State of New Jersey
Department of Law and Public Safety
Division of Alcoholic Beverage Control
PO Box 087, Trenton, NJ 08625-0087

Renewal Application Summary

File Number: 698499
License Number: 0315-33-013-010
Created By: Wendy Mitchell
[redacted]
Date Submitted: Jun 03, 2024 12:00:00 AM
Fee Amount: $200.00
Fees Paid: $200.00

Licensee Information

Licensee: WHATS NEXT NJ LLC
Mailing Address:
Physical Address: 175 ROUTE 70 PMB 212
MEDFORD, NJ 08055
USA
Preferred Contact: [redacted]
Corporation Number:
Incorporation Date: [redacted]
NJ Tax Auth Number: [redacted]

Establishment Information

Establishment Type: POCKET LICENSE
DBA / Trade Names: ABC POCKET
Operator:
Contact Name: POCKET LICENSE
Business Phone: (111) 111-1111
Home Phone:
Mobile Phone:
Email:
Mailing Address: POCKET
USA
Physical Address:
Preferred Contact Method: Mail

State of New Jersey
Department of Law and Public Safety
Division of Alcoholic Beverage Control
PO Box 087, Trenton, NJ 08625-0087

Renewal Application Summary

File Number: 698499
License Number: 0315-33-013-010
Created By: Wendy Mitchell [redacted]
Date Submitted: Jun 03, 2024 12:00:00 AM
Fee Amount: $200.00
Fees Paid: $200.00

License Information

		Previously
License Type:	Plenary Retail Consumption License	
License Type Code:	33	
License Number:	0315-33-013-010	
Term:	07/01/2024 - 06/30/2025	05/02/2024 - 06/30/2024
County:	03 - BURLINGTON COUNTY	
Municipality:	15 - FLORENCE TOWNSHIP	
Expiration Date:	06/30/2025	06/30/2024
Effective Date:	07/01/2024	05/02/2024
Issue Date:	(pending)	05/31/2024

Questions

1: IS THIS LICENSE BEING ACTIVELY USED AT AN ACTUAL PREMISES?

☐ Yes ☑ No

If no, on what date was the license last used?
08/30/2018

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

3: IN THE PAST 12 MONTHS, HAVE YOU ENTERED INTO AN AGREEMENT IN WHICH YOU OFFERED THE LICENSE OR ANY FINANCIAL INTEREST IN THE LICENSE AS COLLATERAL OR SECURITY TO A PERSON OR ENTITY NOT NAMED IN THE APPLICATION?

☐ Yes ☑ No

4: IN THE PAST 12 MONTHS, HAS THE LICENSEE BEEN NAMED AS A PARTY TO A LAWSUIT, ARISING FROM CONDUCT IN NEW JERSEY, THAT HAS NOT BEEN DISMISSED AND IN WHICH IT IS ALLEGED THAT THE LICENSEE SERVED AN INTOXICATED PATRON?

☐ Yes ☑ No

5: HAS THERE BEEN ANY CHANGE TO THE OWNERSHIP INTEREST OF THE LICENSE THAT HAS NOT ALREADY BEEN REPORTED VIA A CHANGE IN CORPORATE STRUCTURE, PERSON-TO-PERSON TRANSFER, OR AMENDMENT APPLICATION?

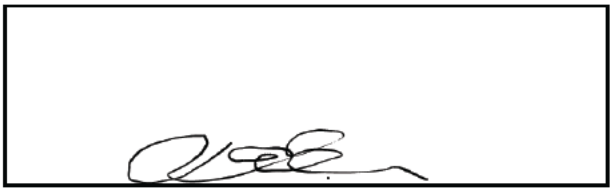
☐ Yes ☑ No

State of New Jersey
Department of Law and Public Safety
Division of Alcoholic Beverage Control
PO Box 087, Trenton, NJ 08625-0087

Renewal Application Summary

File Number: 698499
License Number: 0315-33-013-010
Created By: Wendy Mitchell
[redacted]
Date Submitted: Jun 03, 2024 12:00:00 AM
Fee Amount: $200.00
Fees Paid: $200.00

Application Submission Signature



J# 697870

TR#: _____

FEE: _____

DATE: _____

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

RETAIL LIQUOR LICENSE APPLICATION

Action ID Code
[ ] [ ] [ ] [ ]
A W D U

STATE ASSIGNED LICENSE NUMBER

0315-33-013-~~000~~ - 010

[For DIVISION use only _____]

DATE APPLICATION FILED:

~~12/26/2023~~
02/21/24

CODE TYPE OF LICENSE (CHECK ONE)

CLASS C LICENSES [R.S. 33:1-12]

31 ____ Club

32 ____ Plenary Retail Consumption w/Broad Package Privilege

33 X Plenary Retail Consumption

36 ____ Plenary Retail Consumption (Hotel/Motel Exception)

37 ____ Plenary Retail Consumption (Theatre Exception)

35 ____ Seasonal Retail Consumption (November 15 through April 30)

34 ____ Seasonal Retail Consumption (May 1 through November 14)

44 ____ Plenary Retail Distribution

43 ____ Limited Retail Distribution

OTHER

14 ____ Annual State Permit (R.S. 33:1-42, NJAC 13:2-52)

40 ____ Special Permit for a Golf Facility (NJAC 13:2-5.3)

THIS APPLICATION IS FOR:

____ A New License

X 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 _____

_____

CK# 1124
J# 670819
R# 337198

This Area is Reserved for Municipal Use

Municipal Fee $ 200.00

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

State Fee $ 200.00

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

Refund Amount $_____

Special Conditions Attached: ____ Yes X No

ERLSTON, NANCY L.
Type or Print Name (Last Name, First Name, Middle Initial) of Municipal Clerk or ABC Secretary

Nancy L. Erlston
Signature of Municipal Clerk or ABC Secretary

AJ
5/31/24

Page 2

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0315-33-013-009

Application is made on behalf of: 7

1 = An Individual
2 = Business Corporation
3 = A Partnership
4 = Unincorporated Club
5 = Incorporated Club
6 = Limited Partnership
7 = Limited Liability Company

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):
License may be held by individual (Last Name, First Name, Middle Initial), Partnership or Corporation.

Whats Next NJ LLC

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

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address TBD
Number Street Name

Municipality Florence Zip 08518

Telephone number of business [redacted]
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 addres (insert N/A if not applicable):

Street Address [redacted]
Number Street Name

P.O. Box # Municipality [redacted] State [redacted]

Zip [redacted] Telephone ([redacted]

2.4 New Jersey Sales Tax Certificate of Authority No. [redacted]

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]:

Parker House

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 X 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):
09 / 10 / 2017

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 X 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:
____ / ____ / ____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0315-33-013-009 _____ - _____ - _____ - _____

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? n/a

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
1st floor	_____ Yes _____ No	All of it _____ Yes _____ No
2nd floor	_____ Yes _____ No	All of it _____ Yes _____ No
3rd 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 _____ - _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0315 33 013 009

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 0315-33-013-009

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 _X_ 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 _X_ 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 _X_ 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 <u>DOES NOT</u> 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 0315-33-013-009

ALL APPLICANTS ANSWER THE FOLLOWING

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

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

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 __X__ 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 __X__ 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 $ _____ [amount] _____ NOT RENEWED

_____ SUSPENDED _____ (number of days) _____ REVOKED _____ CANCELLED

_____ OTHER [explain] _____

_____

6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? ____ Yes __X__ No

A. IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Individual _____
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]- _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0315-33-013-009

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 X 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 X No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION AND THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH, IF AN INDIVIDUAL. 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 _____ / _____ / _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0315-33-013-009 - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING

8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW OR ANY OTHER NEW JERSEY OR FEDERAL LAW?

_____ Yes _X_ 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 _X_ 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 _X_ No

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

THE FOLLOWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER.

8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED 0315-33-013-009 - _____ - _____

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:

Dr. Lou's Place, LLC

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

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

IF THIS IS A REQUEST FOR A PLACE-TO-PLACE TRANSFER OF A SITED LICENSE, INSERT THE ADDRESS OF THE CURRENT SITE FROM WHICH THE LICENSE IS TO BE TRANSFERRED.

Street Address _____
Number Street Name

Municipality _____ New Jersey

Zip _____ - _____

THE FOLLOWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.

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 4 / 19 / 24

Date of second notice 4 / 26 / 24 > see attached

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE Burlington County Times

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). n/a

Date of notice _____ / _____ / _____

Name of newspaper publishing notice _____

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

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

LOCALiQ
Erie Times-News | The Intelligencer
Bucks County Courier Times
The Daily American | Beaver County Times
Pocono Record | Burlington County Times

PO Box 631202 Cincinnati, OH 45263-1202

AFFIDAVIT OF PUBLICATION

Gary Catrambone
Catrambone, Gary
[redacted]

STATE OF NEW JERSEY, COUNTY OF BURLINGTON

The Burlington County Times, a newspaper printed and published and of general circulation in the County of Burlington, State of New Jersey, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue:

04/19/2024, 04/26/2024

and that the fees charged are legal.

Sworn to and subscribed before on 04/26/2024

Legal Clerk

Notary, State of WI, County of Brown

My commission expires 6/30/2025

Publication Cost:	$55.88	
Order No:	10050016	# of Copies:
Customer No:	1412582	1
PO #:		

THIS IS NOT AN INVOICE!

Please do not use this form for payment remittance

AMY KOKOTT
Notary Public
State of Wisconsin

NOTICE
FLORENCE TOWNSHIP

PLEASE TAKE NOTICE that an application has been made to the Mayor and Township Council of the Township of Florence, 711 Broad Street, Florence, New Jersey 08518 to transfer a Person to Person ABC Plenary Retail Consumption License #0315-33-013-009, a Pocket License, currently held by DR LOU'S PLACE LLC trading as DR LOU'S PLACE. Transfer will be as a Pocket License to WHATS NEXT NJ LLC with owners Gary Catrambone, Member, located at [redacted] and Wendy Mitchell, Member, at [redacted]

Said application will be heard before the Township Council of the Township of Florence, at a Township Meeting to be held Wednesday, May 1, 2024 at 7:00PM at 711 Broad Street, Florence, New Jersey 08518. The transfer application may be examined at the office of the municipal clerk.

Any objections to the Person to Person Transfer should be addressed in writing to: NANCY L. ERLSTON, RMC, BOROUGH CLERK OF TOWNSHIP OF FLORENCE at least 5 days in advance of the hearing.

Michael Oto,
Attorney for Applicant,
Whats Next NJ, LLC
April 19 & 26, 2024 ($35.88)

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0315-33-013-009

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 _X_ 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 _____

Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR? _____ Yes _X_ 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 _____

Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR? _____ Yes _X_ 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 _____

Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

APPLICANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10A. CORPORATIONS AND LLCS COMPLETE PAGE 10.

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0315-33-013-009 - _____

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 Whats Next NJ LLC

10.2 Street address of home office [redacted]
Number Street Name

Municipality [redacted]

State [redacted] Zip [redacted] - _____

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? X Yes _____ No

10.6 DATE CHARTERED OR INCORPORATED [redacted] / _____ STATE [redacted]

10.7 CERTIFICATE OF INCORPORATION NUMBER [redacted]

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 X 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 ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

Page 10A

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0315-33-013-009

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). WHATS NEXT NJ LLC

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

MITCHELL (Last Name) WENDY L (Middle Initial)

Home Street Address [redacted] (Number / Street Name)

P.O. Box # [redacted] Municipality [redacted] State [redacted]

Zip [redacted]

Social Security Number [redacted] Date of Birth [redacted]

Home telephone number ([redacted]) (Area / Exchange / Number)

Office telephone number ( ) - (Area / Exchange / Number)

% of business owned or controlled 51% 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)

CATRAMBONE GARY A (Last Name / Middle Initial)

Home Street Address [redacted] (Number / Street Name)

P.O. Box # [redacted] Municipality [redacted] State [redacted]

Zip [redacted]

Social Security Number [redacted] Date of Birth [redacted]

Home telephone number [redacted] (Area / Exchange / Number)

Office telephone number [redacted] (Area / Exchange / Number)

% of business owned or controlled 49% 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 0315-33-013-009 _____ - _____ - _____ - _____ AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM _____ TO _____ DATE:

State of _____)
) SS:
County of _____)

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

Gary A. Catalano
(Partnership Name)
_____
(Signature of Partner)

Attest: WHAT'S NEXT NJ LLC
Corporate Name

Wady Mitchell
(Signature of Partner)

By _____
(Signature of Corporate President or Vice President)

_____
(Signature of Partner)

Secretary _____
Signature

Affix Corporate Seal

_____
(Signature of Partner)

Sworn to and subscribed before me
this 19th day of Feb 20 24

AFFIDAVIT MUST BE SIGNED HERE ——▶ _____
(Signature of Officer Administering Oath)

HERCULES PAPPAS
NOTARY PUBLIC
State of New Jersey
ID # 50132604
My Comm. Expires July 25, 2025

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)

WRITTEN CONSENT TO TRANSFER FORM

On this 10th day of May, 20 24, Louis S. Pica/Dr. Lou's Place, LLC hereby consents to transfer Plenary Retail Consumption License No. 0315-33-013-009 to Whats Next NJ, LLC. On behalf of the licensee, Louis S. Pica/Dr. Lou's Place, LLC I as Owner, authorize the issuing authority to consider the transfer application filed by Whats Next NJ, LLC.

Louis S. Pica / Dr. Lou's Place, LLC — Date: 5/10/2024

Gary A. Catrambone / Whats Next NJ, LLC — Date: 5/20/24

Wendy L. Mitchell / Whats Next NJ, LLC — Date: 5/20/24

Notary 5.20.24

HERCULES PAPPAS
NOTARY PUBLIC
State of New Jersey
ID # 50132604
My Comm. Expires July 25, 2025

Subscribed and sworn to before me this 10th day of May 2024
Notary Public

MELODIE STARR
Notary Public - State of Florida
Commission # HH 308129
My Comm. Expires Sep 11, 2026
Bonded through National Notary Assn.

APPENDIX "D"

State of New Jersey
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
April 16, 2024

WHATS NEXT NJ LLC
LAW OFFICE OF MICHAEL OTO
[redacted]

ALCOHOLIC BEVERAGE RETAIL LICENSEE CLEARANCE CERTIFICATE (TRANSFER)

LIQUOR LICENSE NUMBER : 0315-33-013-009
SALES TAX REGISTRATION NUMBER : [redacted]

The Director of the Division of Taxation, in accordance with Chapter 161 Laws of N.J. 1995 and other laws regarding the transfer of liquor licenses as related to the tax statutes of the State of New Jersey, has reviewed the records of the above holder of a retail alcoholic beverage license. This review shows that the licensee is eligible to have the above listed license transferred, hence this certificate for the transfer of the liquor license from **DR. LOU'S PLACE, LLC** to **WHATS NEXT NJ LLC** is issued.

This certificate does not constitute a waiver of authority to demand resolution of any deficiencies and delinquencies and shall not prevent further audit or the assessment of additional taxes, penalties, interest or fees as may be provided by law.

NOT TO BE USED FOR RENEWAL

Municipal Clerk: ***WHATS NEXT NJ LLC must match line 2.1 of application.***

Marita R. Sciarrotta
Acting Director

2810001959263181360000008011 ABC-7

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. BOX 087, 140 EAST FRONT STREET
TRENTON, NJ 08625-0087

APPLICATION FOR BULK SALE PERMIT [BSP]

Pursuant to R.S. Title 33, c.1; N.J.A.C. 13:2-23.12, this application must be completed and filed with the Municipal Clerk/A.B.C. Board Secretary with ALL Applications for "Person-to-Person" License Transfers. If the new licensee is also purchasing alcoholic beverage inventory; the application must be accompanied by Check or Money Order in the amount of **$75.00** payable to the Division of Alcoholic Beverage Control.

1. 12-Digit Liquor License No. 0315 33 013 009

2. Name of Person (individual, partnership, corporation) to whom the liquor license is to be transferred:
   Whats Next NJ LLC

3. Address of licensed premises:
   N/A

4. Name of former licensee (prior to this "Person-to-Person" Transfer):
   Louis Pica - Dr. Lou's Place

5. Is alcoholic beverage inventory being purchased in connection with this license transfer? _____Yes ___X___No

   (If answer to Question No. 5 is "Yes," a Check or Money Order in the amount of **$75.00 MUST** accompany the application. If the answer is "No," the application should be filed **WITHOUT** the fee.)

[redacted]
Print Name of Applicant

[redacted]
Applicant Phone Number

Wendy Mitchell, Co-Owner
Signature of Applicant

2/16/24
Date

TO: MUNICIPAL CLERK/SECRETARY OF MUNICIPAL A.B.C. BOARD

This application for a Bulk Sale Permit is to be forwarded to the Division of Alcoholic Beverage Control with the State copy of the Transfer Application or with the Municipal Resolution of Transfer.

01/08

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

WHATS NEXT NJ LLC [redacted]

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 05/08/2023 and was assigned identification number [redacted] Following are the articles that constitute its original certificate.

1. **Name:**
   WHATS NEXT NJ LLC
2. **Registered Agent:**
   WHAT'S NEXT, LLC
3. **Registered Office:**
   [redacted]
4. **Duration:**
   PERPETUAL
5. **Effective Date of this Filing is:**
   05/08/2023
6. **Members/Managers:**
   WENDY MITCHELL
   [redacted]

   GARY CATRAMBNONE
   [redacted]
7. **Main Business Address:**
   [redacted]

Signatures:

WENDY MITCHELL
AUTHORIZED REPRESENTATIVE

GARY CATRAMBONE
AUTHORIZED REPRESENTATIVE

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal 8th day of May, 2023

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 4207351052
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

STATE OF NEW JERSEY

DIVISION OF TAXATION

SALES TAX COLLECTION SCHEDULE

RATE 6.625% EFFECTIVE JANUARY 1, 2018

Amount of Sale	Tax to be Collected	Amount of Sale	Tax to be Collected
$0.01 to $0.07	None	$5.82 to $5.96	.39
0.08 to 0.22	$0.01	5.97 to 6.11	.40
0.23 to 0.37	.02	6.12 to 6.26	.41
0.38 to 0.52	.03	6.27 to 6.41	.42
0.53 to 0.67	.04	6.42 to 6.56	.43
0.68 to 0.83	.05	6.57 to 6.71	.44
0.84 to 0.98	.06	6.72 to 6.86	.45
0.99 to 1.13	.07	6.87 to 7.01	.46
1.14 to 1.28	.08	7.02 to 7.16	.47
1.29 to 1.43	.09	7.17 to 7.32	.48
1.44 to 1.58	.10	7.33 to 7.47	.49
1.59 to 1.73	.11	7.48 to 7.62	.50
1.74 to 1.88	.12	7.63 to 7.77	.51
1.89 to 2.03	.13	7.78 to 7.92	.52
2.04 to 2.18	.14	7.93 to 8.07	.53
2.19 to 2.33	.15	8.08 to 8.22	.54
2.34 to 2.49	.16	8.23 to 8.37	.55
2.50 to 2.64	.17	8.38 to 8.52	.56
2.65 to 2.79	.18	8.53 to 8.67	.57
2.80 to 2.94	.19	8.68 to 8.83	.58
2.95 to 3.09	.20	8.84 to 8.98	.59
3.10 to 3.24	.21	8.99 to 9.13	.60
3.25 to 3.39	.22	9.14 to 9.28	.61
3.40 to 3.54	.23	9.29 to 9.43	.62
3.55 to 3.69	.24	9.44 to 9.58	.63
3.70 to 3.84	.25	9.59 to 9.73	.64
3.85 to 3.99	.26	9.74 to 9.88	.65
4.00 to 4.15	.27	9.89 to 10.00	.66
4.16 to 4.30	.28	Over $10	.66*
4.31 to 4.45	.29	Over $20	1.33*
4.46 to 4.60	.30	Over $30	1.99*
4.61 to 4.75	.31	Over $40	2.65*
4.76 to 4.90	.32	Over $50	3.31*
4.91 to 5.05	.33	Over $60	3.98*
5.06 to 5.20	.34	Over $70	4.64*
5.21 to 5.35	.35	Over $80	5.30*
5.36 to 5.50	.36	Over $90	5.96*
5.51 to 5.66	.37	Over $100	6.63*
5.67 to 5.81	.38	Over $200	13.25*

*On amounts above $10, the tax shall be $0.06625 on each full dollar of the amount of sale, plus the tax on each part of a dollar in excess of a full dollar in accordance with the above formula.

ST-75 (1-18)

NOTICE: The enclosed N.J. State Sales Tax Certificate of Authority (CA-1) is a permit to:

- Collect N.J. State Sales Tax
- Issue N.J. Resale Certificates (ST-3)
- Issue N.J. Exempt Use Certificates (ST-4)

The Resale and Exempt Use Certificates can be found at: http://www.nj.gov/treasury/taxation/prntsale.shtml
You must have a valid N.J. Sales Tax Certificate to collect Sales Tax or issue certificates.
If you are not subject to collect N.J. Sales Tax but need to issue Resale or Exempt Use Certificates, you can request to be placed on a "Non-reporting Basis." To be placed on a "Non-reporting Basis" you must complete Form ST-6205. This form can be obtained by downloading it at:
http://www.nj.gov/treasury/taxation/pdf/other_forms/sales/c6205st.pdf or by calling (609) 292-9292.

This Certificate of Authority (CA-1) must be displayed at your place of business.

STATE OF NEW JERSEY

Certificate of Authority

DIVISION OF TAXATION
TRENTON, NJ 08695

The person, partnership or corporation named below is hereby authorized to collect:

NEW JERSEY SALES AND USE TAX

pursuant to **N.J.S.A. 54:32B-1 ET SEQ.**

This authorization is good ONLY for the named person at the location specified herein.
This authorization is null and void if there is any change in ownership or address.

John J. Ficara
Acting Director, Division of Taxation

WHATS NEXT NJ LLC

[redacted]

Tax Registration No: [redacted]

Tax Effective Date: 6/1/2024

Document Locator No: [redacted]

Date Issued: 8/22/2023

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.