

Township of Hillsborough  
Hillsborough, New Jersey

# Bid Package for Sale of Plenary Retail Distribution License

Due Date: April 4, 2024 at 11:00 a.m.

## Liquor License Process and Timeline

**February 13, 2024** - Township Committee adopts resolutions authorizing the sale authorizing a Plenary Retail Consumption Liquor License and a Plenary Retail Distribution Liquor License to be sold under the "Public Sale Option"

**February 23, 2024** - First publication of Public Notice / Invitation to Bid

**March 1, 2024** - Second publication of Public Notice / Invitation to Bid

**April 4, 2024** - Bid Packages due to the Township Clerk's Office at 11:00 am

**April 11, 2024** - Township clerk announces qualified bidders at 11:00 am

**April 18, 2024** - Township clerk opens bid proposals of qualified bidders

**April 23, 2024** - Township Committee awards Liquor License via resolution, subject to a criminal background check or rejects all bids



# Township of Hillsborough

COUNTY OF SOMERSET  
THE PETER J. BIONDI BUILDING  
379 SOUTH BRANCH ROAD  
HILLSBOROUGH, NJ 08844  
(908) 369-4313  
[www.hillsborough-nj.org](http://www.hillsborough-nj.org)

## **Resolution Authorizing a Plenary Retail Distribution Liquor License to be Sold Under the "Public Sale Option"**

**WHEREAS**, N.J.S.A. 33:1-12.14 and Section 113-5 of the Hillsborough Township Code authorizes the Township to issue up to five (5) Plenary Retail Distribution Liquor Licenses; and

**WHEREAS**, the Township has issued a total of four (4) Plenary Retail Distribution Liquor Licenses and one (1) remains available; and

**WHEREAS**, pursuant to N.J.S.A. 33:1-19.3, the Township desires to offer for public sale to the highest qualified bidder one (1) Plenary Retail Distribution Liquor License for the sale of alcoholic beverages.

**NOW, THEREFORE, BE IT RESOLVED** by the Township Committee of the Township of Hillsborough, County of Somerset, State of New Jersey, as follows:

1. It is hereby authorized that one (1) Plenary Retail Distribution Liquor License be issued.
2. It is hereby determined that one (1) Plenary Retail Distribution Liquor License be sold under the "Public Sale Option" in accordance with the procedures set forth in N.J.S.A. 33:1-19.3 et seq.
3. It is hereby required that all bidders be qualified to have an interest in a Plenary Retail Distribution Liquor License under the standards set forth in the Alcoholic Beverage Control Act, the rules and regulations promulgated thereunder, and all applicable Township ordinances.
4. The Township Committee shall make the award of one (1) Plenary Retail Distribution Liquor License to the highest qualified bidder at a public sale to be conducted by the Township.
5. The Township Clerk shall publish a Public Notice of the proposed issuance of one (1) Plenary Retail Distribution Liquor License, indicating that applications therefore shall be accepted by the Township Committee at the time, date and place specified in the Notice, after which time and date, no further applications shall be accepted.
6. The Public Notice shall also specify that all prospective bidders shall be preliminarily qualified on a date at least five (5) business days prior to the opening of bids.
7. The Public Notice shall be published in The Hillsborough Beacon at least two (2) times, which publications shall not be less than one (1) week apart, and none shall be published less than thirty (30) days prior to the time and date specified in the Public Notice as the time and date after which no further applications shall be accepted.
8. The minimum bid price for the Plenary Retail Distribution Liquor License shall be \$350,000.00.
9. Bids shall be made upon the Proposal Form available in the Office of the Township Clerk with the name and address of the bidder on the outside of the sealed envelope.
10. The bid shall contain a deposit in the form of a certified check, bank check, or cashier's check in the amount of ten (10%) percent of the bid price. The successful bidder will be required to close the sale of the Plenary Retail Distribution Liquor License and pay to the Township the balance due for the liquor license within one hundred and eighty (180) days of the award of the bid. This payment shall also be in the form of a certified check, bank check, or cashier's check. The deposit of any bidder deemed to be unqualified shall be returned within seventy-two (72) hours of the determination of

- lack of qualification. The deposit of any unsuccessful bidder deemed to be qualified shall be returned within seventy-two (72) hours of the award of the license or rejection of all bids as the case may be.
11. All bidders shall submit a separate Certificate of Proof of Compliance stating that the application has been properly completed and that the bidder meets all special conditions or requirements contained in the Public Notice and knows of no reason why the bidder would be disqualified from having an interest in a Plenary Retail Distribution Liquor License in New Jersey. All bidders shall also submit a Source of Funding Affidavit.
  12. No bid will be opened from or on behalf of any bidder who does not qualify or has not submitted a Certificate of Proof of Compliance, Source of Funding Affidavit and completed the Alcoholic Beverage Control License Application.
  13. The successful bidder shall comply with all applicable statutes, regulations, codes and Township ordinances in locating the license. Should the successful bidder's application be completed without specifying the premises to be licensed, the license issued hereunder shall be a Pocket License and a Place-to-Place transfer shall be required when the location of the premises to be licensed has been determined.
  14. The Township reserves the right to reject any and all bids if the highest bid is not accepted.
  15. The sale may be postponed or canceled at any time prior to the opening of the bids.
  16. The terms and conditions of the sale of the Plenary Retail Distribution Liquor License shall be as set forth in this Resolution and contained in the Public Notice which is attached hereto and made a part hereof.

**BE IT FURTHER RESOLVED** that this Resolution shall take effect immediately.

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I, Sarah Brake, Township Clerk, hereby certify that the above resolution is a true and correct copy of a resolution adopted by the Township Committee of the Township of Hillsborough at a regular and duly convened meeting held on February 13, 2024. In witness thereof, I have set my hand and affixed the seal of the Township of Hillsborough.



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**PUBLIC NOTICE/INVITATION TO BID**

**TOWNSHIP OF HILLSBOROUGH**

**SALE OF A PLENARY RETAIL**

**DISTRIBUTION LIQUOR LICENSE**

**TAKE NOTICE** that the Township of Hillsborough is accepting applications and sealed bids on Thursday, April 4, 2024, at 11:00 A.M., in the Courtroom at the Peter J. Biondi Municipal Building, located at 379 South Branch Road, Hillsborough, New Jersey 08844, for the issuance of a Plenary Retail Distribution Liquor License.

**PLEASE TAKE FURTHER NOTICE** that bid packages can be picked up, during normal business hours at the Township Clerk's Office or are available on the Township website at [www.hillsborough-nj.org](http://www.hillsborough-nj.org)

**PLEASE TAKE FURTHER NOTICE** that the Township Committee of the Township of Hillsborough authorized this sale by adoption of a Resolution on February 14, 2024, for the receipt of bids for the sale of a Plenary Retail Distribution Liquor License.

**CONDITIONS OF SALE**

1. All prospective bidders for the license shall apply by submitting to the Clerk of the Township of Hillsborough at 379 South Branch Road, Hillsborough, New Jersey 08844, in a separately sealed envelope a full and complete twelve (12) page Alcoholic Beverage Control license application form; a Certification of Proof of Compliance by the bidder, including that the bidder knows of no reason why the bidder would be disqualified from having an interest in a Plenary Retail Distribution Liquor License in the State of New Jersey no later than Thursday, April 4, 2024, at 11:00 A.M. The outside of the sealed envelope shall state "Plenary Retail Distribution Liquor License Application."

2. All prospective bidders for the license shall submit in a separate sealed envelope bids with minimum bid of \$350,000.00, no later than Thursday, April 4, 2024, at 11:00 A.M. All bids are to be accompanied by a ten (10%) percent deposit in the form of a certified, bank or cashier's check. The outside of the sealed envelope shall state "Plenary Retail Distribution Liquor License Bid."

3. The Township reserves the right to reject all bids if the highest bid is not accepted, and the sale may be postponed or canceled at any time prior to the opening of the bids.

4. The Clerk shall publicly announce those bidders who presumptively meet the qualifications for bidding as fixed by law, rules and regulations, the enabling Resolution and this Public Notice. The public announcement shall occur no less than five (5) business days prior to the date of opening the sealed bids.

5. The sealed bids will be opened by the Clerk on Thursday, April 18, 2024, at 11:00 A.M., at the Peter J. Biondi Municipal Building, located at, 379 South Branch Road, Hillsborough, New Jersey 08844. No bids will be opened from or on behalf of any bidder who does not qualify or has not submitted proof of qualification (a full and complete twelve (12) page Alcoholic Beverage Control license application form and Certification of Proof of Compliance).

6. The sealed bids will be opened and all bid amounts and the highest bid amount will be declared. If the Township determines to reject all bids, the Township shall do so by Resolution. If the Township determines to accept the highest qualified bid, the Township shall do so by Resolution subject to the issuance of a license, including payment of the balance of the bid price, payment of all applicable State and Township application fees and annual Township fee; satisfactory outcome of background checks to investigate the source of funds used to purchase the license; the receipt of favorable State or Federal criminal background checks; and the compliance with the publication, hearing and Resolution requirement under N.J.A.C. 13:2-2.1 et seq.

Township of Hillsborough

By 

Sarah Brake, RMC  
Hillsborough Township Clerk

## **LIQUOR LICENSE BID PROPOSAL FORM AND CHECKLIST**

The Liquor License bid package to be submitted by an applicant shall consist of three (3) envelopes:

### **First Envelope - Bid Proposal and Deposit**

1. Bid Proposal Form. (copy attached)
2. Ten percent (10%) deposit. A deposit in the sum of ten percent (10%) of the bid in the form of a certified check or cashier's check.

### **Second Envelope - Prequalification Forms**

1. Completed 12 page application for Retail Alcoholic Beverage License (Copy attached)
2. Application fees.
3. Affidavit of Qualification (Copy Attached)
4. Bidder Certification regarding Interests and Gifts (Copy Attached)
5. Acknowledgement of Receipt of Addenda (Copy Attached)
6. Statement of Ownership Disclosure (Copy Attached)
7. Non-Collusion Affidavit (Copy Attached)
8. Bid Document Checklist (Copy Attached)

### **THE ABOVE MATERIAL MUST BE SUBMITTED IN A THIRD SEPARATE ENVELOPE ADDRESSED TO:**

Sarah Brake, Township Clerk  
Township of Hillsborough  
Peter J. Biondi Municipal Building  
379 South Branch Road  
Hillsborough, NJ 08844

### **IT SHALL BE LABELED:**

Bid for identifying the type of license:

Plenary Retail Consumption

OR

Plenary Retail Distribution

**Including the Name and Address of the Bidder on the outside of the envelope.**

## **BID PROPOSAL FORM**

**MINIMUM BID IS \$350,000.00**

- Complete this form.
- Submit a certified check, bank check or cashier's check made payable to the Township of Hillsborough for ten percent (10%) of bid amount.
- Insert both, the form and check in a separate labeled envelope.

Total Bid Amount in Numerals:

\$ \_\_\_\_\_

Total Bid Amount in Words:

\_\_\_\_\_

Bid Deposit Amount:

\$ \_\_\_\_\_

Applicant:

\_\_\_\_\_

Address:

\_\_\_\_\_

Applicant Signature:

\_\_\_\_\_

Print Name:

\_\_\_\_\_

- **No bid shall be considered of any applicant who does not satisfy the prequalification requirements. This bid envelope will only be opened if the bidder has been pre-qualified.**
- **Submit both the Bid Proposal and Deposit in one (1) envelope.**
- **Submit the Prequalification Forms in a separate envelope.**
- **Place both envelopes into a separate sealed envelope and address as stated above, labeled "Plenary Retail Consumption Liquor License Bid" or "Plenary Retail Distribution Liquor License Bid"**



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:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

[For DIVISION use only \_\_\_\_\_]

CODE TYPE OF LICENSE (CHECK ONE)

THIS APPLICATION IS FOR:

**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

- \_\_\_\_\_ 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 \_\_\_\_\_

**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 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

Application is made on behalf of: \_\_\_\_\_

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.  
\_\_\_\_\_  
(Last Name, First Name, Middle Initial or Corporate Name)
- 2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):  
Street Address \_\_\_\_\_  
Number \_\_\_\_\_ Street Name \_\_\_\_\_  
Municipality \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number of Business (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Area Exchange Number
- 2.3 If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing address (insert N/A if not applicable):  
Street Address \_\_\_\_\_  
Number \_\_\_\_\_ Street Name \_\_\_\_\_  
P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ - \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- 2.4 New Jersey Sales Tax Certificate of Authority No. \_\_\_\_\_
- 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?  
\_\_\_\_\_ 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<sup>st</sup> floor \_\_\_\_\_ Yes \_\_\_\_\_ No All of it \_\_\_\_\_ Yes \_\_\_\_\_ No2<sup>nd</sup> floor \_\_\_\_\_ Yes \_\_\_\_\_ No All of it \_\_\_\_\_ Yes \_\_\_\_\_ No3<sup>rd</sup> 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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- 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. \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

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

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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

NJ Sales Tax Certificate of Authority No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

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

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

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

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:

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

Street Address \_\_\_\_\_  
 Municipality \_\_\_\_\_ New Jersey  
 Zip \_\_\_\_\_ - \_\_\_\_\_

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 \_\_\_\_\_

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 ENFRANCISED 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



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 \_\_\_\_\_

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 \_\_\_\_\_

(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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

10.2 Street address of home office \_\_\_\_\_  
   Number                      Street Name  
Municipality \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

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 \_\_\_\_ 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

\_\_\_\_\_  
(Partnership Name)\_\_\_\_\_  
(Signature of Partner)

Attest:

\_\_\_\_\_  
Corporate Name\_\_\_\_\_  
(Signature of Partner)

Secretary \_\_\_\_\_ By \_\_\_\_\_  
 Signature (Signature of Corporate President or Vice President)

\_\_\_\_\_  
(Signature of Partner)

Affix Corporate Seal

\_\_\_\_\_  
(Signature of Partner)

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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)

**AFFIDAVIT OF QUALIFICATION FOR OWNERSHIP INTEREST IN OR ASSOCIATION WITH  
A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE OR PERMIT**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_ residing \_\_\_\_\_ of full age, being  
duly sworn according to law, upon my oath depose and say:

1. I am a \_\_\_\_\_ [shareholder/ member/ partner/ sole proprietor] of  
\_\_\_\_\_ [corporation or partnership entity, if any] holding the office  
or title of \_\_\_\_\_ and am duly authorized to make this affidavit.

2. An application for a New Jersey Plenary Retail Consumption Liquor License by  
\_\_\_\_\_ [name of applicant] has been filed with the New  
Jersey Division of Alcoholic Beverage Control.

3. This affidavit is submitted in support of my qualification to have an ownership interest in or  
association with a New Jersey Alcoholic Beverage license or permit issued pursuant to the laws  
of the State of New Jersey, including Title 33, New Jersey Revised Statutes, entitled  
"Intoxicating Liquors".

4. I represent that pursuant to N.J.S.A. 33:1-25, I am qualified to hold an interest in or associate  
with a New Jersey Alcoholic Beverage License or permit according to all standards established  
by Title 33 of the New Jersey Statutes, regulations promulgated thereunder and any pertinent  
local ordinances and conditions imposed consistent with Title 33.

5. I represent that I meet all New Jersey mandated qualifications, including that:

a. I am 18 years of age or older;

b. I have not been convicted of a crime of moral turpitude;

c. I am a reputable person who will operate the licensed business in a reputable manner;

d. I have fully and completely disclosed all beneficial interests in the entity to be licensed;

e. I have no ownership interest in nor am I an officer or director of any corporation that is a  
New Jersey alcoholic beverage manufacturer or wholesaler;

f. I do not have an interest in more than two retail licenses, except as otherwise permitted under N.J.S.A. 33:1-12.32;

g. I am not ineligible for licensure for 2 years or more because of prior revocation; and

h. I am not a peace or police officer or any other person whose powers and duties include the enforcement of the New Jersey Alcoholic Beverage Control laws or regulations, or hold an interest in nor am I an officer in a for-profit corporation in which any peace or police officer has a direct or indirect interest.

6. I understand that if I do not meet the qualification requirements of Title 33 of the New Jersey Statutes and regulations promulgated thereunder, after a criminal background investigation is conducted on me, I cannot hold an interest in any New Jersey liquor license or permit. I also understand that if I am disqualified, I must divest myself of an interest in or association with any New Jersey liquor license or permit within a time frame specified by the Director.

7. I make the foregoing statements realizing that the Division of Alcoholic Beverage Control will rely on them. I am also aware that any misstatements or omissions of material facts that are made by me are grounds for suspension or revocation of any New Jersey Alcoholic Beverage license or permit that I may have an interest in or association with.

8. I make the foregoing statements and represent that under penalty of perjury, the foregoing statements are true and correct.

Signed and Sworn to

By: \_\_\_\_\_

before me this \_\_\_\_\_

Name: \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_

Title: \_\_\_\_\_

Notary Public Seal

**TOWNSHIP OF HILLSBOROUGH  
BIDDER CERTIFICATION**

Direct/Indirect Interests

I declare and certify that no member of the Township of Hillsborough Township Committee, nor any officer or employee or person whose salary is payable in whole or in part by the Township or their immediate family members are directly or indirectly interested in this bid or in the supplies, materials, equipment, work or services to which it relates, or in any portion of profits thereof. If a situation so exists where a Committee Member, employee, officer of the Township has an interest in the bid, etc., then please attach a letter of explanation to this document, duly signed by the head of the firm or company.

I certify that I am not an official or employee of the Township of Hillsborough.

Gifts: Gratuities: Compensation

I declare and certify that no person from my firm, business, corporation, association or partnership offered or paid any fee, commission or compensation, or offered any gift, gratuity or other thing of value to any Township official, Committee Member or employee of the Township.

I further certify that I understand that it is a crime in the second degree in New Jersey to knowingly make a material representation that is false in connection with the negotiation, award or performance of a government contract.

\_\_\_\_\_  
President or Authorized Agent (Print)

\_\_\_\_\_  
SIGNATURE

## TOWNSHIP OF HILLSBOROUGH

### Acknowledgement of Receipt of Addenda

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

Addenda Number	Dated	Acknowledge Receipt (initial)
_____	_____	_____
_____	_____	_____
_____	_____	_____

- No addenda were received:

Acknowledged for: \_\_\_\_\_  
(Name of Bidder)

By: \_\_\_\_\_  
(Signature of Authorized Representative)

Name: \_\_\_\_\_  
(Print or Type)

Title: \_\_\_\_\_

Date: \_\_\_\_\_



**STATEMENT OF OWNERSHIP DISCLOSURE**

**N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)**

**This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.**

**Name of Organization:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**Part I Check the box that represents the type of business organization:**

- ☐ Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- ☐ Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- ☐ For-Profit Corporation (any type)      ☐ Limited Liability Company (LLC)
- ☐ Partnership      ☐ Limited Partnership      ☐ Limited Liability Partnership (LLP)
- ☐ Other (be specific): \_\_\_\_\_

**Part II**

- ☐ The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**

**OR**

- ☐ No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. **(SKIP TO PART IV)**

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Address

**Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II**

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed.**

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

**Please list** the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II **other than for any publicly traded parent entities referenced above**. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Address

**Part IV Certification**

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the **<name of contracting unit>** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with **<type of contracting unit>** to notify the **<type of contracting unit>** in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the **<type of contracting unit>** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):		Title:	
Signature:		Date:	

**Hillsborough Township**  
**NON-COLLUSION AFFIDAVIT**

State of New Jersey  
County of Somerset

SS:

I, \_\_\_\_\_ residing in \_\_\_\_\_  
(name of affiant) (name of Municipality)

In the County of \_\_\_\_\_ and State of \_\_\_\_\_ of full age, being duly sworn according to law on my oath depose and say that:

I am \_\_\_\_\_ of the firm of \_\_\_\_\_  
(title or position) (name of firm)

\_\_\_\_\_, the bidder making the Proposal for this bid  
entitled \_\_\_\_\_, and that I executed the said proposal with  
(title of bid proposal)

full authority to do so that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above-named bid; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that Hillsborough Township relies upon the truth of the statements contained in said submission and in the statements contained in this affidavit in issuing a plenary retail consumption license.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such license upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business.

\_\_\_\_\_  
(Name of Contractor)

Subscribed and sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Type or print name of affiant under signature)

\_\_\_\_\_

Notary Public of  
My Commission Expires:  
(SEAL)

**Township of Hillsborough**

**BID DOCUMENT CHECKLIST**

**Required  
by Owner**

**Submission Requirement**

**Initial each  
required entry**

•	<b>Bid Proposal Form (in separate sealed envelope)</b>	
•	<b>Bid Deposit (in same envelope with Bid Proposal Form)</b>	
•	<b>Bidder Certification Regarding Interests and Gifts</b>	
•	<b>Acknowledgment of Addenda</b>	
•	<b>Statement of Ownership Disclosure</b>	
•	<b>Non-Collusion Affidavit</b>	
•	<b>ABC Application</b>	
•	<b>Application Fees</b>	
•	<b>Affidavit of Qualifications</b>	
•	<b>Bid Document Checklist</b>	