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LISA R. BARATA

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O 973.530.2343 F 973.325.1501

October 10, 2024

Via FedEx

Karen Carnevale
Township of West Orange Municipal Clerk
66 Main Street
West Orange, New Jersey 07052

Re: Essex County Country Club - Application Amendment
Plenary Retail Consumption License 0722-33-015-001

Dear Ms. Carnevale:

I enclose three original copies of a license application amendment to reflect changes/updates to the following:

1. Page 3, Question 3.5- notation indicates "Golf Course" and "See attached sketch" or clarification.
2. Page 3- Reflect pre-existing patio bar and pool bar areas, with satellite image/photo.
3. Question 10.10 - Amended Authorized registered agent for - Joseph P. Kelly.
4. Update/add office phone number for Page 10A officers, managers, and Board of Governors.

Please feel free to contact me with any questions or concerns regarding same.

Very truly yours,

Lisa R. Barata

Lisa R. Barata

LRB
Enclosures

TR#: _____

FEE: _____

DATE: _____

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

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

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

0722 - 33 - 015 - 001

DATE APPLICATION FILED:

10 / 10 / 2024

[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 _____

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

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

Signature of Municipal Clerk or ABC Secretary

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 015 - 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.

Essex County 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 350 Mt. Pleasant Ave.Municipality West Orange Number 350 Street Name Mt. Pleasant Ave. Zip 07052Telephone number of business (973) 731 - 1400 email: email: Jkelly@essexcountyccl.com
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):

n/a

Street Address _____ Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____ Telephone (_____) _____ - _____

- 2.4 New Jersey Sales Tax Certificate of Authority No. 22-0895770

- 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]: Essex County 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?

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: n/a

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

_____/_____/_____ Yes _____ No

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

_____/_____/_____

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 015 - 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? 2
- 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 2 TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? Yes X No Clubhouse and patio bar

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>X</u> Yes <u> </u> No	All of it <u> </u> Yes <u>X</u> No
1 st floor	<u>X</u> Yes <u> </u> No	All of it <u>X</u> Yes <u> </u> No
2 nd floor	<u>X</u> Yes <u> </u> No	All of it <u>X</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 Golf Course. See attached sketch

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? X 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): TD Bank

(Last Name, First Name, Middle Initial or Corporate Name)
Street Address 425 Pleasant Valley Way
Number Street Name
P.O. Box # Municipality West Orange State NJ
Zip 07052 -

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 0722 - 33 - 015 - 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? 2
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 2 TO BE LICENSED. **Poolhouse and pool bar area**
- 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 | _____ 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?
X Yes _____ No _____ **Golf Course. See attached sketch.**
- 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? _____ X 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): **TD Bank**

(Last Name, First Name, Middle Initial or Corporate Name)
Street Address _____ **425 Pleasant Valley Way** _____
Number _____ Street Name _____
P.O. Box # _____ Municipality **West Orange** State **NJ**
Zip **07052** - _____
- 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 0722 - 33 - 015 - 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 Essex County Country Club
- 10.2 Street address of home office 350 Mt. Pleasant Ave.
Number Street Name
West Orange
Municipality
State NJ Zip 07052 - _____
- 10.3 NJ Sales Tax Certificate of Authority Number 220-895-770/000
- 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 5 / 25 / 1887 STATE NJ
- 10.7 CERTIFICATE OF INCORPORATION NUMBER 0100063426
- 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 Kelly, Joseph, P.
(Last Name, First Name, Middle Initial or Corporation)
Street Address 350 Mt. Pleasant Ave.
Number Street Name
West Orange
Municipality _____ New Jersey
Zip 07052 - _____ Telephone Number (973) 731 - 1400
Area Exchange Number
- 10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 015 - 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): Essex County Country Club

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

Trapasso Anthony
 Last Name First Name Middle Initial
 Home Street Address 169 Rensselaer Rd.
 Number Street Name
 P.O. Box # Municipality Essex Fells State NJ
 Zip - -
 Social Security Number 139 - 60 - 1769 Date of Birth 2 / 4 / 1975
 Home telephone number (973) 479 - 7363
 Area Exchange Number
 Office telephone number (973) 731 - 1400
 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:

Sponzilli Jason
 Last Name First Name Middle Initial
 Home Street Address 210 Smull Ave.
 Number Street Name
 P.O. Box # Municipality North Caldwell State NJ
 Zip 07006 - -
 Social Security Number 144 - 66 - 8666 Date of Birth 8 / 12 / 1977
 Home telephone number (973) 418 - 3252
 Area Exchange Number
 Office telephone number (973) 731 - 1400
 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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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): Essex County Country Club

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

Russell Guy
Last Name First Name Middle Initial
Home Street Address 18 Richwood Place
Number Street Name
P.O. Box # 07834 Municipality Denville State NJ
Zip 07834
Social Security Number 154 - 46 - 3171 Date of Birth 3 / 2 / 1954
Home telephone number (973) 627 - 6368
Area Exchange Number
Office telephone number (973) 731 - 1400
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:

Rotio Christopher
Last Name First Name Middle Initial
Home Street Address 58 Mackay Ave,
Number Street Name
P.O. Box # _____ Municipality Waldwick State NJ
Zip 07463
Social Security Number 142 - 78 - 0561 Date of Birth 1 / 27 / 1984
Home telephone number (973) 390 - 0600
Area Exchange Number
Office telephone number (973) 731 - 1400
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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NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP): Essex County Country Club

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

Kelly Joseph
 Last Name First Name Middle Initial
 Home Street Address 8 Danbury Ct. 1404
 Number Street Name
 P.O. Box # 10901 Municipality Suffern State NY
 Zip 10901 - 141 - 74 - 4528 Date of Birth 8 / 21 / 1968
 Social Security Number 141 - 74 - 4528
 Home telephone number (973) 731 - 1400 Email address: jkelly@essexcountyc.com
 Area Exchange Number
 Office telephone number (973) 731 - 1400
 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 X Manager _____ Agent _____ Executor/Administrator _____ Receiver
 _____ Beneficiary _____ Other (specify) _____

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

Gonzalez Willy
 Last Name First Name Middle Initial
 Home Street Address 5 Westwood Dr. North
 Number Street Name
 P.O. Box # _____ Municipality West Orange State NJ
 Zip 07052 - _____
 Social Security Number 148 - 21 - 7788 Date of Birth 9 / 30 / 1983
 Home telephone number (973) 640 - 9642
 Area Exchange Number
 Office telephone number (973) 731 - 1400
 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 X Manager _____ Agent _____ Executor/Administrator _____ Receiver
 _____ Beneficiary _____ Other (specify) _____

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

Penaherrera David
 Last Name First Name Middle Initial
 Home Street Address 18 Pearl Street
 Number Street Name
 P.O. Box # Passaic State NJ
 Municipality
 Zip 07055 - 218 - 99 - 3331 Date of Birth 5 / 16 / 1997
 Social Security Number
 Home telephone number (201) 702 - 4156
 Area Exchange Number
 Office telephone number (973) 731 - 1400
 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 X Manager _____ Agent _____ Executor/Administrator _____ Receiver
 _____ Beneficiary _____ Other (specify) _____

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

Gonzales Leandro
 Last Name First Name Middle Initial
 Home Street Address 104 Davis Ave.
 Number Street Name
 P.O. Box # Harrison State NJ
 Municipality
 Zip 07029 - 150 - 19 - 8637 Date of Birth 10 / 18 / 1996
 Social Security Number
 Home telephone number (201) 519 - 4490
 Area Exchange Number
 Office telephone number (973) 731 - 1400
 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 X Manager _____ Agent _____ Executor/Administrator _____ Receiver
 _____ Beneficiary _____ Other (specify) _____

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 015 - 001

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

PurcellPatrick

Last Name		First Name		Middle Initial
<u>131 Marion Drive</u>				
Home Street Address		Street Name		
Number		Municipality		State
<u>146</u>		<u>West Orange</u>		<u>NJ</u>
P.O. Box #		Zip		
		<u>07052</u>		
Social Security Number		Date of Birth		
<u>146</u> - <u>66</u> - <u>9721</u>		<u>12</u> / <u>29</u> / <u>1966</u>		
Home telephone number		Office telephone number		
(<u>973</u>) <u>204</u> - <u>1498</u>		(<u>973</u>) <u>731</u> - <u>1400</u>		
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) Member, Board of Governors

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

LavoieJustin

Last Name		First Name		Middle Initial
<u>14 Meadow Lane</u>				
Home Street Address		Street Name		
Number		Municipality		State
<u>020</u>		<u>Verona</u>		<u>NJ</u>
P.O. Box #		Zip		
		<u>07044</u>		
Social Security Number		Date of Birth		
<u>020</u> - <u>52</u> - <u>7568</u>		<u>6</u> / <u>12</u> / <u>1974</u>		
Home telephone number		Office telephone number		
(<u>973</u>) <u>571</u> - <u>9397</u>		(<u>973</u>) <u>731</u> - <u>1400</u>		
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) Member, Board of Governors

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 015 - 001

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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): Essex County Country Club

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

Rakela Esteban
 Last Name First Name Middle Initial
 Home Street Address 931 Washington Street
 Number Street Name
 P.O. Box # _____ Municipality Hoboken State NJ
 Zip 07030 - _____
 Social Security Number 476 - 04 - 5071 Date of Birth 9 / 15 / 1977
 Home telephone number (201) 238 - 2375
 Area Exchange Number
 Office telephone number (973) 731 - 1400
 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) Member, Board of Governors

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

Murzenski Michael
 Last Name First Name Middle Initial
 Home Street Address 1021 Grand St, PHA
 Number Street Name
 P.O. Box # _____ Municipality Hoboken State NJ
 Zip 07030 - _____
 Social Security Number 141 - 66 - 6182 Date of Birth 9 / 27 / 1969
 Home telephone number (201) 424 - 3154
 Area Exchange Number
 Office telephone number (973) 731 - 1400
 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) Member, Board of Governors

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 015 - 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.

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

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

Brown JeffreyLast Name 3 Olde Woods Lane First Name Jeffrey Middle Initial _____
Home Street Address _____Number 3 Street Name Woodcliff Lake State NJ
P.O. Box # _____ Municipality _____Zip 07677 - _____ Date of Birth 4 / 18 / 1981Social Security Number 148 - 80 - 5522Home telephone number (201) 832 - 1995 Email address: _____
Area Exchange NumberOffice telephone number (973) 731 - 1400

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) Member, Board of Governors

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

Klinger DanielLast Name 2 Ely Ct. First Name Daniel Middle Initial _____
Home Street Address _____Number 2 Street Name Livingston State NJ
P.O. Box # _____ Municipality _____Zip _____ - _____ Date of Birth 10 / 25 / 1967Social Security Number 219 - 58 - 5918Home telephone number (973) 992 - 4913

Area Exchange Number

Office telephone number (973) 731 - 1400

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) Member, Board of Governors

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 015 - 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): Essex County Country Club

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

KirschMason

Last Name 3222 Runnymede Rd. First Name _____ Middle Initial _____
Home Street Address _____
Number _____ Street Name _____
P.O. Box # _____ Municipality Essex Fells State NJ
Zip 07021 - _____
Social Security Number 150 - 72 - 7097 Date of Birth 3 / 8 / 1974
Home telephone number (973) 228 - 5166
Area Exchange Number
Office telephone number (973) 731 - 1400
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) Member, Board of Governors

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

MeglioSteven

Last Name 60 Roseland Ave. First Name _____ Middle Initial _____
Home Street Address _____
Number _____ Street Name _____
P.O. Box # _____ Municipality Caldwell State NJ
Zip _____ - _____
Social Security Number 136 - 56 - 6148 Date of Birth 1 / 26 / 1961
Home telephone number (973) 226 - 4300
Area Exchange Number
Office telephone number (973) 731 - 1400
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) Member, Board of Governors

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 015 - 001

AFFIDAVIT

LICENSE PERIOD
APPLIED FORFROM 2024 TO 2025

DATE:

State of New Jersey)
County of Essex)

SS:

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

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. Joseph Kelly, Manager of Essex County 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:

Essex County Country Club

Corporate Name

(Signature of Partner)

By

Secretary _____
Signature

(Signature of Corporate President or Vice President)

(Signature of Partner)

By: Joseph Kelly

Affix Corporate Seal

Title: Manager

(Signature of Partner)

Sworn to and subscribed before me

this 10th day of October 2024

AFFIDAVIT MUST BE SIGNED HERE

(Signature of Officer Administering Oath)

BY DULY AUTHORIZED
NOTARY PUBLIC

(Printed Name of Officer Administering Oath)

Blanca B. Saccomanno
Notary Public of New Jersey
My Commission Expires May 19, 2027

OR AN ATTORNEY-AT-LAW
OF NEW JERSEY

(Title of Officer Administering Oath)

(Date of Expiration of
Commission, if applicable)

ESSEX COUNTY COUNTRY CLUB- GOLF COURSE



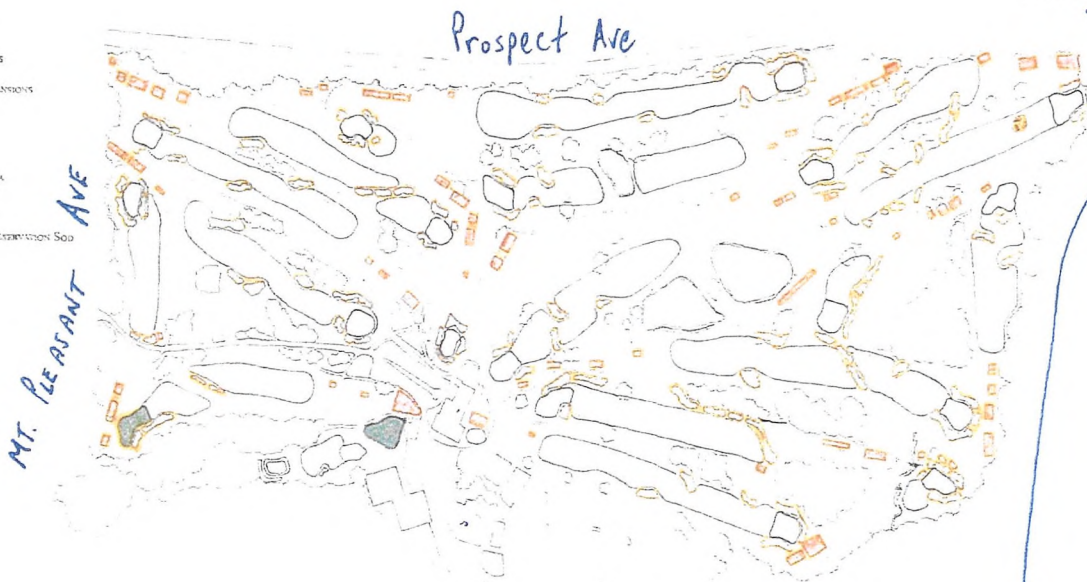
Essex County Country Club- Golf Course

GRASSING PLAN
ECCC, WEST ORANGE, NJ

SHEET
3
OF 3

LEGEND

- NEW GREENS
- GREEN EXPANSIONS
- TEES
- ROUGH
- NATIVE AREA
- FAIRWAYS
- FEATURE PRESERVATION SOG



SCALE: 1" = 150'
HATCHES: 1" = 100' TO 150'
HATCHES: 25'

ORIGIN ID:MMUA (973) 530-2432
LISA BARATA
CHIESA SHAHINIAN & GIANTOMASI PC
105 EISENHOWER PKWY

ROSELAND, NJ 07068
UNITED STATES US

SHIP DATE: 10OCT24
ACTWGT: 0.50 LB
CAD: 261719439/FAP12208
DIMS: 13x10x1 IN

BILL SENDER

TO **KAREN CARNEVALE-MUNICIPAL CLERK**
TOWNSHIP OF WEST ORANGE
66 MAIN ST

WEST ORANGE NJ 07052

(973) 530-2462

REF: 32540.0002

INV:

PO:

DEPT:



FedEx
Express



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FRI - 11 OCT 10:30A
PRIORITY OVERNIGHT

TRK#

0201

7791 6740 0349

E2 MMUA

07052

NJ-US EWR

