



STATE OF NEW JERSEY
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

SUPPLEMENTAL QUESTIONNAIRE FOR A STATE ISSUED LICENSE OR CONCESSIONAIRE'S PERMIT (Part 1)

Instructions: Part One of this questionnaire should be completed by the individual who will be the primary licensee. If the licensed entity is a corporation, that individual would, in most circumstances, be the corporation president. If the licensed entity is a Limited Liability Company, the individual responsible to complete the questionnaire would be the managing member.

The information provided to the NJABC in this questionnaire will be used in the license qualification background investigation. **All answers should be complete and truthful. Material omissions or false statements can be a basis for denial of the license sought**, in addition to possible criminal penalties.

Should you have any questions regarding the completion of this questionnaire, you should contact the NJABC Enforcement Bureau (609) 292-5296.

Individual Completing Questionnaire											
	(Last)			(First)			(Middle)				
Present Address				City				State	Zip Code		
Place of Birth							Date of Birth				
Work Phone #											
Home Phone #											
Cell Phone #											
Name of Applicant											
Business Type	Sole Proprietorship	Partnership		Corporation		Limited Liability Company		Other (Explain)			
Applicant Address				City				State	Zip Code		
Trade Name of Applicant											
State License Number NJABC USE ONLY*							Type of License Applied For: (Indicate Below)				
	08	Restricted Brewery		16	Plenary Distillery		25	Limited Wholesale			
	09	Wine Blending		17	Limited Distillery		26	Wine Wholesale			
	10	Plenary Brewery		18	Supplementary Ltd Distillery		27	Warehouse Receipts			
	11	Limited Brewery		19	State Beverage Distributor		28	Public Warehouse			
	12	Broker		20	Transportation		29	Bonded Warehouse Bottling			
	13	Retail Transit		21	Plenary Winery		40	Special Permit for a Golf Facility			
	14	Annual State Permit		22	Farm Winery			(Other)			
	15	Rectifier and Blender		23	Plenary Wholesale			(Other)			
	16	Plenary Distillery		24	Additional Warehouse or Salesroom			(Other)			

If Applicant is a Partnership (Attach Additional Sheets As Needed)	1. State Names and Addresses of ALL Partners. 2. Attach a Copy of the Signed Partnership Agreement.

If Applicant is a Limited Partnership (Attach Additional Sheets As Needed)	1. State Names and Addresses of ALL General Partners (Including Officers, Directors and Shareholders of ALL Corporate General Partners. 2. State Names and Addresses of ALL Limited Partners. 3. Attach a Copy of the Limited Partnership Filing. 4. Attach a Copy of the Signed Limited Partnership Agreement.

If Applicant is a Corporation (Attach Additional Sheets As Needed)	1. State Names and Addresses of ALL Officers. 2. If Privately Held, Names and Addresses of ALL Stockholders and # of Shares Held by Each. (Should Total 100% of Shares Issued) 3. Attach a Signed Copy of All Shareholder Agreements.

Date Incorporated		State of Incorporation		Federal Tax ID #		NJ Tax ID #	
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If Applicant is a Limited Liability Company (Attach Additional Sheets As Needed)	1. State Names and Addresses of ALL Members, Including the Officers, Directors, and Shareholders of All Corporate Members. 2. Attach a Copy of the Articles of Organization and/or the Certificate of Formation Filed with the State. 3. Attach a Signed Copy of the Fully Executed Operating Agreement.

Purchase Information		1. Attach a Signed Copy of the Fully Executed Contract of Sale							
Date Alcoholic Beverage License Was Purchased						Purchase Price			
Seller's Name									
Present Address				City			State	Zip Code	
Primary Phone #					Secondary Phone #				
Amount Deposit					How Paid			Attach Signed Copy of the Financial Instrument	
Is Seller Holding a Note	No	Yes		If Yes, Amount of Note		Attach Signed Copy of Fully Executed Note			
Term Length	Interest Rate		Simple Interest	Compound Interest		Compound Period/Terms			
Borrowing from a Financial Institution	No	Yes		If Yes, Name and Address of Financial Institution		Attach Signed Copy of Fully Executed Loan Agreement			
Term Length	Interest Rate		Simple Interest	Compound Interest		Compound Period/Terms		Amount of Loan	
Will There be a Balance at Closing That is Coming From a Different Source Other Than Detailed Above		No		Yes		If Yes, Total Additional Amount Provided			
Provide Details Including Sources of Funds									
Is Applicant Represented by an Attorney							No	Yes	
Name of Attorney									
Name of Law Firm									
Address									
Phone #									
Will Applicant be Using an Outside Accountant/Bookkeeper for the Business							No	Yes	
Name of Accountant									
Name of Company									
Address									
Phone #									
Will Applicant's Books and Records be Maintained on the Licensed Premise						(If No Applicant Must File With NJABC for Off-Premise Storage Permit and Disclose Storage Location Below)		No	Yes
Address									
Phone #									

Will Applicant's Business Expenses be Paid by Check	(If Yes, Provide the Name of the Financial Institution(s) and Account Number(s). If No, Provide a Detailed Explanation of Payment Method.		No		Yes
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Who Are the Authorized Signatories on the Business Accounts

Name	Address	Phone #

How Did Applicant Learn That the Alcoholic Beverage License Was For Sale

Who Negotiated the Purchase For Applicant	
Who Negotiated the Purchase For Seller	

Did the Purchase Include

The Alcoholic Beverage License		No		Yes
Real Property		No		Yes
The Stock of the Seller		No		Yes
Did Applicant Assume Any Liabilities From the Seller	If Yes, Provide Details of the Liabilities		No	Yes

Will Applicant Own or Lease Property **If Lease, Provide Details Below** Own Lease

Monthly Rent		Term of Lease		Attach Copy of Fully Executed Lease
Name Lessor				
Address				
Phone #				

Will the Business Employ a General Manager to Oversee Day-to-Day Operations			No		Yes
If Yes, Is There a Management Contract		Attach Signed Copy of Fully Executed Management Contract			
If Yes, Name of Manager					
Present Address		City		State	Zip Code
Place of Birth				Date of Birth	
Work Phone #					
Home Phone #					
Cell Phone #					
Will Profits be Shared Between Manager & Partners/Members/Stockholders		If Yes, Provide Details Below		No	Yes
Will Partners/Members/Stockholders Receive a Salary		If Yes, Provide Details Below, Including Name, Amount of Yearly Salary		No	Yes
Will Any Person Associated With the Operation of the Business Receive a Bonus, Percentage of the Profits or Consultant Fee		If Yes, Provide Details Below, Listing Each Person, The Amount or Percentage Received, and Reason It Will Be Received		No	Yes
Have Any Partners/Members/Stockholders Loaned Any Money to the Applicant		If Yes, Provide Details Below, Including Amount, Date(s) of Loans, and Amount, If Any, Returned to Them by the Applicant		No	Yes
Does Applicant Have a Formalized Business Plan		If Yes, Attach Copy		No	Yes
What Are the Projected Gross Receipts	Attach Copy of Projected Total Monthly Revenues and Projected Total Monthly Expenses For First Year of Operation		Monthly	Yearly	
Who Will Hire/Fire the Employees and/or Contractors					
Who Will Order Supplies Including Alcoholic Beverages					

Will You Have Internal Security/Bouncers/Spotters	If Yes, Provide Details Below Including Name of Security Company Attach Copy of Contracts	No	Yes

CERTIFICATION

I DO HEREBY AUTHORIZE THE NEW JERSEY DIVISION OF ALCOHOLIC BEVERAGE CONTROL, AND THEIR AGENTS, TO RECEIVE AND USE INFORMATION CONCERNING THE APPLICANT AS PART OF THE DIVISION'S BACKGROUND INVESTIGATION OF THE APPLICANT'S APPLICATION FOR AN ALCOHOLIC BEVERAGE LICENSE AND/OR PERMIT.

I FURTHER ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS SUPPLEMENTAL QUESTIONNAIRE IS TRUTHFUL TO THE BEST OF MY KNOWLEDGE. I REALIZE THAT INCOMPLETE, MISLEADING OR FALSE INFORMATION MAY BE A BASIS FOR DENIAL OF AN ALCOHOLIC BEVERAGE LICENSE BY THE DIVISION, AND FURTHER, MAY SUBJECT ME TO BOTH CIVIL AND CRIMINAL PENALTIES, AS PROVIDED BY LAW.

Signed: _____

Print Name _____

Witness _____

Print Name _____

Sworn and Subscribed Before Me This

_____ Day of _____ 20_____.

Notary Seal

Date: _____