BUILDING? ☐ Yes ☒ No

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Basking Ridge Country Club, Inc.

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

Street Address 135 Stonehouse Road

Number

Street Name

P.O. Box # _____

Municipality

Basking RidgeState NJZip 07920 - _____

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

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

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

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

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

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

Business to be operated N/A

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

Street Address _____

Number _____ Street Name _____

Municipality _____ State _____

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

ALL APPLICANTS ANSWER THE FOLLOWING

- Yes ✓ No

Name of individual N/A

Title of position held _____

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

Name of Individual N/A

Title of Office _____

Municipality _____

- _____ Yes ✓ No

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

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

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Type of Business _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

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

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

Unit of Government which denied License or Permit: N/A

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

Reason for Denial _____

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

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

Name of Entity N/A

Last Name	First Name	Middle Initial
-----------	------------	----------------

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

Unit of Government which denied License or Permit: _____

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

Reason for Denial _____

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

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

Name of Individual N/A

Last Name	First Name	Middle Initial
-----------	------------	----------------

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

PENALTY WAS IMPOSED BY: _____
[Indicate whether by Division of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

_____ FINED \$ _____ [amount]	_____ NOT RENEWED
_____ SUSPENDED _____ (number of days)	_____ REVOKED _____ CANCELLED
_____ OTHER [explain] _____	

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

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

Name of Individual N/A

Last Name	First Name	Middle Initial
-----------	------------	----------------

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

State _____ Court of Jurisdiction _____

Description of offense (specific charge) _____

Disposition (fine, penalty, etc.) _____

Nature of interest in entity to be licensed _____

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

Provide Agency Docket No.: [NN]-_____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

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

☒ Yes ☐ No

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

A. License Number 2013 - 33 - 013 - 004

Name HGC Shackamaxon, LLC (Scotch Plains)

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

Relationship to Applicant Sister Company

B. License Number 1022 - 33 - 001 - 005

Name HGC Stanton Ridge, LLC (Readington Township)

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

Relationship to Applicant Sister Company

C. License Number _____ - _____ - _____ - _____

Name _____

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

Relationship to Applicant _____

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

☐ Yes ☒ No

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

Name _____

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

ALL APPLICANTS ANSWER THE FOLLOWING

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

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

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING

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

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

Name of Individual (Last Name First) or Corporation

N/A

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

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

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

P.O. Box # _____ Number _____ Street Name _____ 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 _____

P.O. Box # _____ Number _____ Street Name _____ 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 _____

P.O. Box # _____ Number _____ Street Name _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

HGC BASKING RIDGE, LLC

Organization Chart



PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

10.1 Name or corporation HGC Basking Ridge, LLC10.2 Street address of home office 13873 Park Center Road, Suite 203NMunicipality Herndon Number _____ Street Name _____State VA Zip 2017110.3 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

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

☐ Yes ☒ No

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

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

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

Name Sherman, Esq., Douglas J.

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

Street Address 425 Eagle Rock Avenue, Suite 200

Number _____ Street Name _____

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

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

SEE ATTACHED ORGANIZATION CHART

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

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

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

HGC Basking Ridge, LLC

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

BurnettMarkA.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0%

Number of shares

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

Name of individual (last name first):

OliverJamesM.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0%

Number of shares

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

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

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

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

HGC Basking Ridge, LLC

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

HGC Holdings III, LLC

Last Name First Middle Initial
 Home Street Address 100 St. Paul Street, Suite 800
 Number Street Name
 P.O. Box # Municipality Denver State CO
 Zip 80206
 Social Security number Date of birth ____ / ____ / ____
 Home telephone number (____) ____ - ____
 Area Exchange Number
 Office telephone number (____) 720 284 - 6400
 Area Exchange Number
 % of business owned or controlled 100% Number of shares ____
 Check position that applies: ____ Sole owner ____ Partner ____ Stockholder
 ____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director
 ____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver
 ____ Beneficiary ☒ Other (specify) Member

Name of individual (last name first):

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

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

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

Street Address N/A Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

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

Name N/A

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

Street Address _____

Number _____ Street Name _____

Municipality _____ New Jersey

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

Area Exchange Number

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

SEE ATTACHED ORGANIZATION CHART

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

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

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

HGC Holdings III, LLC

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

BurnettMarkA.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0%

Number of shares

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

Name of individual (last name first):

OliverJamesM.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0%

Number of shares

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

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

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

HGC Holdings III, LLC

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

WatfordEileenM.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0%

Number of shares

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

Name of individual (last name first):

NewburgerMartinJ.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0%

Number of shares

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

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

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

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

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

HGC Holdings III, LLC

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

Mohapp

Michael

L.

Last Name

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0%

Number of shares

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

Name of individual (last name first):

Chang

Christopher

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0%

Number of shares

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

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

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

HGC Holdings III, LLC

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

HGC Holdings, LLC

Last Name First Middle Initial
 Home Street Address 100 St. Paul Street, Suite 800
 Number Street Name
 P.O. Box # Municipality Denver State CO
 Zip 80206
 Social Security number Date of birth ____/____/____
 Home telephone number (____) ____-____-____
 Area Exchange Number
 Office telephone number (____) 720 284 6400
 Area Exchange Number
 % of business owned or controlled 100% Number of shares ____
 Check position that applies: ____ Sole owner ____ Partner ____ Stockholder
 ____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director
 ____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver
 ____ Beneficiary ☒ Other (specify) Member

Name of individual (last name first):

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

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

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

Street Address N/A Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

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

Name N/A

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

Street Address _____

Number _____ Street Name _____

Municipality _____ New Jersey

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

Area Exchange Number

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

SEE ATTACHED ORGANIZATION CHART

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

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

HGC Holdings, LLC

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

✓ Burnett Mark A.
Last Name First Middle Initial
Home Street Address _____
Number _____ Street Name _____
P.O. Box # _____ Municipality _____ State _____
Zip _____
Social Security number _____ Date of birth _____
Home telephone number _____
Area _____ Exchange _____ Number _____
Office telephone number _____
Area _____ Exchange _____ Number _____
% of business owned or controlled 0% Number of shares _____
Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
_____ President _____ Vice-President _____ Secretary _____ Treasurer ✓ _____ Director
_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
_____ Beneficiary _____ Other (specify) _____

Name of individual (last name first):

✓ Oliver James M.
Last Name First Middle Initial
Home Street Address _____
Number _____ Street Name _____
P.O. Box # _____ Municipality _____ State _____
Zip _____
Social Security number _____ Date of birth _____
Home telephone number _____
Area _____ Exchange _____ Number _____
Office telephone number _____
Area _____ Exchange _____ Number _____
% of business owned or controlled 0% Number of shares _____
Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director
_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
_____ Beneficiary ✓ _____ Other (specify) Chief Operating Officer

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

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

HGC Holdings, LLC

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

☒ Watford Eileen M.
Last Name First Middle Initial

Home Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____

Social Security number _____ Date of birth _____

Home telephone number _____
Area Exchange Number

Office telephone number _____
Area Exchange Number

% of business owned or controlled 0% Number of shares _____

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

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

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

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

Name of individual (last name first):

☒ Newburger Martin J.
Last Name First Middle Initial

Home Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State CO

Zip _____

Social Security number _____ Date of birth _____

Home telephone number _____
Area Exchange Number

Office telephone number _____
Area Exchange Number

% of business owned or controlled 0% Number of shares _____

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

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

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

_____ Beneficiary _____ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

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

HGC Holdings, LLC

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

MohappMichaelL.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

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

Name of individual (last name first):

ChangChristopher

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State CO

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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HGC Holdings, LLC

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

Steele HGC Investment, LLC

Last Name First Middle Initial
 Home Street Address 100 St. Paul Street, Suite 800
 Number Street Name
 P.O. Box # Municipality Denver State CO
 Zip 80206
 Social Security number Date of birth ____/____/____
 Home telephone number (____) ____-____
 Area Exchange Number
 Office telephone number (____) ____-____
 Area Exchange Number
 % of business owned or controlled 100% Number of shares ____
 Check position that applies: ____ Sole owner ____ Partner ____ Stockholder
 ____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director
 ____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver
 ____ Beneficiary ☒ Other (specify) Member

Name of individual (last name first):

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

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

Street Address N/A

Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

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

Name N/A

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

Street Address _____

Number _____ Street Name _____

Municipality _____ New Jersey

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

Area Exchange Number

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

SEE ATTACHED ORGANIZATION CHART

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

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

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

Steele HGC Investment, LLC

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

✓ Siegel Steven S.
 Last Name First Middle Initial
 Home Street Address [REDACTED]
 Number Street Name
 P.O. Box # [REDACTED] Municipality [REDACTED] State [REDACTED]
 Zip [REDACTED]
 Social Security number [REDACTED] Date of birth [REDACTED]
 Home telephone number [REDACTED]
 Area Exchange Number
 Office telephone number [REDACTED]
 Area Exchange Number
 % of business owned or controlled 0% Number of shares [REDACTED]
 Check position that applies: Sole owner Partner Stockholder
✓ President Vice-President ✓ Secretary Treasurer ✓ Director
 Trustee Manager Agent Executor/Administrator Receiver
 Beneficiary Other (specify)

Name of individual (last name first):

✓ Martin James ("Charlie") Charles
 Last Name First Middle Initial
 Home Street Address [REDACTED]
 Number Street Name
 P.O. Box # [REDACTED] Municipality [REDACTED] State [REDACTED]
 Zip [REDACTED]
 Social Security number [REDACTED] Date of birth [REDACTED]
 Home telephone number [REDACTED]
 Area Exchange Number
 Office telephone number [REDACTED]
 Area Exchange Number
 % of business owned or controlled 0% Number of shares [REDACTED]
 Check position that applies: Sole owner Partner Stockholder
 President Vice-President Secretary ✓ Treasurer Director
 Trustee Manager Agent Executor/Administrator Receiver
 Beneficiary ✓ Other (specify) Chief Financial Officer and Assistant Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

Steele HGC Investment, LLC

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

☒ Rohnstock Kevin R.
 Last Name First Middle Initial
 Home Street Address [REDACTED] [REDACTED] [REDACTED]
 Number Street Name
 P.O. Box # [REDACTED] Municipality [REDACTED] State [REDACTED]
 Zip [REDACTED]
 Social Security number [REDACTED] Date of birth [REDACTED]
 Home telephone number [REDACTED]
 Area Exchange Number
 Office telephone number [REDACTED]
 Area Exchange Number
 % of business owned or controlled 0% Number of shares [REDACTED]
 Check position that applies: [REDACTED] Sole owner [REDACTED] Partner [REDACTED] Stockholder
[REDACTED] President ☒ Vice-President [REDACTED] Secretary [REDACTED] Treasurer [REDACTED] Director
[REDACTED] Trustee [REDACTED] Manager [REDACTED] Agent [REDACTED] Executor/Administrator [REDACTED] Receiver
[REDACTED] Beneficiary ☒ Other (specify) Assistant Secretary

Name of individual (last name first):

☒ Resnick Eric C.
 Last Name First Middle Initial
 Home Street Address [REDACTED] [REDACTED] [REDACTED]
 Number Street Name
 P.O. Box # [REDACTED] Municipality [REDACTED] State [REDACTED]
 Zip [REDACTED]
 Social Security number [REDACTED] Date of birth [REDACTED]
 Home telephone number [REDACTED]
 Area Exchange Number
 Office telephone number [REDACTED]
 Area Exchange Number
 % of business owned or controlled 0% Number of shares [REDACTED]
 Check position that applies: [REDACTED] Sole owner [REDACTED] Partner [REDACTED] Stockholder
[REDACTED] President [REDACTED] Vice-President [REDACTED] Secretary [REDACTED] Treasurer ☒ Director
[REDACTED] Trustee [REDACTED] Manager [REDACTED] Agent [REDACTED] Executor/Administrator [REDACTED] Receiver
[REDACTED] Beneficiary ☒ Other (specify) Chairman of the Board of Directors

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

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.

Beneficiary ☒ Other (specify) ☐ Member ☐

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

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

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

Street Address N/A
Number _____ Street Name _____
Municipality _____ New Jersey
Zip _____ - _____10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? ☒ Yes ☐ No10.6 DATE CHARTERED OR INCORPORATED [REDACTED]10.7 CERTIFICATE OF INCORPORATION NUMBER [REDACTED]

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Date or revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

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

Name N/A

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

Street Address _____
Number _____ Street Name _____

Municipality _____ New Jersey

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

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

SEE ATTACHED ORGANIZATION CHART

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

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

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

Steele HGC Investment II, LLC

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

☒ Siegel Steven S.
 Last Name First Middle Initial
 Home Street Address _____
 Number Street Name
 P.O. Box # _____ Municipality _____ State _____
 Zip _____
 Social Security number _____ Date of birth _____
 Home telephone number _____
 Office telephone number _____
 Area Exchange Number
 % of business owned or controlled 0% Number of shares _____
 Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
☒ President _____ Vice-President ☒ Secretary _____ Treasurer _____ Director
 _____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
 _____ Beneficiary _____ Other (specify) _____

Name of individual (last name first):

☒ Martin James ("Charlie") Charles
 Last Name First Middle Initial
 Home Street Address _____
 Number Street Name
 P.O. Box # _____ Municipality _____ State _____
 Zip _____
 Social Security number _____ Date of birth _____
 Home telephone number _____
 Office telephone number _____
 Area Exchange Number
 % of business owned or controlled 0% Number of shares _____
 Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
 _____ President _____ Vice-President _____ Secretary ☒ Treasurer _____ Director
 _____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
 _____ Beneficiary ☒ Other (specify) Chief Financial Officer and Assistant Secretary

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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

Steele HGC Investment II, LLC

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

☒ Rohnstock Kevin R.
Last Name First Middle Initial

Home Street Address [REDACTED]
Number Street Name

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

Zip [REDACTED] - [REDACTED]
Social Security number [REDACTED] Date of birth [REDACTED]

Home telephone number [REDACTED]
Area Exchange Number

Office telephone number [REDACTED]
Area Exchange Number

% of business owned or controlled 0% Number of shares [REDACTED]

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

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

Name of individual (last name first):

☒ Steele HGC Investment, LLC

[REDACTED] [REDACTED] [REDACTED]
Last Name First Middle Initial

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

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

Zip 80206 - [REDACTED]
Social Security number [REDACTED] Date of birth [REDACTED]

Home telephone number [REDACTED] - [REDACTED]
Area Exchange Number

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

% of business owned or controlled 0% Number of shares [REDACTED]

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

☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director
☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver
☐ Beneficiary ☒ Other (specify) Managing Member

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

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

Steele HGC Investment II, LLC

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

Steele HGC FLF Borrower, LLC

Last Name First Middle Initial
 Home Street Address 100 St. Paul Street, Suite 800
 Number Street Name
 P.O. Box # Municipality Denver State CO
 Zip 80206
 Social Security number Date of birth ____/____/____
 Home telephone number (____) ____-____-____
 Area Exchange Number
 Office telephone number (____) ____-____-____
 Area Exchange Number
 % of business owned or controlled 100% Number of shares ____
 Check position that applies: ____ Sole owner ____ Partner ____ Stockholder
 ____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director
 ____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver
 ____ Beneficiary ☒ Other (specify) Member

Name of individual (last name first):

Last Name First Middle Initial
 Home Street Address ____
 Number Street Name
 P.O. Box # Municipality ____ State ____
 Zip ____
 Social Security number Date of birth ____/____/____
 Home telephone number (____) ____-____-____
 Area Exchange Number
 Office telephone number (____) ____-____-____
 Area Exchange Number
 % 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) ____

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STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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Municipality _____ New Jersey

Zip _____ - _____

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☐ Yes ☒ No

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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 ____/____/____

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Name N/A

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

Street Address _____

Number _____ Street Name _____

Municipality _____ New Jersey

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

Area Exchange Number

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SEE ATTACHED ORGANIZATION CHART

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Steele HGC FLF Borrower, LLC

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

Resnick Eric C.
 Last Name First Middle Initial
 Home Street Address _____
 Number Street Name
 P.O. Box # _____ Municipality _____ State _____
 Zip _____
 Social Security number _____ Date of birth _____
 Home telephone number _____
 Area Exchange Number
 Office telephone number _____
 Area Exchange Number
 % of business owned or controlled 0% Number of shares _____
 Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
☒ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director
 _____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
 _____ Beneficiary _____ Other (specify) _____

Name of individual (last name first):

McDermott Peter A.
 Last Name First Middle Initial
 Home Street Address _____
 Number Street Name
 P.O. Box # _____ Municipality _____ State _____
 Zip _____
 Social Security number _____ Date of birth _____
 Home telephone number _____
 Area Exchange Number
 Office telephone number _____
 Area Exchange Number
 % of business owned or controlled 0% Number of shares _____
 Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
 _____ President ☒ Vice-President _____ Secretary _____ Treasurer _____ Director
 _____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
 _____ Beneficiary _____ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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Steele HGC FLF Borrower, LLC

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

SiegelStevenS.

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0% Number of shares _____Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder☐ President ☒ Vice-President ☒ Secretary ☐ Treasurer ☐ Director☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver☐ Beneficiary ☒ Other (specify) Chief Operating Officer

Name of individual (last name first):

MartinJames ("Charlie")Charles

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security number

Date of birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

% of business owned or controlled 0% Number of shares _____Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder☐ President ☐ Vice-President ☐ Secretary ☒ Treasurer ☐ Director☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver☐ Beneficiary ☒ Other (specify) Chief Financial Officer and Assistant Secretary

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

Rohnstock Kevin R.
 Last Name First Middle Initial

Home Street Address _____
 Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____

Social Security number _____ Date of birth _____

Home telephone number _____
 Area Exchange Number

Office telephone number _____
 Area Exchange Number

% of business owned or controlled 0% Number of shares _____

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

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

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

☐ Beneficiary ☒ Other (specify) Assistant Secretary

Name of individual (last name first):

See attached Explanation of Ownership

See attached Explanation of Ownership See attached Explanation of Ownership See attached Explanation of Ownership
 Last Name First Middle Initial

Home Street Address _____
 Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____

Social Security number _____ Date of birth ____/____/____

Home telephone number (____) _____ - _____
 Area Exchange Number

Office telephone number (____) _____ - _____
 Area Exchange Number

% of business owned or controlled _____ Number of shares _____

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

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

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

☐ Beneficiary ☐ Other (specify) _____

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

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

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

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

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

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

AFFIDAVIT

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

DATE:

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

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

(Check One)

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

(President/Vice-President)

(Corporation or Club Name)

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

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)
 Attestation by Corporate Secretary

(Partnership Name)

(Signature of Partner)

Attest:

HGC Basking Ridge, LLC

Corporate Name

By

Mark Burnett

(Signature of Corporate President or Vice President)

Secretary SignatureMark Burnett, President

Affix Corporate Seal

(Signature of Partner)

(Signature of Partner)

(Signature of Partner)

Sworn to and subscribed before me

this 6th day of April 20 22

AFFIDAVIT MUST BE SIGNED HERE

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

(Title of Officer Administering Oath)

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

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

**Amendment Application Summary -
ADMINISTRATIVE AMENDMENT**

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

Licensee Information

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

Establishment Information

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

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

**Amendment Application Summary -
ADMINISTRATIVE AMENDMENT**

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

License Information

Previously

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

Last Major Application Questions

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

J#569955

TR#: _____

FEE: _____

DATE: _____

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

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

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

1802 - 33 - 005 - 012

DATE APPLICATION FILED:

12 / 07 / 2022

[For DIVISION use only _____]

CODE TYPE OF LICENSE (CHECK ONE)

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

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

OTHER

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

THIS APPLICATION IS FOR:

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

This Area is Reserved for Municipal Use

Municipal Fee \$ _____

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

State Fee \$ _____

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

Refund Amount \$ _____

Special Conditions Attached: _____ Yes _____ No

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

Christine V Kieffer
Signature of Municipal Clerk or ABC Secretary

1/19/23
AP

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 012Application is made on behalf of: 71 = An Individual
3 = A Partnership
5 = Incorporated Club2 = Business Corporation
4 = Unincorporated Club
6 = Limited Partnership

7 = Limited Liability Company

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

HGC Basking Ridge, LLC

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

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

Street Address 185 Madisonville Road

Number

Street Name

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

Area

Exchange

Number

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

Street Address 13873 Park Center Road, Suite 203N

Number

Street Name

P.O. Box #

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

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

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

Basking Ridge Country Club

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

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?

☒ Yes ☐ No

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

____/____/____

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

____/____/____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 012

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

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 4

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

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

3.2 BUILDING NO. 1 OF 4 TO BE LICENSED. **MAIN BUILDING**3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

3.4 Basement ☐ Yes ☐ No All of it ☐ Yes ☐ No1st floor ☐ Yes ☐ No All of it ☐ Yes ☐ No2nd floor ☐ Yes ☐ No All of it ☐ Yes ☐ No3rd floor ☐ Yes ☐ No All of it ☐ Yes ☐ No

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

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? ☒ Yes ☐ NoIF "YES," IS THERE A MORTGAGE ON THE BUILDING? ☒ Yes ☐ NoDOES THE APPLICANT LEASE THE BUILDING? ☐ Yes ☒ No

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Ares Capital Corporation

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

Street Address 245 Park Avenue

Number

Street Name

P.O. Box # _____

Municipality

New YorkState NYZip 10167 - _____

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 4

If more than one building is to be included under this license, a separate page number three is to be submitted covering each building.

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

3.2 BUILDING NO. 2 OF 4 TO BE LICENSED. **HALFWAY HOUSE**3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

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

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

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

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? ☒ Yes ☐ No3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? ☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING?	☒ Yes ☐ No
IF "YES", IS THERE A MORTGAGE ON THE BUILDING?	☒ Yes ☐ No
DOES THE APPLICANT LEASE THE BUILDING?	☐ Yes ☒ No

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Ares Capital Corporation

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

Street Address 245 Park Avenue

Number

Street Name

P.O. Box # _____

Municipality New YorkState NYZip 10167

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 4

If more than one building is to be included under this license, a separate page number three is to be submitted covering each building.

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

3.2 BUILDING NO. 3 OF 4 TO BE LICENSED. **POOL HOUSE CONCESSIONS**3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

3.4 Basement	☐ Yes ☐ No	All of it ☐ Yes ☐ No
1 st floor	☐ Yes ☐ No	All of it ☐ Yes ☐ No
2 nd floor	☐ Yes ☐ No	All of it ☐ Yes ☐ No
3 rd floor	☐ Yes ☐ No	All or it ☐ Yes ☐ No

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

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

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? ☒ Yes ☐ No3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? ☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? ☒ Yes ☐ NoIF "YES", IS THERE A MORTGAGE ON THE BUILDING? ☒ Yes ☐ NoDOES THE APPLICANT LEASE THE BUILDING? ☐ Yes ☒ No

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Ares Capital Corporation

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

Street Address 245 Park Avenue

Number

Street Name

P.O. Box # _____

Municipality New YorkState NYZip 10167

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 011

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

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 4

If more than one building is to be included under this license, a separate page number three is to be submitted covering each building.

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

3.2 BUILDING NO. 4 OF 4 TO BE LICENSED. **TENT/PAVILION**3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

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

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

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

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? ☒ Yes ☐ No3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? ☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING?	☒ Yes ☐ No
IF "YES", IS THERE A MORTGAGE ON THE BUILDING?	☒ Yes ☐ No
DOES THE APPLICANT LEASE THE BUILDING?	☐ Yes ☒ No

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

Ares Capital Corporation

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

Street Address 245 Park Avenue

Number

Street Name

P.O. Box # _____

Municipality New YorkState NYZip 10167

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 012

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

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

☒ Yes ☐ No

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

A. License Number 2013 - 33 - 013 - 004

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

Relationship to Applicant Sister Company

B. License Number 1022 - 33 - 001 - 005

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

Relationship to Applicant Sister Company

C. License Number _____ - _____ - _____ - _____

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

Relationship to Applicant _____

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

☐ Yes ☒ No

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

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 012

ALL APPLICANTS ANSWER THE FOLLOWING

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

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

Name of Individual (Last Name First) or Corporation

N/A

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

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

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

Describe Nature of Interest _____

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

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

Name of Individual (Last Name First) or Corporation

Ares Capital Corporation

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

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

NJ Sales Tax Certificate of Authority Number _____

Street Address 245 Park Avenue

Number

Street Name

P.O. Box # _____

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

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

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

Name of Individual (Last Name First) or Corporation

N/A

Last Name

First Name

Middle Initial

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

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

Describe Nature of Interest _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1802 - 33 - 005 - 012

AFFIDAVIT

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

DATE:

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

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

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. Mark Burnett, President of HGC Basking Ridge, LLC
(President/Vice-President) (Corporation or Club Name)

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

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)

Attestation by Corporate Secretary

(Partnership Name)

(Signature of Partner)

Attest:

HGC Basking Ridge, LLC

Corporate Name

(Signature of Partner)

By Mark Burnett

(Signature of Corporate President or Vice President)

(Signature of Partner)

Secretary SignatureMark Burnett, President

(Signature of Partner)

Affix Corporate Seal

Sworn to and subscribed before me

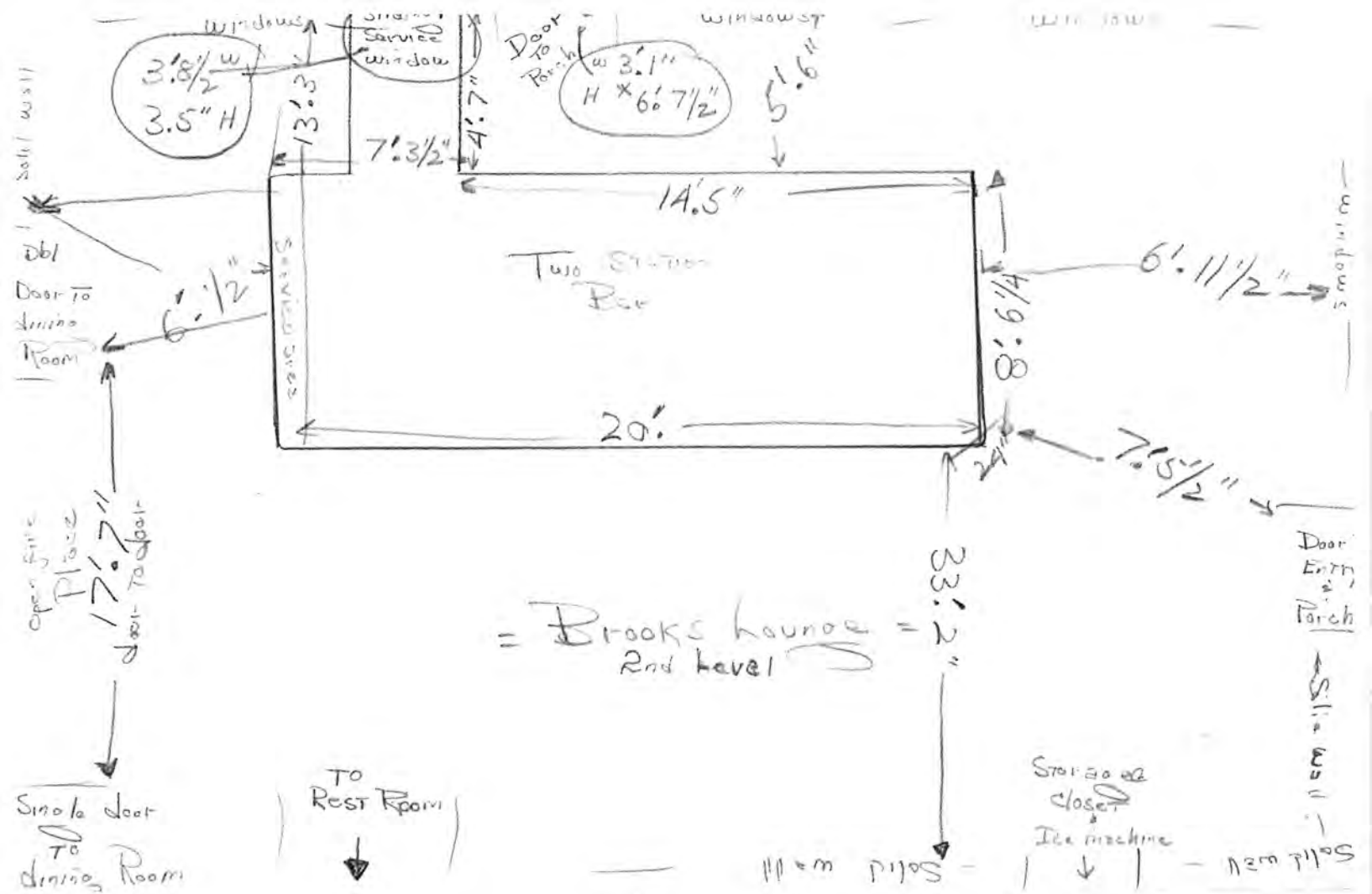
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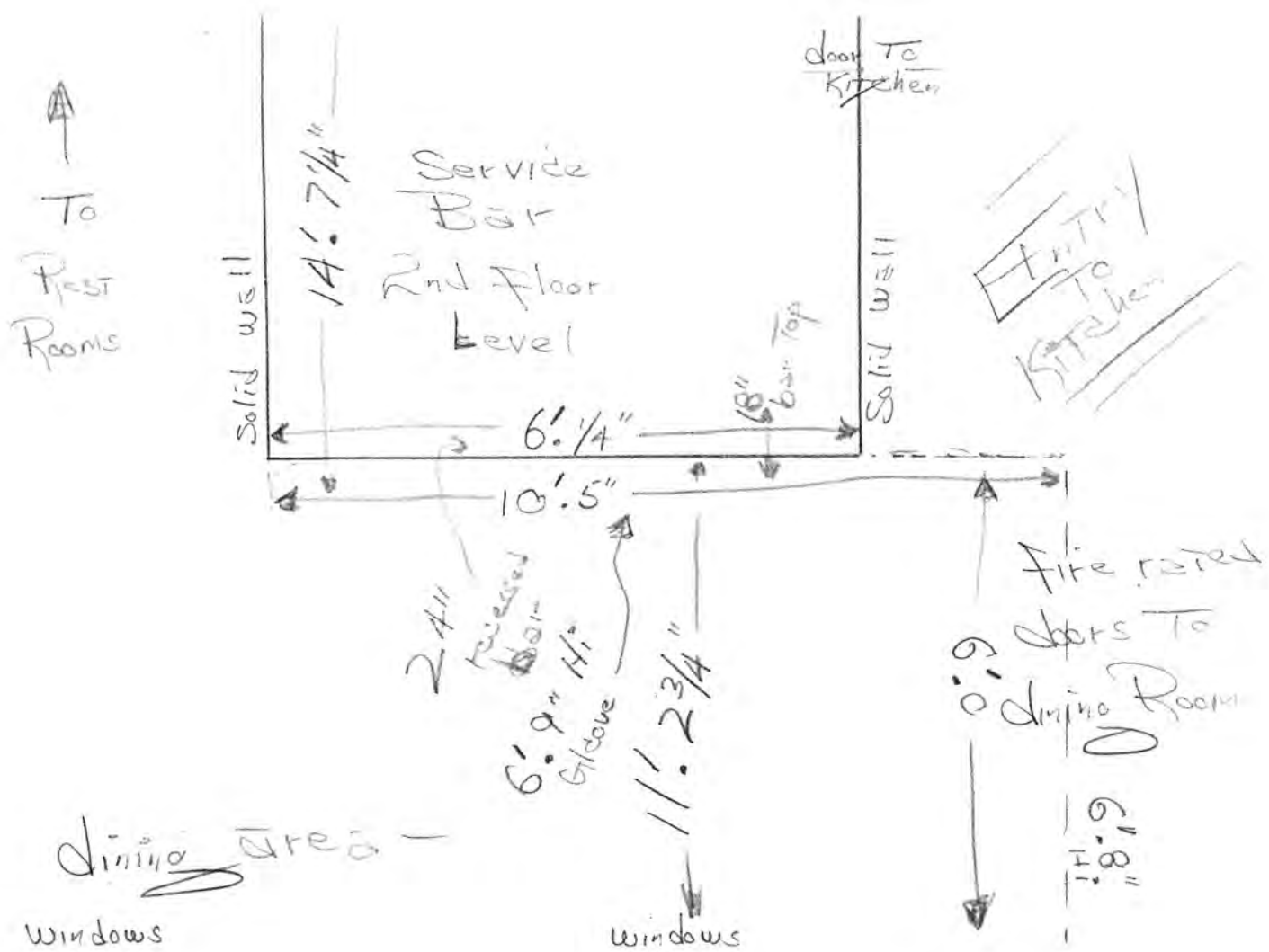
AFFIDAVIT MUST BE SIGNED HERE

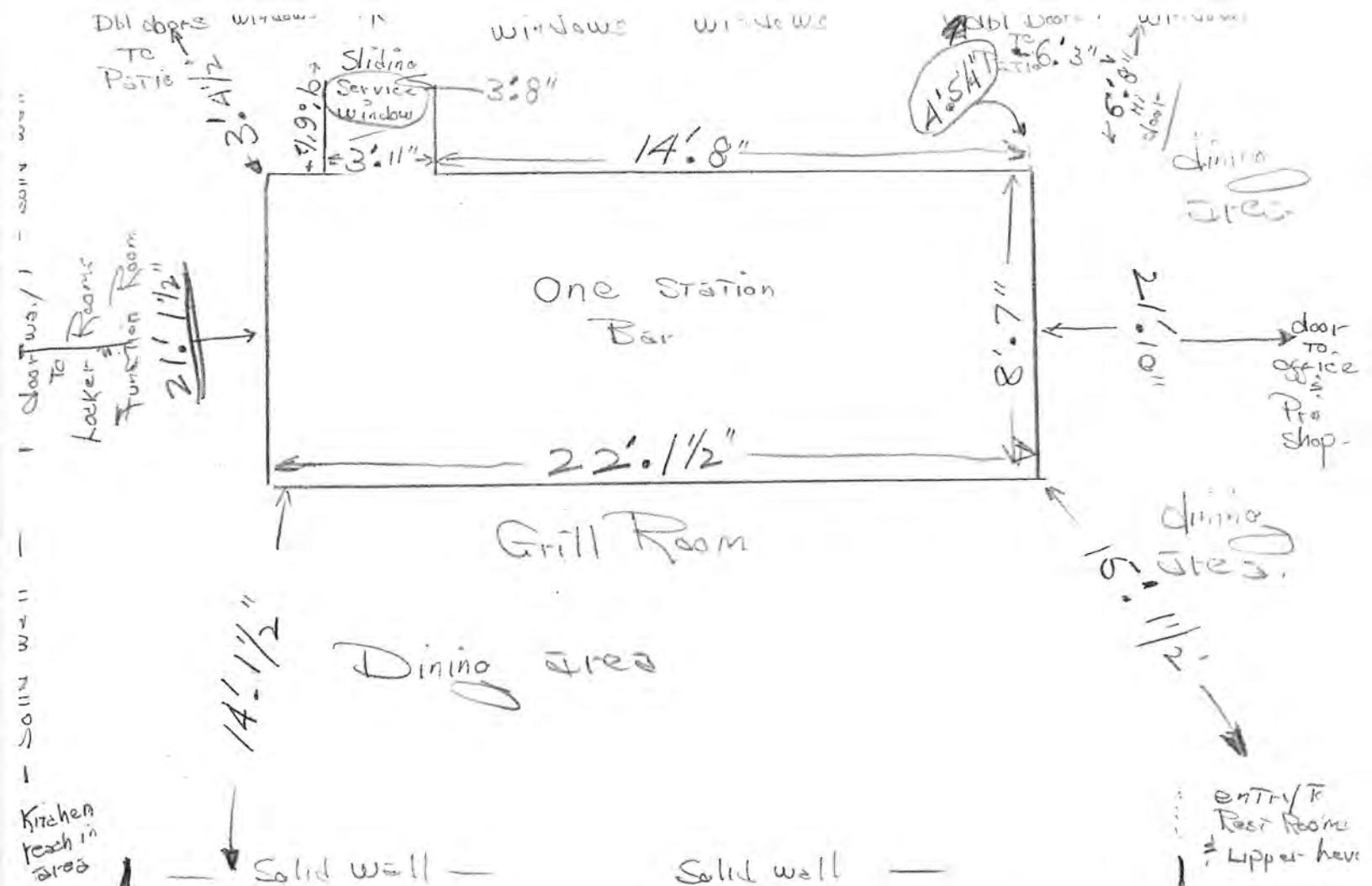
Kimberly Ann Pearson
(Signature of Officer Administering Oath)BY DULY AUTHORIZED
NOTARY PUBLICKimberly Ann Pearson
(Printed Name of Officer Administering Oath)OR AN ATTORNEY-AT-LAW
OF NEW JERSEY

(Title of Officer Administering Oath)

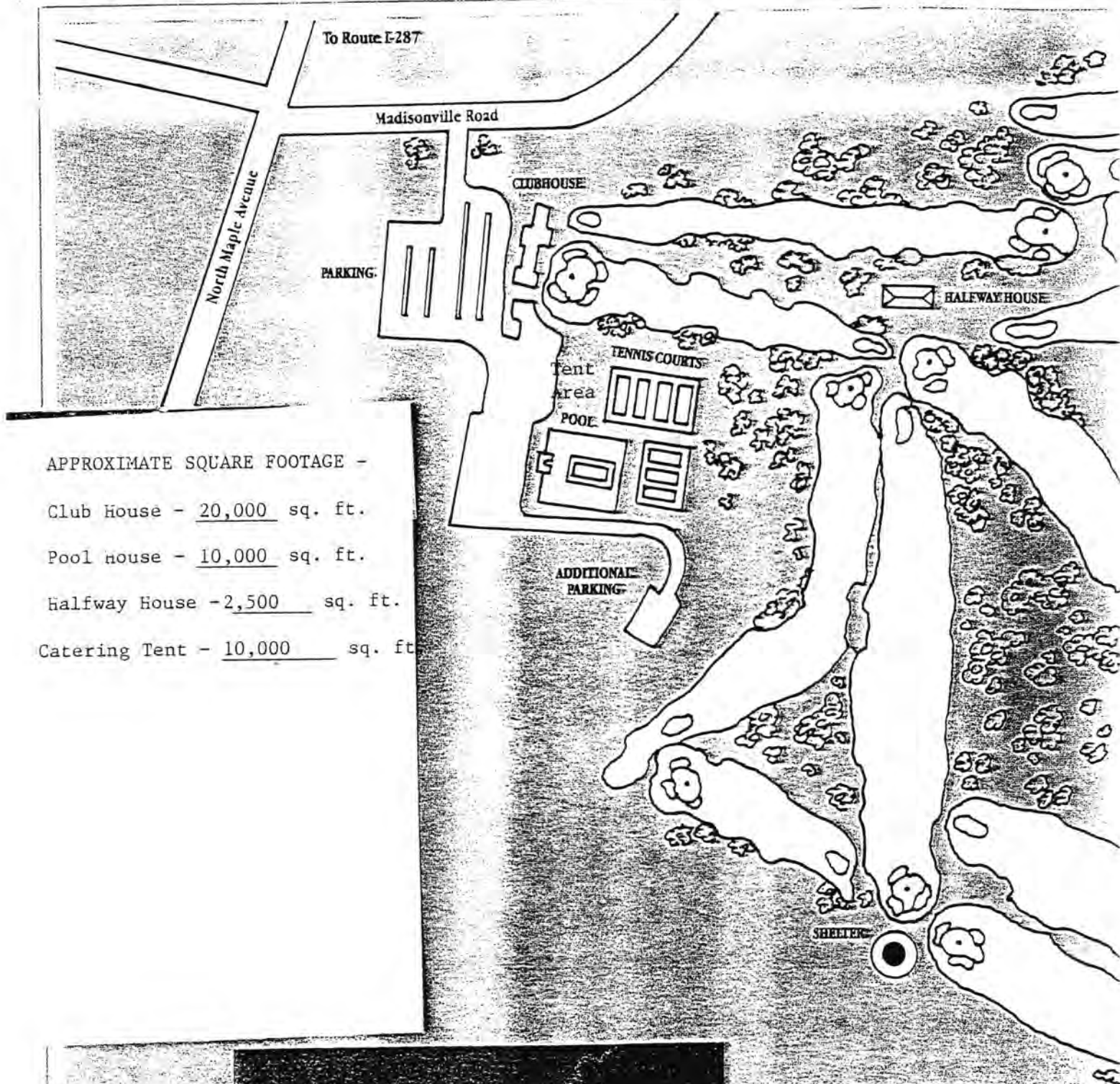
4/30/2024
(Date of Expiration of
Commission, if applicable)







Basking Ridge Golf Course



APPROXIMATE SQUARE FOOTAGE -

Club House - 20,000 sq. ft.

Pool house - 10,000 sq. ft.

Halfway House - 2,500 sq. ft.

Catering Tent - 10,000 sq. ft.



2013 - 2014 RENEWAL APPLICATION

APPLICATION FOR 2013-2014

TR#: _____

FEE: _____

DATE: _____

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

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

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

1205-33-024-001

DATE APPLICATION FILED:

05/31/13

[For DIVISION use only _____]

CODE TYPE OF LICENSE (CHECK ONE)

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

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

OTHER

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

THIS APPLICATION IS FOR:

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

1205-33-024-001

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

This Area is Reserved

Municipal Fee \$ 2500-

Effective Date 06/12/13

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

State Fee \$ 200-

Date Denied _____ / _____ / _____

(As Stated in Resolution)

Refund Amount \$ _____

Special Conditions Attached: _____ Yes X No

Please use physical
building address

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

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

TRANS NO: 13026659

PLEASE TYPE OR PRINT ALL INFORMATION

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

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

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

7 = Limited Liability Company

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

Plainfield Country Club
 (Last Name, First Name, Middle Initial or Corporate Name)

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

Street Address 1591 Woodland Avenue Edison NJ
 Number Street Name

Municipality Edison Zip 08820

Telephone number of business (908) 757 - 1800
 Area Exchange Number

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

Street Address N/A
 Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ Telephone (_____) _____

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

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

Plainfield Country Club

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

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

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

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

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

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

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

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

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

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? Club House 5

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

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

3.2 BUILDING NO. 1 OF 5 TO BE LICENSED.3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

3.4 Basement	☐ 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 ☐ No3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? ☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? ☒ Yes ☐ No

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

☐ Yes ☒ No

DOES THE APPLICANT LEASE THE BUILDING?

☐ Yes ☒ No

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

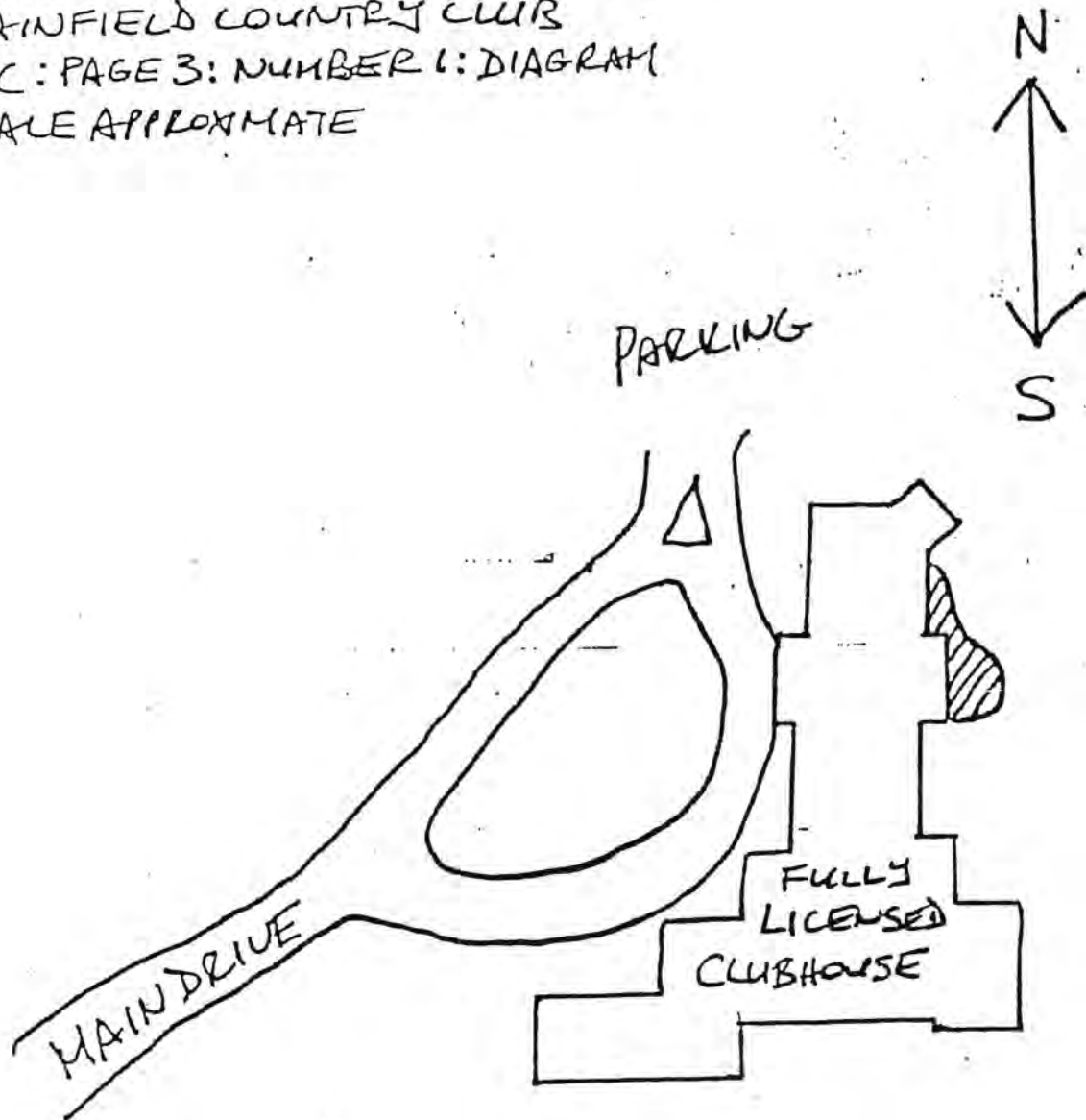
3.8 MORTGAGEE (HOLDER OF MORTGAGE):

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

3.9 LANDLORD (HOLDER OF LEASE):

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

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



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

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

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

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

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

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

3.2 BUILDING NO. 2 OF 5 TO BE LICENSED.3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

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

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

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING?

☒ Yes ☐ No

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

☐ Yes ☒ No

DOES THE APPLICANT LEASE THE BUILDING?

☐ Yes ☒ No

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

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

3.9 LANDLORD (HOLDER OF LEASE):

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

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.]

TENNIS SHOP

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

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

All of it Yes No

All of it _____ Yes _____ No _____

All of it Yes No

All of it Yes No

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)

Sireel Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____

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



WOODLAND AVENUE

TENNIS COURTS + TENNIS COURTS

PARKING

TENNIS PRO SHOP

MAIN DRIVE TO CLUB HOUSE

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

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

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

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

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

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

3.2 BUILDING NO. 4 OF 5 TO BE LICENSED.3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

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

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

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING?

☒ Yes ☐ No

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

☐ Yes ☒ No

DOES THE APPLICANT LEASE THE BUILDING?

☐ Yes ☒ No

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

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

3.9 LANDLORD (HOLDER OF LEASE):

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

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

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

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

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

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

3.2 BUILDING NO. 5 OF 5 TO BE LICENSED.3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

3.4 Basement ☐ Yes ☐ NoAll of it ☐ Yes ☐ No1st floor ☐ Yes ☐ NoAll of it ☐ Yes ☐ No2nd floor ☐ Yes ☐ NoAll of it ☐ Yes ☐ No3rd floor ☐ Yes ☐ NoAll of it ☐ Yes ☐ No

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

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

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? ☒ Yes ☐ No3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? ☒ Yes ☐ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? ☒ Yes ☐ No

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

☐ Yes ☒ No

DOES THE APPLICANT LEASE THE BUILDING?

☐ Yes ☒ No

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

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

3.9 LANDLORD (HOLDER OF LEASE):

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER

1205 - 33 - 024 - 001

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

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

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

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

☒ Yes ☐ No

IF "YES," DATE FILED 7 / 10 / 06

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

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

☒ 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) <u>Golf, Tennis</u> <u>Pool Activities</u>	☒ 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. _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

ALL APPLICANTS ANSWER THE FOLLOWING

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

____ Yes ☒ No

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

Name of individual _____
Last Name First Name Middle Initial

Title of position held _____

Name of Employing Agency _____

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

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

Name of Individual _____
Last Name First Name Middle Initial

Title of Office _____

Municipality _____

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

____ Yes ☒ No

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

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

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

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

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

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Type of Business _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1205 - 33 - 024 - 001

ALL APPLICANTS ANSWER THE FOLLOWING

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

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

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

Unit of Government which denied License or Permit: _____

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

Reason for Denial _____

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

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

Name of Entity _____

Last Name

First Name

Middle Initial

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

Unit of Government which denied License or Permit: _____

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

Reason for Denial _____

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

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

Name of Individual _____

Last Name

First Name

Middle Initial

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

PENALTY WAS IMPOSED BY: _____

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

PENALTY CONSISTED OF:

_____ FINED \$ _____ [amount] _____ NOT RENEWED

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

_____ OTHER [explain] _____

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

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

Name of Individual _____

Last Name

First Name

Middle Initial

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

State _____ Court of Jurisdiction _____

Description of offense (specific charge) _____

Disposition (fine, penalty, etc.) _____

Nature of interest in entity to be licensed _____

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

Provide Agency Docket No. :[NN]- _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1205-33-024-011

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

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

☐ Yes ☒ No

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

A. License Number _____ - _____ - _____ - _____

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

Relationship to Applicant _____

B. License Number _____ - _____ - _____ - _____

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

Relationship to Applicant _____

C. License Number _____ - _____ - _____ - _____

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

Relationship to Applicant _____

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

☐ Yes ☒ No

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

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

ALL APPLICANTS ANSWER THE FOLLOWING

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

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

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

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

- 8.7 INSERT THE ANTICIPATED DATES WHEN PUBLIC NOTICE OF APPLICATION WILL BE PUBLISHED. PUBLICATION MAY NOT BE SOONER THAN THE DATE OF FILING OF THIS APPLICATION.
- Date of first notice _____ / _____ / _____
- Date of second notice _____ / _____ / _____
- 8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE _____
- 8.9 THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN 1 PERCENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED).
- Date of notice _____ / _____ / _____
- Name of newspaper publishing notice _____

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

ALL APPLICANTS ANSWER THE FOLLOWING

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

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

Name of Individual (Last Name First) or Corporation _____

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

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

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

Name of Individual (Last Name First) or Corporation _____

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

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

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

Name of Individual (Last Name First) or Corporation _____

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1205-83-024-001

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 Plainfield Country Club
- 10.2 Street address of home office 1591 Woodland Ave
 Number Street Name
- Municipality Edison
- State NJ Zip 08820
- 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]
- 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 Paul Sauchelli, Esq.
 (Last Name, First Name, Middle Initial or Corporation)
- Street Address 2 E Main Street # 130
 Number Street Name
- Municipality Brookside New Jersey
- Zip 07926 Telephone Number (908) 672-7387
 Area Exchange Number
- 10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

STATE ASSIGNED LICENSE NUMBER 1205 - 33 - 024 - 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

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

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

Sauchelli Paul
Last Name Initial
Home Street Address _____
Number _____
P.O. Box # _____ Municipality _____ State _____
Zip _____
Social Security Number _____ Date of Birth _____
Home telephone number (_____) _____
Area Exchange Number
Office telephone number (_____) _____
Area Exchange Number
% of business owned or controlled 4 Number of shares 4
Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
☒ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director
☒ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
_____ Beneficiary _____ Other (specify) _____

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

Sigman Patricia
Last Name Initial
Home Street Address _____
Number _____
P.O. Box # _____ Municipality _____
Zip _____
Social Security Number _____ Date of Birth _____
Home telephone number (_____) _____
Area Exchange Number
Office telephone number (_____) _____
Area Exchange Number
% of business owned or controlled 0 Number of shares 0
Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
_____ President _____ Vice-President ☒ Secretary _____ Treasurer _____ Director
☒ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
_____ Beneficiary _____ Other (specify) _____

STATE ASSIGNED LICENSE NUMBER 1205 - 33 - 024 - 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

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

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

11 Criales Dean T
Last Name _____
Home Street Address _____
Number _____
P.O. Box # _____ Municipality _____ State _____
Zip _____
Social Security Number _____ Date of Birth _____
Home telephone number _____
Area _____ Exchange _____ Number _____
Office telephone number (_____) _____
Area _____ Exchange _____ Number _____
% of business owned or controlled 0 Number of shares 0
Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director
✓ _____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
_____ Beneficiary _____ Other (specify) _____

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

12 Brenish Timothy F
Last Name _____
Home Street Address _____
Number _____
P.O. Box # _____ Municipality _____ State _____
Zip _____
Social Security Number _____ Date of Birth _____
Home telephone number _____
Area _____ Exchange _____ Number _____
Office telephone number _____
Area _____ Exchange _____ Number _____
% of business owned or controlled 0 Number of shares 0
Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director
✓ _____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
_____ Beneficiary _____ Other (specify) _____

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

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

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

13 Kelly Jeffrey F
Last Name _____
Home Street Address _____
Number _____

P.O. Box # _____ Municipality _____ State _____
Zip _____

Social Security Number _____ Date of Birth _____
Home telephone number _____

Office telephone number _____
Area _____ Exchange _____ Number _____

% of business owned or controlled 0 Number of shares 0

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

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

14 Schurtz Joseph E
Last Name _____
Home Street Address _____
Number _____

P.O. Box # _____ Municipality _____ State _____
Zip _____

Social Security Number _____ Date of Birth _____
Home telephone number _____

Office telephone number _____
Area _____ Exchange _____ Number _____

% of business owned or controlled 0 Number of shares 0

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

STATE ASSIGNED LICENSE NUMBER 1205 - 33 - 024 - 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

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

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

Lapham Steven P
Last Name _____
Home Street Address _____
Number _____

P.O. Box # _____ Municipality _____ State _____
Zip _____

Social Security Number _____ Date of Birth _____
Home telephone number _____
Area _____ Exchange _____ Number _____

Office telephone number (_____
Area _____ Exchange _____ Number _____

% of business owned or controlled _____ Number of shares 0

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

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

English Edward
Last Name _____
Home Street Address _____
Number _____

P.O. Box # _____ Municipality _____ State _____
Zip _____

Social Security Number _____ Date of Birth _____
Home telephone number _____
Area _____ Exchange _____ Number _____

Office telephone number (_____
Area _____ Exchange _____ Number _____

% of business owned or controlled _____ Number of shares 0

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

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

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

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

5 O'Keefe Patrick

Last Name

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security Number

Date of Birth

Home telephone number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

% of business owned or controlled

Number of shares

Check position that applies:

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

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

Reynolds John

Last Name

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Social Security Number

Date of Birth

Home telephone number

Area

Exchange

Number

Office telephone number

% of business owned or controlled

Number of shares

Check position that applies:

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

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

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

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

Fraser Christopher A
Last Name First Name Middle InitialHome Street Address _____
Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____

Social Security Number _____ Date of Birth _____

Home telephone number _____

Office telephone number _____
Area _____ Exchange _____ Number _____% of business owned or controlled 100 Number of shares 1Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director☒ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver☐ Beneficiary ☐ Other (specify) _____

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

Bender Douglas J
Last Name First Name Middle InitialHome Street Address _____
Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____

Social Security Number _____ Date of Birth _____

Home telephone number _____

Office telephone number _____
Area _____ Exchange _____ Number _____% of business owned or controlled 100 Number of shares 1Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director☒ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver☐ Beneficiary ☐ Other (specify) _____

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

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

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

4 Rosely Brett
Last Name
Home Street Address _____
Number _____

P.O. Box # _____ Municipality _____ State _____

Zip _____

Social Security Number _____ Date of Birth _____

Home telephone number (_____) _____

Office telephone number (_____) _____

Area _____ Exchange _____ Number _____

% of business owned or controlled 0 Number of shares 0

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

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

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

_____ Beneficiary _____ Other (specify) _____

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

8 Manns Henry
Last Name
Home Street Address _____
Number _____

P.O. Box # _____ Municipality _____ State _____

Zip _____

Social Security Number _____ Date of Birth _____

Home telephone number (_____) _____

Area _____ Exchange _____ Number _____

Office telephone number (_____) _____

Area _____ Exchange _____ Number _____

% of business owned or controlled 0 Number of shares 0

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

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

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

_____ Beneficiary _____ Other (specify) _____

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

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

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

9 Tompeck Richard
Last Name _____ Middle Initial _____
Home Street Address _____
Number _____
P.O. Box # _____ Municipality _____ State _____
Zip _____
Social Security Number _____ Date of Birth _____
Home telephone number _____
Area _____ Exchange _____ Number _____
Office telephone number (_____) _____
Area _____ Exchange _____ Number _____
% of business owned or controlled 4 Number of shares 4
Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder
☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director
☒ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver
☐ Beneficiary ☐ Other (specify) _____

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

7 Colombo Gregory J
Last Name _____ Middle Initial _____
Home Street Address _____
Number _____
P.O. Box # _____ Municipality _____ State _____
Zip _____
Social Security Number _____ Date of Birth _____
Home telephone number _____
Area _____ Exchange _____ Number _____
Office telephone number _____
Area _____ Exchange _____ Number _____
% of business owned or controlled 4 Number of shares 6
Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder
☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director
☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver
☐ Beneficiary ☒ Other (specify) General Manager

STATE ASSIGNED LICENSE NUMBER 1205-33-024-001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

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

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

Larkin Karen A
Last Name _____
Home Street Address _____
Number _____
P.O. Box # _____ Municipality _____ State _____
Zip _____
Social Security Number _____ Date of Birth _____
Home telephone number _____
Office telephone number _____
Area _____ Exchange _____ Number _____

% of business owned or controlled _____ Number of shares _____

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

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

_____ Last Name _____ First Name _____ Middle Initial _____
Home Street Address _____
Number _____ Street Name _____
P.O. Box # _____ Municipality _____ State _____
Zip _____
Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____
Home telephone number (_____) _____ - _____
Area _____ Exchange _____ Number _____
Office telephone number (_____) _____ - _____
Area _____ Exchange _____ Number _____

% of business owned or controlled _____ Number of shares _____

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1205 - 33 - 024 - 001

AFFIDAVIT

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

DATE:

State of New Jersey)
County of Middlesex) SS:

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

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. Paul Sauchelli of Plainfield Country Club
(President/Vice-President) (Corporation or Club Name)

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

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)

Attestation by Corporate Secretary

Attest:

Secretary

Signature

Affix Corporate Seal

Corporate Name

By

(Signature of Corporate President or Vice President)

(Partnership Name)

(Signature of Partner)

(Signature of Partner)

(Signature of Partner)

(Signature of Partner)

Sworn to and subscribed before me

this 31 day of May 20 13

AFFIDAVIT MUST BE SIGNED HERE

(Signature of Officer Administering Oath)

BY DULY AUTHORIZED
NOTARY PUBLIC

(Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW
OF NEW JERSEY

(Title of Officer Administering Oath)

(Date of Expiration of
Commission, if applicable)