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 2)

Instructions:

Part Two of this questionnaire should be completed individually by **EACH INDIVIDUAL LISTED IN PART 10A OF THE LICENSE APPLICATION, AND ANY OTHER PERSON SO DIRECTED BY THE NJABC** after its initial review of the licensing application.

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.

ATTACH RECENT PASSPORT TYPE PHOTOGRAPH OF APPLICANT HERE

1, Individual Completing Questionnaire							
(Last)		(First)		(Middle)			
2, Present Address		City		State		Zip Code	
3. Own		4. Rent		5. Place of Birth		6. Date of Birth	
7 .Home Phone #		8. Work Phone #					
9. Cell Phone #		10. E-Mail Address					
11. Social Security #		12. Immigration/Naturalization #					
13. IRS Filing Type		Single		Married filing Joint		Married filing Single	
Head of Household		Other (Explain)					
14. Name of Spouse / Domestic Partner							
(Last)		(First)		(Middle)		(Maiden)	
15. Address if different then above		City		State		Zip Code	
16. Place of Birth		17. Date of Birth					

18. Children and/or Other Dependants - List full name, date of birth, current address if not the same as yours and occupation, if applicable

19. Residences for the Past Ten (10) Years

Address		From		To		Own/Rent	
Address		From		To		Own/Rent	
Address		From		To		Own/Rent	
Address		From		To		Own/Rent	

20. Where did you obtain the money that you invested in the business listed in Part I of this questionnaire?

21. If you borrowed money for this business transaction: 1. Provide a copy of the executed note, mortgage or other financial instrument.

Institution/Person Lending Funds Including Address		Amount Borrowed		Term Months/ Years		Monthly Payment	
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Institution/Person Lending Funds Including Address		Amount Borrowed		Term Months/ Years		Monthly Payment	
Institution/Person Lending Funds Including Address		Amount Borrowed		Term Months/ Years		Monthly Payment	

22. Do you currently own a business?		YES		NO

If YES, provide:

1. Corporate Name.
2. Trade Name(s)
3. Business Address
4. A Brief Description of the Type of Business

If NO, skip to 23. Name of Current Employer

Date Incorporated		State of Incorporation		Federal Tax ID #		NJ Tax ID #	

22a. Is your business the holder of ANY alcoholic beverage license from ANY other state or the federal government? If YES, provide the government name, license # and type.		YES		NO
22b. Are any business funds being used in the purchase of proposed ABC license and/or licensed business? If YES, complete the following four questions		YES		NO
22c. Do you have a business checking account(s)? If YES, provide the previous twelve months of bank statements.		YES		NO
22d. Do you have a business savings account(s)? If YES, provide the previous twelve months of bank statements.		YES		NO
22e. Do you have a business investment account(s)? If YES, provide the previous twelve months of statements.		YES		NO
22f. Do you have a business brokerage account(s)? If YES, provide the previous twelve months of statements.		YES		NO

23. Name of Current Employer - Provide name, address, telephone #, starting date, description of the business and your current position

24. Is your Current Employer the holder of ANY alcoholic beverage license from ANY other state or the federal government? If YES, provide the government name, license # and type.		YES		NO

25. List Employers for the last TEN years - Provide name, address, telephone #, starting and termination dates, reason for leaving, description of the business and position(s) held.

26. Do you receive income, other then interest and/or dividends, from any other source(s)? (e.g., pension, annuity, disability payments, trust fund disbursements, royalties, rent etc) If YES, provide the name, account #, and amount annually received.		YES		NO
27. Do you have a personal/joint checking account(s)? If YES, provide the previous twelve months of bank statements.		YES		NO
28. Do you have a personal/joint savings account(s)? If YES, provide the previous twelve months of bank statements.		YES		NO
29. Do you have a personal/joint investment account(s)? If YES, provide the previous twelve months of statements.		YES		NO
30. Do you have a personal/joint brokerage and/or margin account(s)? If YES, provide the previous twelve months of statements.		YES		NO
31. Does anyone owe you money? If YES, provide a copy of the executed note, mortgage, I.O.U, or other financial instrument.		YES		NO

Institution/Person Owing Funds Including Address		Amount Owed		Term Months/ Years		Monthly Payment Received	
Institution/Person Owing Funds Including Address		Amount Owed		Term Months/ Years		Monthly Payment Received	
Institution/Person Owing Funds Including Address		Amount Owed		Term Months/ Years		Monthly Payment Received	
Institution/Person Owing Funds Including Address		Amount Owed		Term Months/ Years		Monthly Payment Received	
Institution/Person Owing Funds Including Address		Amount Borrowed		Term Months/ Years		Monthly Payment Received	

32. Do you owe anyone money? If YES, provide a copy of the executed note, mortgage, I.O.U, court order, judgement, or other legal and/or financial instrument.		YES		NO

Institution/Person Receiving Funds Including Address & Account #		Amount Owed		Term Months/ Years		Monthly Payment	
Institution/Person Receiving Funds Including Address & Account #		Amount Owed		Term Months/ Years		Monthly Payment	
Institution/Person Receiving Funds Including Address & Account #		Amount Owed		Term Months/ Years		Monthly Payment	

Institution/Person Receiving Funds Including Address & Account #		Amount Owed		Term Months/ Years		Monthly Payment	
Institution/Person Receiving Funds Including Address & Account #		Amount Owed		Term Months/ Years		Monthly Payment	
Institution/Person Receiving Funds Including Address & Account #		Amount Owed		Term Months/ Years		Monthly Payment	

33. How Did You Learn That the Alcoholic Beverage License and/or Business Was for Sale?

34. Military Information. Attach a Copy of Your DD-214 (Discharge).

Branch			Highest Rank		
Service Number		Type of Discharge		If Disabled Veteran, %	

35. Education:

High School		Date Graduated		Degree Conferred	
College		Date Graduated		Degree Conferred	
Other		Date Graduated		Degree Conferred	
Other		Date Graduated		Degree Conferred	

35. Parents: (Note: if Applicant also has Step Parents, Provide the Same Information on Attached Sheets

Mother's Name							
(Last)		(First)		(Middle)		(Maiden)	
Place of Birth		Date of Birth		Living/ Deceased		Date of Death (if applicable)	
Present Address		City		State		Zip Code	
Father's Name							
(Last)		(First)		(Middle)			
Place of Birth		Date of Birth		Living/ Deceased		Date of Death (if applicable)	
Present Address		City		State		Zip Code	

36. Brothers / Step-Brothers and/or Sisters / Step Sisters							
Name							
(Last)		(First)				(Middle)	
Place of Birth		Date of Birth		Living/ Deceased		Date of Death (if applicable)	
Present Address		City		State		Zip Code	
Name							
(Last)		(First)				(Middle)	
Place of Birth		Date of Birth		Living/ Deceased		Date of Death (if applicable)	
Present Address		City		State		Zip Code	
Name							
(Last)		(First)				(Middle)	
Place of Birth		Date of Birth		Living/ Deceased		Date of Death (if applicable)	
Present Address		City		State		Zip Code	
Name							
(Last)		(First)				(Middle)	
Place of Birth		Date of Birth		Living/ Deceased		Date of Death (if applicable)	
Present Address		City		State		Zip Code	

37. Have you ever been divorced or a partner in a civil union that has been dissolved?	NO		Yes - If yes, provide the name of you former spouse / domestic partner, dates married / in domestic partnership & date of divorce decree / dissolvent.	

NOTE - In questions 38 through 43 and question 55, the term **IMMEDIATE FAMILY** shall mean: Spouse, Domestic Partner, Father, Step-Father, Mother, Step-Mother, Brother, Step-Brother, Sister, Step-Sister, Brother-in-Law, Sister-in-Law, Children, Spouses or Domestic Partners of Children, Grandchildren, and Spouses or Domestic Partners of Grandchildren.

38. Has anyone in your immediate family have any present or past interest in any other alcoholic beverage license in New Jersey or any other state?	NO		YES - If yes, explain in detail the interest. Provide the state license number.	

39. Are you or any member of your immediate family a member of any law enforcement agency?	NO		YES - If yes, explain in detail including the name and address of the agency as well as the position held in the agency.	
40. Has any alcoholic beverage license, presently or previously held in any state, by you or your immediate family, ever been fined, suspended or revoked?	NO		YES - If yes, explain in detail. Provide the state license number, and a copy of any charges and disposition, if available.	
41. Have you or any member of your immediate family, ever bee denied any type of license related to the alcoholic beverage industry?	NO		YES - If yes, explain in detail.	
42. Have you, or any member of your immediate family, ever been arrested, indicted, charged with or convicted of a criminal or disorderly persons offense in this State or in any other jurisdiction?	NO		YES - If yes, note who and explain in detail. Provide the a copy of any charges and disposition, if available.	
43. Have you, or any member of your immediate family, ever been named as an unindicted party or co-conspirator in any criminal proceeding in this State or in any other jurisdiction?	NO		YES - If yes, note who and explain in detail. Provide the prosecuting agency name, address, date of indictment and indictment number.	

44. To the best of your knowledge, have you ever been the subject of an investigation conducted by a governmental investigatory agency for any reason?	NO		YES - If yes, explain in detail. Provide the name and address of the investigatory agency, the nature of the investigation and the approximate time period during which the investigation was in progress.	
45. Have you ever been cited or charged with or formally accused of any violation of a statute, regulation or code of any federal or national, state, county or municipal government, other than a criminal, disorderly persons or motor vehicle violation?	NO		YES - If yes, explain in detail.	
46. Have you ever been a party in a civil court action?	NO		YES - If yes, explain in detail. Provide the name and address of the court, a copy of the suit and disposition.	
47. Do you now have, or have you had in the past five (5) years any judgment filed or docketed naming you, or an immediate family member or any business entity in which you had an interest?	NO		YES - If yes, provide the office where the judgment was filed together with the filing or docket number. State the reasons for the judgment, the amount of the judgement. If discharged, provide the date of the discharge.	
48. Have you ever been bonded for any purpose, or refused or denied any type bond?	NO		YES - If yes, explain in detail. Include the nature of the bond, the reason it was needed, the name of the party from whom the bond was obtained and whether such bond has ever been called.	

49. Have you, in the past five years, received any summons for violation of the motor vehicle law of New Jersey or any other state?	NO		YES - If yes, explain in detail. Provide the date and nature of the violation, the municipality and state where the violation occurred and the disposition.	
50. Have you, your spouse or domestic partner, filed any claims in excess of $10,000 under any fire, theft, automobile or other insurance policies, excluding health, within the past five (5) years?	NO		YES - If yes, explain in detail. Provide the claim date, the name and address of the insurance carrier, the nature of the claim and its disposition.	
51. During the past five (5) year period, have you, your spouse or domestic partner, received any gift, whether tangible or intangible, in excess of $10,000 in value?	NO		YES - If yes, explain in detail. Provide the name of the donor, a description of the gift, its approximate value and approximate date received.	
52. During the past five (5) year period, have you, your spouse or domestic partner, loaned any money to any person or entity?	NO		YES - If yes, explain in detail. Provide the name and address of the borrower, the loan amount and the terms of repayment.	

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53. Have you, or any business entity in which you held an ownership interest, or served as an officer or director, ever filed a petition for any type of bankruptcy or insolvency, under any bankruptcy or insolvency law?	NO		YES - If yes, explain in detail. Provide the captioned name in the filing, the court where the judgment was filed together with the filing date and docket number. If discharged, provide the date of the discharge.	
54. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order or the like during the past ten (10) year period?	NO		YES - If yes, explain in detail. Provide the name and address of the holder of the obligation and the docket number of any litigation involved.	
55. Do you own any life insurance policies on your life, or the life or the lives of any member of your immediate family that name, as beneficiary, persons other than immediate family members?	NO		YES - If yes, explain in detail.	
56. List the names and address of the Executor (trix) and all beneficiaries of your Last Will and Testament.				
57.In the past ten years, have you ever engaged in business as a sole proprietor?	NO		YES - If yes, explain in detail. Provide the name under which it operated, the principal place of business, the kind of business, the date commenced, the date business ended and the location of the business records.	

58. In the past ten years, have you ever owned any interest in any partnership or limited partnership?	NO		YES - If yes, explain in detail. Provide the name under which it operated, the principal place of business, the kind of business, the date commenced, the date business ended, the names and addresses of all partners and the location of the business records.	
59. In the past ten years, have you ever owned any interest in any corporation, limited partnership or limited liability corporation?	NO		YES - If yes, explain in detail. Provide the name under which it operated, the principal place of business, the kind of business, the date form or incorporated, the date business ended, the names and addresses of all officers or members, the total number of shares of each class of stock issued and outstanding, the names and address of stockholders and number shares owned, the type and amount of consideration you gave for the shares of capital stock owned by you and the location of the business records.	

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CERTIFICATION

60. 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:_____

RELEASE OF INFORMATION FORM

To all courts, probation departments, police departments, officers and Judges in charge of expongement records, schools, colleges, physicians, credit reporting bureaus or agencies, selective service boards, military services, military records bureaus and centers, unemployment & disability insurance officers, insurance companies, workmen compensation companies and courts, and any and all other institutions, agencies, persons, businesses without exception:

I _____, Social Security No. _____

Date of Birth _____, am making application to _____

_____ for an alcoholic beverage license, and, as a result, an

investigation is being conducted to determine my eligibility.

Therefore, you are hereby authorized to release, without liability onto you, or your company, agency, bureau or institution, any and all information, records, documents, reports, evaluations, examinations, or any and all other information pertaining to me that they may request.

A photostatic copy of this authorization will be deemed as effective and valid as the original.

DATE:_____

SIGNATURE:_____

WITNESS:_____