

TR#: _____

FEE: _____

DATE: _____

STATE ASSIGNED LICENSE NUMBER

0722 - 33 - 015 - 001

[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:

4 / 9 / 2024



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 \$ N/A

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

State Fee \$ N/A

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

Refund Amount \$ _____

Special Conditions Attached: _____ Yes _____ No

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

[Signature]
Signature of Municipal Clerk or ABC Secretary

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 015 - 001Application is made on behalf of: 51 = 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.
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.Number West Orange Street Name 07052
Municipality 07052 Zip 07052Telephone number of business (973) 731 - 1400 email: **Jkelly@essexcountyycc.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 n/a
Number Street NameP.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. **Clubhouse**

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): **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 _____ - _____

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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
- 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? 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 West Orange State NJ
P.O. Box # Municipality
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 -

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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 7 / 6 / 04

- 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 course</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. _____

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ALL APPLICANTS ANSWER THE FOLLOWING

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

____ Yes ☒ No

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

Name of individual _____ n/a

____ Last Name First Name Middle Initial

Title of position held _____

Name of Employing Agency _____

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

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

Name of Individual _____ n/a

____ Last Name First Name Middle Initial

Title of Office _____

Municipality _____

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

____ Yes ☒ No

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

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

- 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, Middle Initial or Corporate Name)

Street Address _____

____ Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Type of Business _____

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ALL APPLICANTS ANSWER THE FOLLOWING

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

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

Type of License or Permit Denied: ____ Retail ____ Wholesale ____ Transportation
____ Warehouse ____ ManufacturerUnit of Government which denied License or Permit: n/a

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

Reason for Denial n/a

- 6.2 HAS ANY CORPORATION, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT? ____ Yes
- X
- 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
- X
- 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 \$ _____ 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
- X
- 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]- _____

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

n/a

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

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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. n/a

- 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:
 n/a

(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.

n/a

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. n/a

- 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 n/a

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

Date of notice ____ / ____ / ____

Name of newspaper publishing notice _____

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY: n/a

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

____ Yes ____ No

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

____ Yes ____ No

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

____ Yes ____ No

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

____ Yes ____ No

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ALL APPLICANTS ANSWER THE FOLLOWING

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

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

Name of Individual (Last Name First) or Corporation

n/a

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

Describe Nature of Interest _____

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

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

Name of Individual (Last Name First) or Corporation

n/a

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

Describe Nature of Interest _____

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

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

Name of Individual (Last Name First) or Corporation

n/a

Last Name

First Name

Middle Initial

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____ - _____

Describe Nature of Interest _____

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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 Meixner, Molly
(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:

TrapassoAnthony

Home Street Address 169 Rensselaer Rd. First Name Anthony Middle Initial

P.O. Box # Number 169 Street Name Essex Fells State NJ

Zip 07006 - 60 - 1769 Date of Birth 2 / 4 / 1975

Social Security Number 139 - 60 - 1769 Date of Birth 2 / 4 / 1975

Home telephone number (973) 479 - 7363
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

X 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:

SponzilliJason

Home Street Address 210 Smull Ave. First Name Jason Middle Initial

P.O. Box # Number 210 Street Name North Caldwell State NJ

Zip 07006 - 66 - 8666 Date of Birth 8 / 12 / 1977

Social Security Number 144 - 66 - 8666 Date of Birth 8 / 12 / 1977

Home telephone number (973) 418 - 3252
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 X Vice-President Secretary Treasurer Director

Trustee Manager Agent Executor/Administrator Receiver

Beneficiary Other (specify)

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

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

RussellGuy

Home Street Address 18 Richwood Place Last Name Russell First Name Guy Middle Initial _____

Number 18 Street Name Richwood Place Municipality Denville State NJ

P.O. Box # _____ 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 (_____) _____ - _____

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:

RotioChristopher

Home Street Address 58 Mackay Ave, Last Name Rotio First Name Christopher Middle Initial _____

Number 58 Street Name Mackay Ave, Municipality Waldwick State NJ

P.O. Box # _____ 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 (_____) _____ - _____

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 0722 - 33 - 015 - 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): 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
 Social Security Number 141 - 74 - 4528 Date of Birth 8 / 21 / 1968
 Home telephone number (973) 731 - 1400
 Area Exchange Number
 Office telephone number () -
 Area Exchange Number
 Email address: jkelly@essexcountyc.com

% 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:

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 ☒ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver
☐ Beneficiary ☐ Other (specify) _____

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

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 # _____ Municipality Passaic State NJ
 Zip 07055 - _____
 Social Security Number 218 - 99 - 3331 Date of Birth 5 / 16 / 1997
 Home telephone number (201) 702 - 4156
 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 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 # _____ Municipality Harrison State NJ
 Zip 07029 - _____
 Social Security Number 150 - 19 - 8637 Date of Birth 10 / 18 / 1996
 Home telephone number (201) 519 - 4490
 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 X Manager _____ Agent _____ Executor/Administrator _____ Receiver
 _____ Beneficiary _____ Other (specify) _____

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

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

PurcellPatrickLast Name 131 Marion Drive First Name Middle Initial
Home Street Address

Number

Street Name

Middle Initial

P.O. Box # Municipality West Orange State NJZip 07052Social Security Number 146 - 66 - 9721 Date of Birth 12 / 29 / 1966Home telephone number (973) 204 - 1498
Area Exchange NumberOffice 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) Member, Board of Governors

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

LavoieJustinLast Name 14 Meadow Lane First Name Middle Initial
Home Street Address

Number

Street Name

Middle Initial

P.O. Box # Municipality Verona State NJZip 07044Social Security Number 020 - 52 - 7568 Date of Birth 6 / 12 / 1974Home telephone number (973) 571 - 9397
Area Exchange NumberOffice 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) 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:

RakelaEsteban

Last Name	<u>931 Washington Street</u>	First Name		Middle Initial	
Home Street Address		Street Name			

Number	<u>Hoboken</u>	State	<u>NJ</u>
P.O. Box #		Municipality	

Zip 07030 - _____Social Security Number 476 - 04 - 5071 Date of Birth 9 / 15 / 1977Home telephone number (201) 238 - 2375
Area Exchange NumberOffice 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) Member, Board of Governors

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

MurzenskiMichael

Last Name	<u>1021 Grand St, PHA</u>	First Name		Middle Initial	
Home Street Address		Street Name			

Number	<u>Hoboken</u>	State	<u>NJ</u>
P.O. Box #		Municipality	

Zip 07030 - _____Social Security Number 141 - 66 - 6182 Date of Birth 9 / 27 / 1969Home telephone number (201) 424 - 3154
Area Exchange NumberOffice 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) 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:

BrownJeffreyLast Name 3 Olde Woods Lane First Name _____ Middle Initial _____
Home Street Address _____Number _____ 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 (_____) _____ - _____
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:

KlingerDanielLast Name 2 Ely Ct. First Name _____ Middle Initial _____
Home Street Address _____Number _____ Street Name _____ State NJ
P.O. Box # _____ Municipality LivingstonZip _____ - _____ - _____ Date of Birth 10 / 25 / 1967Social Security Number 219 - 58 - 5918Home telephone number (973) 992 - 4913
Area Exchange NumberOffice 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) Member, Board of Governors

STATE ASSIGNED LICENSE NUMBER 0722 - 33 - 015 - 001

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

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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 () -
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 () -
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

AFFIDAVIT

LICENSE PERIOD
APPLIED FORFROM 2023 TO 2024

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)

Secretary _____
SignatureBy [Signature]
(Signature of Corporate President or Vice President)

(Signature of Partner)

Affix Corporate Seal

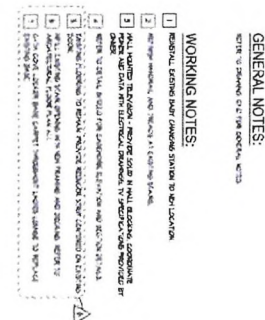
(Signature of Partner)

Sworn to and subscribed before me

this 20th day of March 20 24

AFFIDAVIT MUST BE SIGNED HERE ----->

Lisa R. Barata
(Signature of Officer Administering Oath)BY DULY AUTHORIZED
NOTARY PUBLICLisa R. Barata, Esq.
(Printed Name of Officer Administering Oath)OR AN ATTORNEY-AT-LAW
OF NEW JERSEYAttorney-At-Law
(Title of Officer Administering Oath)
State of New Jersey(Date of Expiration of
Commission, if applicable)



SEA ARCHITECTURAL DESIGN
700 SCHOOL STREET UNIT 2
ANN ARBOR MI 48106-1901 TEL: 734-763-2329

KIM MCKINLEY 2013.34
DESIGNER
WJL/PFB
DATE ISSUED: 09/05/2014
SCALE: Noted

ID1.2

NOT TO SCALE

ISSUED FOR CONSTRUCTION SEPTEMBER 05, 2014

JGA

UPPER LEVEL FF&E PLAN
GENERAL AND WORKING NOTES

ESSEX COUNTY
COUNTRY CLUB
350 HT. PLASANT AVENUE
WEST ORANGE, N.J. 07062

[illegible]

Journal of Business Development

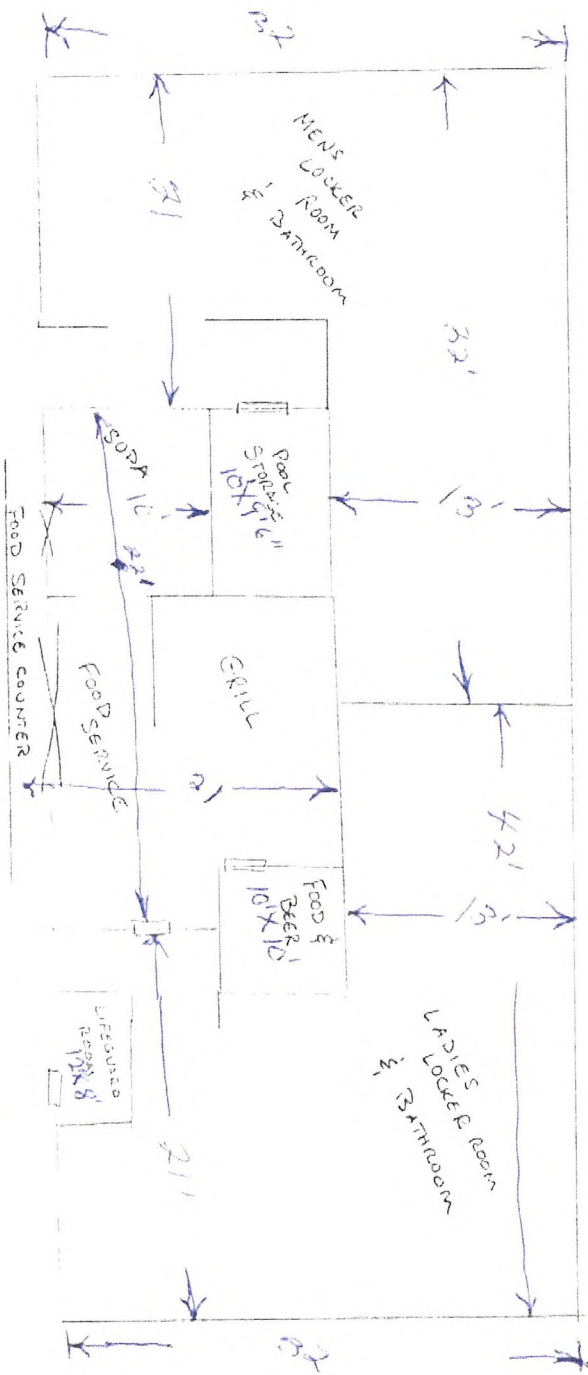
WAYNE J. JACQUES
- ARCHITECT -
Registration No. AJ 15584
Certificate of Authentication
No. AC 1968

CONFIDENTIAL

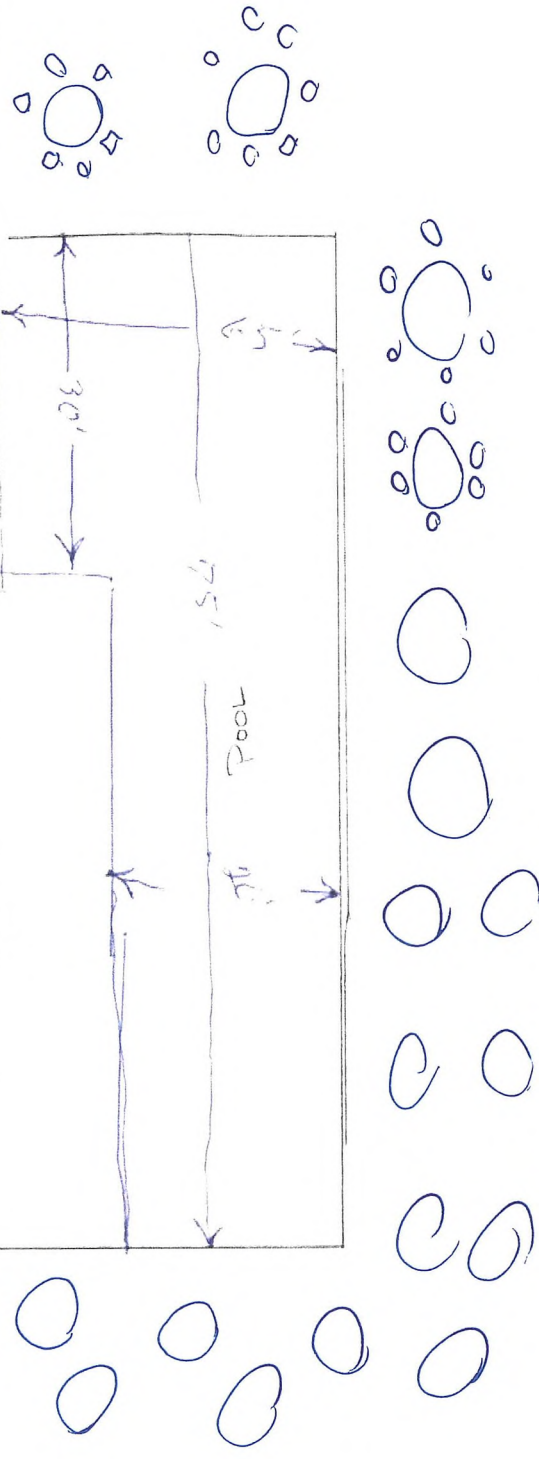
Essex County Country Club INC
6792-33-015-001

Pool House

NORTH



SOUTH



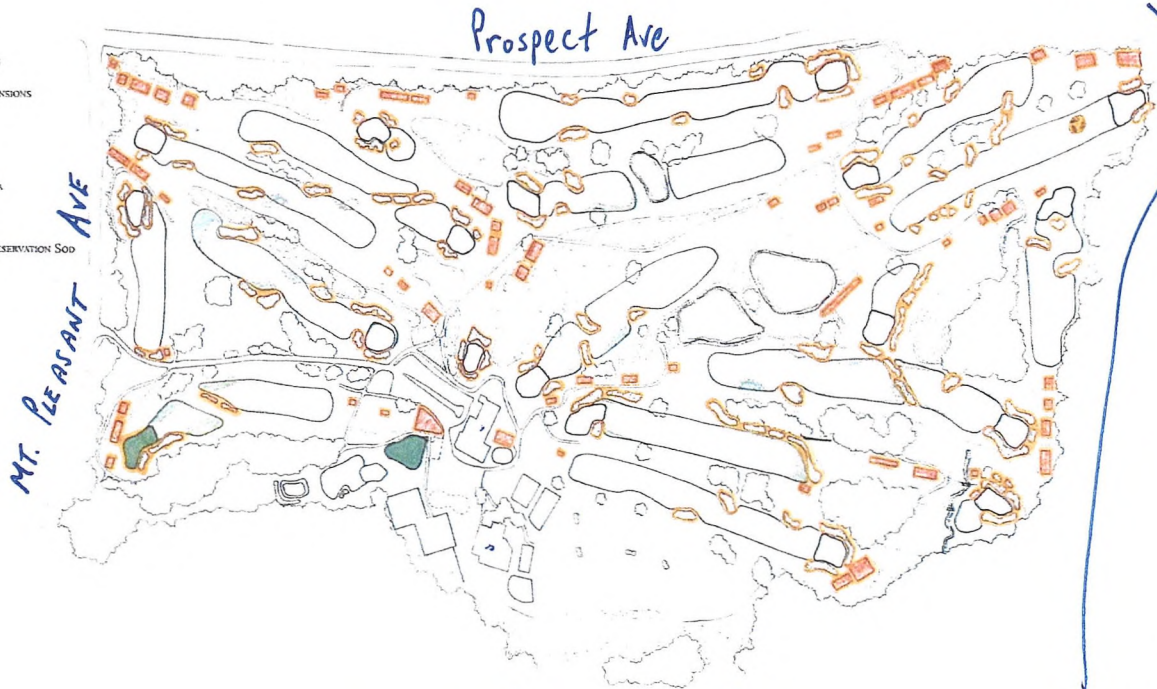
Pool 15' x 30'
Kiosk

GRASSING PLAN
ECCC, WEST ORANGE, NJ

SHEET
3
OF 3

LEGEND

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



SCALE: 1" = 150'
HANDED COURSE DESIGN, INC.
MEMPHIS, TN



CHIESA SHAHINIAN & GIANTOMASI PC

105 Eisenhower Parkway, Roseland, NJ 07068
csglaw.com

LISA R. BARATA
lbarata@csglaw.com

O 973.530.2343 F 973.325.1501

April 9, 2024

Via Hand Delivery

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

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

Dear Ms. Carnevale:

In accordance with N.J.A.C. 13:2-2.14, I attach an original and two copies of a twelve page application amendment for the Essex County Country Club, license number 0722-33-015.

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

Very truly yours,

A handwritten signature in blue ink that reads "Lisa R. Barata".

Lisa R. Barata

LRB
Enclosures

