

CLINTON  
LI  
BA  
NJ DIVISION

Case Number \_\_\_\_\_

Interviewer \_\_\_\_\_

Persons Present \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Position Held \_\_\_\_\_

Drivers License # & State \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Name of Applicant/ Trade Na

Address \_\_\_\_\_

State the license number \_\_\_\_\_

\_\_\_\_\_

If applicant is a corporation, s

Incorporated? \_\_\_\_\_

Name and Addresses of all Offi

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names and Addresses of all Stockholders and Number of Shares Held by Each

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Attach copies of all shareholder agreements

If applicant is a partnership, state the names and addresses of all partners and attach a copy of the partnership agreement.

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If applicant is a limited partnership, state the names and addresses of all general partners including officers, Directors and shareholders of all corporate general partners. Also attach a list with the names and addresses of all limited partners. Also attach a copy of the limited partnership filing and a copy of the limited partnership agreement.

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If the applicant is a limited liability corporation, list the names and addresses of all members including the officers, Directors, and shareholders of all corporate members. Attach a copy of the Articles of Organization or the Certificate of Formation filed with the State and an executed copy of the Operating Agreement.

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State the consideration that you paid for your interest in the licensed entity and specifically list the source of the consideration.

PURCHASE INFORMATION

When was the liquor license purchased? \_\_\_\_\_

From whom? \_\_\_\_\_  
(Name) (Address) (Phone#)

Amount of Purchase: \_\_\_\_\_

\*\*\*\*\*PLEASE PROVIDE A COPY OF THE CONTRACT\*\*\*\*\*

Deposit: \_\_\_\_\_ How paid: \_\_\_\_\_  
\*\*\*\*Provide copy of check\*\*\*\*

Is the seller holding a note? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, how much and terms: \_\_\_\_\_  
\*\*\*\*Provide Copy of Note\*\*\*\*

Are you borrowing from any financial institution? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much and terms: \_\_\_\_\_  
\*\*\*\*Provide copy of Bank loan\*\*\*\*

Will there be a balance at closing that is coming from a different source other than mentioned above? Yes \_\_\_\_\_ No \_\_\_\_\_  
(For example, bank account) \*Use reverse side if needed.

Is so, how much and where will that come from? \_\_\_\_\_

Where did you obtain the money that you invested in the business?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you borrow any money? Other than mentioned above: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from whom?

\_\_\_\_\_  
(Name) (Address) (Phone #)

\_\_\_\_\_  
(Amount) (Terms) (Please provide proof or note)

Do you own any businesses? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list business name and location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a personal checking account? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide one (1) years worth of bank statements.

Do you have a personal savings account? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide one (1) years worth of bank statements.

Do you have any outstanding liabilities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list below, to include name and address of creditor,  
account #, monthly payment and outstanding balance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be using an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Attorneys name, address and phone #)

Will you be using an outside accountant/bookkeeper for the business?  
Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Name and address and phone #)

Where will your business account be maintained?

\_\_\_\_\_  
(Name) (Address) (Phone #)

Does anyone owe you money? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the name, address and amount.

\_\_\_\_\_  
(Name) (Address) (Phone #) (Amount)

\_\_\_\_\_  
(Name) (Address) (Phone #) (Amount)

Will all business expenses be paid by check? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_

How did you learn that the liquor license/business was for sale?

\_\_\_\_\_  
\_\_\_\_\_

Who negotiated the purchase? \_\_\_\_\_

Who negotiated for the seller? (Include name, address & phone #)

\_\_\_\_\_

What did the purchase include:

- Only the liquor license? \_\_\_\_\_

- The license and property? \_\_\_\_\_

- The stock? \_\_\_\_\_

Did you assume any liabilities from the previous owner? Yes \_\_\_ No \_\_\_  
If yes, please state what they are and terms.

\_\_\_\_\_  
\_\_\_\_\_

Will you own or lease the property? \_\_\_\_\_. If "Lease", please provide a copy of the lease.

Monthly Rent/Lease: \_\_\_\_\_

Name and address of lease holder: \_\_\_\_\_

Who are the authorized signatories on the business checking account?

\_\_\_\_\_  
(Name) (Address) (Phone#)

\_\_\_\_\_  
(Name) (Address) (Phone#)

Will the business have any other bank accounts? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please furnish name, address and account #.

\_\_\_\_\_  
\_\_\_\_\_

PERSONAL INFORMATION

MILITARY:

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Service # \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Disabled Vet: \_\_\_\_\_ %

EDUCATION:

High School: \_\_\_\_\_ Date Graduated/Degree: \_\_\_\_\_

College: \_\_\_\_\_ Date Graduated/Degree: \_\_\_\_\_

Others: \_\_\_\_\_ Date Graduated/Degree: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residence: Past Ten (10) Years:

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Own/Rent \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Own/Rent \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Own/Rent \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Own/Rent \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Own/Rent \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Own/Rent \_\_\_\_\_

Employment: Past Ten (10) Years:

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Reason left: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Maiden)

Address if different \_\_\_\_\_

Name and address of employer:  
\_\_\_\_\_

Spouse's driver license # and State \_\_\_\_\_

Place of Birth \_\_\_\_\_

Father \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation/Deceased \_\_\_\_\_  
(Where) (When/Where)

Mother \_\_\_\_\_ Address \_\_\_\_\_

Children \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation/Deceased \_\_\_\_\_  
(Where) (When/Where)

Brother(s) & Sister(s) Address D.O.B. Occupation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you every been divorced? \_\_\_\_\_ If yes, state the name of your former spouse, dates married, date of divorce degree.

Spouse's family

Father \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation/Deceased \_\_\_\_\_  
(Where) (When/Where)

Mother \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation/Deceased \_\_\_\_\_  
(Where) (When/Where)

Brother(s) & Sister(s) Address D.O.B. Occupation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE TERM IMMEDIATE FAMILY SHALL MEAN FATHER, MOTHER, BROTHER, SISTER, BROTHER-IN-LAW, SISTER-IN-LAW, CHILDREN AND GRANDCHILDREN AND THEIR SPOUSES.

Does anyone in your immediate family have any interest in any other liquor license in New Jersey or any other state?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, explain in detail.

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Are you a member of any law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details.

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Do you have any family members in law enforcement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details.

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Do you, or anyone related to you by blood or marriage, have any past or present interest in any other liquor related business in the State of New Jersey or any other State? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details:

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Has your liquor license ever been fined, suspended, or revoked? If yes, give details:

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Have you, or anyone in your immediate family, ever been denied any type of license related to the alcoholic beverage industry?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Has 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 jurisdiction?

\_\_\_\_ Yes \_\_\_\_ No If yes, answer the following:

Name: \_\_\_\_\_ Charge \_\_\_\_\_ Statute #: \_\_\_\_\_

Jurisdiction \_\_\_\_\_ Date \_\_\_\_\_ Disposition \_\_\_\_\_

Have you ever been arrested, indicted, charged with or convicted of a criminal or disorderly persons offense in this State or in any other jurisdiction?

\_\_\_\_ Yes \_\_\_\_ No If yes, answer the following:

Name \_\_\_\_\_ Charge \_\_\_\_\_ Statute # \_\_\_\_\_

Jurisdiction \_\_\_\_\_ Date \_\_\_\_\_ Disposition \_\_\_\_\_

Have you ever been named as an unindicted party or co-conspirator in any criminal proceeding in this State or in any other jurisdiction?

\_\_\_\_ Yes \_\_\_\_ No If yes, answer the following:

Agency: \_\_\_\_\_ Type Proceeding: \_\_\_\_\_ Date: \_\_\_\_\_

To the best of your knowledge, have you ever been the subject of an investigation conducted by a governmental investigatory agency for any reason?

\_\_\_\_ YES \_\_\_\_ NO If yes, state the name and address of the investigatory agency or agencies, the nature of the investigation and the approximate time period during which the investigation was in progress: \_\_\_\_\_

Have you ever been cited or charged with or formally accused of any violation of a statute, regulation or code of any state, county, municipal, federal or national government other than a criminal, disorderly persons or motor vehicle violation?

\_\_\_\_ YES \_\_\_\_ NO If yes, complete the details of fact: \_\_\_\_\_

Have you ever been a party in a Civil suit?

\_\_\_\_ YES \_\_\_\_ NO If yes, complete the details of fact: \_\_\_\_\_

Do you have any judgment or have you had in the p  
judgment filed or docketed naming you or an immed  
any business entity that you had an interest in?

\_\_\_\_ YES \_\_\_\_ NO If yes, state the office wher  
filed together with the filing or docket number.  
for the judgment, state the amount of the judgmen  
state date of discharge.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or has any business entity in which you  
interest or served as an officer or director ever  
any type of bankruptcy or insolvency, under any b  
insolvency law:

\_\_\_\_ YES \_\_\_\_ NO If yes, complete details to i:

Date filed: \_\_\_\_\_ Court: \_\_\_\_\_ Name of Busin

Date of Discharge: \_\_\_\_\_ Docket #: \_\_\_\_\_

Have your wages, earnings, or other income been s  
garnishment, attachment, charging order or the li  
ten (10) year period?

\_\_\_\_ YES \_\_\_\_ NO If yes, state the name and add  
of the obligation and the docket number of any li

\_\_\_\_\_  
\_\_\_\_\_

List the names and address of the Executor (trix)  
beneficiaries of your Last Will and Testament \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you own any life insurance policies on your li  
on the lives of any members of your immediate fam  
beneficiary, persons other than family members? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been bonded for any purpose or refused or denied any type bond?

       YES        NO If yes, explain in detail, including the nature of the bond, the reason for it, the name of the party from whom the bond was obtained and whether such bond has ever been called? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever maintained or do you now maintain a margin account with any securities or commodities dealer?

       YES        NO If yes, describe the account giving the names and addresses of the dealer and the amount of the margin \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

During the last ten (10) year period, have you sold or purchased a discounted promissory note or other commercial paper?

       YES        NO If yes, identify the original obligor, obligee and bearer of said note, the amount of said note and the identity of the factor \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or any member of your immediate family filed any claims in excess of \$5,000.00 under any fire, theft, automobile or other insurance policies, within the last ten (10) year period?

       YES        NO If yes, provide for each such claim, the date of claim, the name and address of the insurance carrier with which the claim was filed, the nature of the claim and its disposition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

During the past ten (10) year period, have you or has any member of your immediate family received any gift, whether tangible or intangible, in excess of \$3,000.00 in value?

       YES        NO If yes, provide for each gift the name of the donor, a description of the gift, its approximate value and the approximate date on which the gift was received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you in the last 10 years received any summons for violations of motor vehicle law of New Jersey or any other State?

\_\_\_\_\_YES \_\_\_\_\_NO If yes, state the date of the violation, the nature of the violation, the Town and State where it occurred and the disposition.

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Have you ever engaged in business as a sole proprietor?

\_\_\_\_\_YES \_\_\_\_\_NO If so, state:

- (a) Name under which operated \_\_\_\_\_
- (b) Principal place of business \_\_\_\_\_
- (c) Kind of business \_\_\_\_\_
- (d) Date commenced \_\_\_\_\_
- (e) Is business active? \_\_\_\_\_
- (f) Where are the books and records located? \_\_\_\_\_

Have you ever owned any interest in any partnership?

\_\_\_\_\_YES \_\_\_\_\_NO If so, give the following information with respect thereto:

- (a) Trade name \_\_\_\_\_
- (b) Principal place of business \_\_\_\_\_
- (c) Kind of business \_\_\_\_\_
- (d) Date partnership was formed \_\_\_\_\_
- (e) Is partnership active \_\_\_\_\_
- (f) Names and addresses of all partners \_\_\_\_\_  
\_\_\_\_\_
- (g) Terms of partnership agreement \_\_\_\_\_

(h) Where are the books and records of the partnership \_\_\_\_\_

Have you ever owned any interest in any corporation, limited partnership or limited liability corporation?

\_\_\_\_YES \_\_\_\_NO. If yes, give the following information with respect thereto:

(a) Name of corporation, LP or LLC: \_\_\_\_\_

(b) Principal place of business: \_\_\_\_\_

(c) When and where incorporated or formed: \_\_\_\_\_

(d) Kind of business: \_\_\_\_\_

(e) Names and address of all officers: \_\_\_\_\_

(f) Total number of shares of each class of stock issued and outstanding: \_\_\_\_\_

(g) Names and address of stockholders and number of shares owned by each: \_\_\_\_\_

(h) What consideration did you give for the shares of capital stock owned by you? \_\_\_\_\_

Have you or your spouse ever owned any real estate?

\_\_\_\_YES \_\_\_\_NO

<u>Description</u>	<u>Date Acquired</u>	<u>Cost</u>	<u>Date Sold</u>	<u>Selling Price</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you or your spouse borrowed any money from any bank, individual or firm? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, give specific details including name of lender, address, loan amount and repayment.

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Have you ever submitted a statement of your assets and liabilities to any bank, concern or individual?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, to whom and when and attach copy \_\_\_\_\_

Have you or your spouse loaned any money to any person or firm?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, give specific details including name of borrower, address, loan amount and repayment.

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Give the following information with respect to all bank accounts, savings and loans, credit unions maintained by you, your wife and dependent children

<u>Name of Bank</u>	<u>Name of Account</u>	<u>Type of Account</u>
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What was the source of the funds deposited in the names of your spouse and dependent children? \_\_\_\_\_

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Give the following information pertaining to your children:

<u>Name</u>	<u>Sex</u>	<u>D.O.B.</u>	<u>Occupat</u>

Give the following information regarding all annuity contracts a life insurance policies issued at any time in the names of or on lives of yourself, your wife and your dependent children:

<u>Name of Company</u>	<u>Insured</u>	<u>Face Value</u>	<u>Annual Premium</u>	<u>Type Polic</u>

Have you, your spouse or children ever received any inheritance?  
 YES  NO If so, give details \_\_\_\_\_

Have you or your spouse ever made application for any type of license or permit other than a motor vehicle license issued by the State of New Jersey, any other State or the Federal Government in order to engage in professional or business activity?

YES  NO If yes, state the date applied, type of license applied for, name and address of the issuing authority, date license was granted and license number. If license or permit was denied state the date of denial and reason for denial.

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Will your books be on a calendar or fiscal year? \_\_\_\_\_

Will partners/stockholders receive a salary? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how much? \_\_\_\_\_

Will you receive a salary? Yes \_\_\_\_\_ No \_\_\_\_\_ How much: \_\_\_\_\_

Have you ever held a public office? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please  
provide details.

\_\_\_\_\_  
\_\_\_\_\_

If current office holder, has a letter or abstention been submitted?  
If no, explain.

\_\_\_\_\_

Attach copies of the projected monthly revenues and monthly expenses  
of the business, specifically setting forth all monthly expenses  
including taxes, utilities, monthly payments on all loans, salaries.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you lent any money to the business? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes,  
state how much and when also, if any money was returned from the  
business to you for this loan. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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RELEASE OF INFORMATION FORM

To all courts, probation departments, police departm  
Judges in charge of expongement records, schools, cc  
physicians, credit reporting bureaus or agencies, se  
boards, military services, military records bureaus  
unemployment & disability insurance offices, insurar  
workmen compensation companies and courts, and any a  
institutions, agencies, persons, businesses without

I, \_\_\_\_\_, Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_, am making applicati

\_\_\_\_\_ for an alcoholic beverage licens  
result, an investigation is being conducted to deter  
eligibility.

Therefore, you are hereby authorized to release, wit  
onto you, or your company, agency, bureau or institu  
information, records, documents, reports, evaluation  
or any and all other information pertaining to me th  
request.

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

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

Witness: \_\_\_\_\_



Formerly Sagem

(1) Originating Agency Number (ORI #)

NJ0100600

(4) Reason for Fingerprinting

ALCOHOL BEVERAGE LIC

(7) Contributor's Case # (Unique Identifier)

(9) First Name

(12) Daytime Phone Number

( ) -

(17) Maiden Name (if married female)

(20) Home Address

Address

(21) Gender (Select one)

Male ( )

Female ( )

Both ( )

(22) Hair Color  
predominant color

(25) Occupation

(26) Employer

Employer Address

City

**APPLICANT INFORMATION - READ THIS PROCESS.** You MUST present this card without forms or with incomplete forms

**IDENTIFICATION IS REQUIRED- ACC.**  
Date of Birth. Acceptable ID MUST be acceptable ID are: 1) Valid Photo Driver MUST meet all of the underlined requirements. acceptable. If acceptable ID is not present

For applicants who are required to pay for the credit card or electronic debit from a check of a scheduled appointment for applicants who noon for Monday appointments). All appointments \$11 fee will also apply for applicants who are completed Universal Fingerprint Form provided form does not match the information provided

Appointment scheduling is available via the have web access, appointments can be made 8:00 AM to 5:00 PM EST and Saturday, 8:00 scheduling is available at (800) 673-0353. On site. No other form of payment is accepted

Your APPLICANT ID, Site, Date, Time of your when scheduling is complete. You must receive fingerprinting at a site where you are not scheduled may incur the \$11 appointment fee.

Your PCN number will be recorded when you provided to you by the Fingerprint Technician

Applicant ID No.

Scheduled Site/ Date

Agency Information  
CLINTON TWSP

APPLICANTS MUST