

2012 - 2013 RENEWAL APPLICATION

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
0102 - 33 - 127 - 004

DATE APPLICATION FILED:
6 / 20 / 12

[For DIVISION use only _____]

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 ☒ 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 Nov. 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
_____ Person to Person Transfer
(Incl. Partnership change,
except Ltd. 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 _____

0102-33-127-004

KELLYS COVE LLC
T/A KELLYS CORNER PUB
2721 ARCTIC AVENUE
ATLANTIC CITY NJ 08401

This Area is Reserved

Municipal Fee \$ 1600.

Effective Date 6 / 20 / 12
(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee \$ 200.

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

Refund Amount \$ _____

Special Conditions Attached: _____ Yes _____ No

Williams, Rhonda City Clerk

Type or Print Name (Last name, first, middle initial) of Municipal Clerk or ABC Secretary

Rhonda Williams

Signature of Municipal Clerk or ABC Secretary

STATE ASSIGNED LICENSE NUMBER 0102 - 33 - 127 - 024Application is made on behalf of: 7

1 = An Individual
3 = A Partnership
5 = Incorporated Club

2 = Business Corporation
4 = Unincorporated 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.

KELLY'S COVE 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 2721 ARCTIC AVE
Number Street Name

Municipality ATLANTIC CITY Zip 08401

Telephone Number of Business (609) 348 - 4925 E-Mail Address CKelly1095@verizon.net
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 N/A
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ Telephone (____) _____

- 2.4 New Jersey Sales Tax Certificate of Authority No. 223-536-701/000

- 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]:

KELLY'S CORNER PUB

- 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?
X 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):
_____/_____/_____ N/A
- 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?
_____X Yes _____ No N/A

- 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?
_____X Yes _____ No N/A
- B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:
_____/_____/_____ N/A

STATE ASSIGNED LICENSE NUMBER 0102 - 33 - 127 - 004

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? 1

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. 1 OF 1 TO BE LICENSED.3.3 IS THE ENTIRE BUILDING TO BE LICENSED? Yes X 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 <u>X</u> No	All of it	Yes <u>X</u> No
1 st floor	<u>X</u> Yes No	All of it	<u>X</u> Yes No
2 nd floor	Yes <u>X</u> No	All of it	Yes <u>X</u> No
3 rd floor	Yes <u>X</u> No	All of it	Yes <u>X</u> 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 X No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?

Yes X 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? X Yes No

IF "YES," IS THERE A MORTGAGE ON THE BUILDING?

Yes X No

DOES THE APPLICANT LEASE THE BUILDING?

Yes X 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): N/A

(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): N/A

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

Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

STATE ASSIGNED LICENSE NUMBER 0102 - 33 - 127 - 004

- 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 X 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 X 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?

X Yes ____ No

IF "YES," DATE FILED 5 / 12 / 05

- 4.4 WILL ANY BUSINESS OTHER THAN THE SALE OF ALCOHOLIC BEVERAGES BE CONDUCTED ON THE PREMISES TO BE LICENSED? X 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
<u>X</u> Amusements	____ Applicant	____ Other
____ N.J. Lottery	____ Applicant	____ Other
____ Grocery or Delicatessen	____ Applicant	____ Other
<u>X</u> Other (specify) <u>CIGARETTE MACHINE</u>	____ 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 VENDING COMPANY

Name of company/individual JIMMY'S VENDING SERVICES
(Last Name, First Name or Corporate Name)

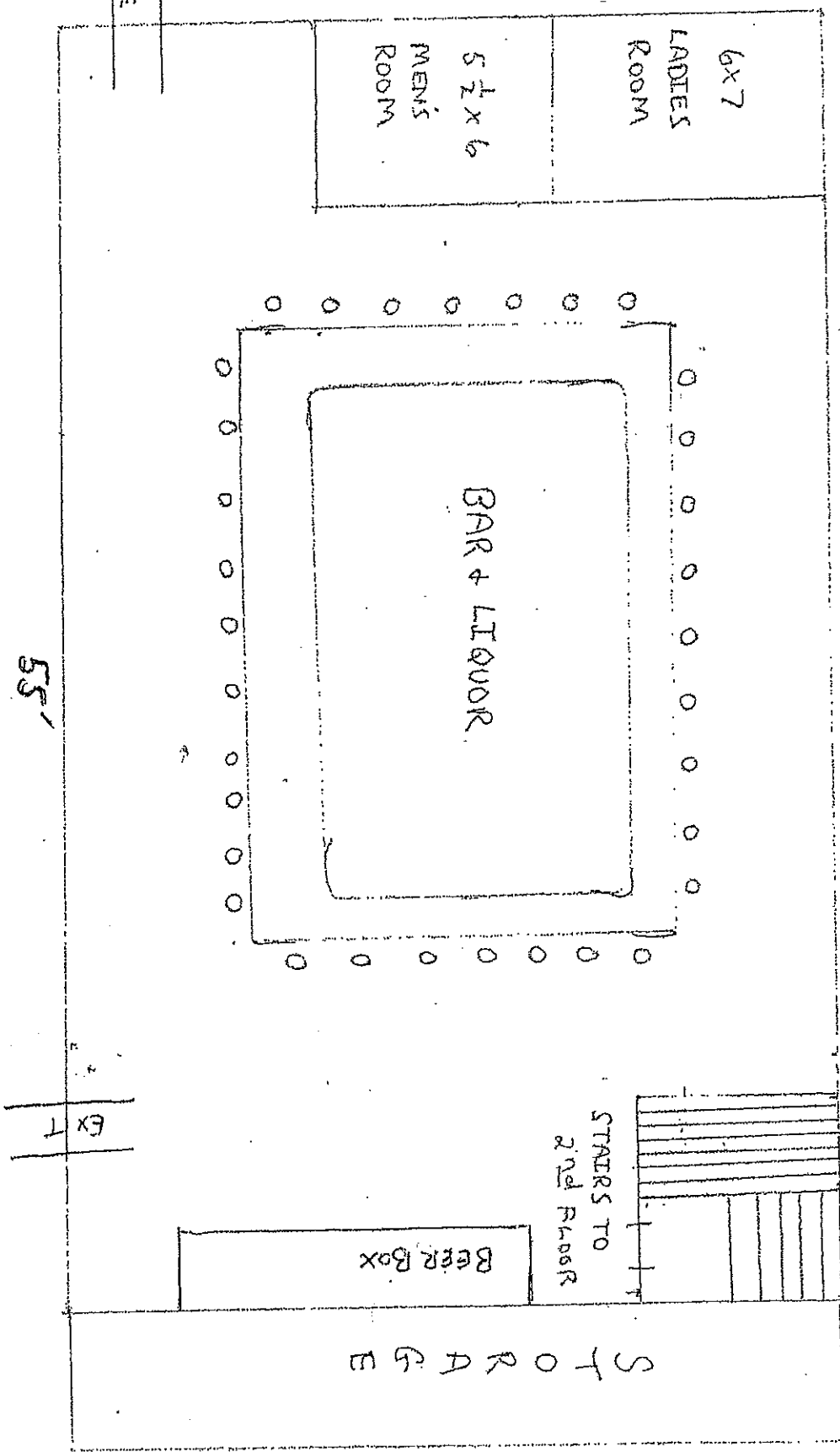
Street Address 6605 Momouth Ave
Number Street Name

Municipality VENTNOR State NJ

Zip 08406 - NJ Sales Tax Certificate of Authority No. 0100532534

U102-53-1d 1-1

KELLY'S COVE LLC
T/A KELLY'S CORNER PUB
2721 AECHE AVE.
ATLANTA CITY N.D.



STATE ASSIGNED LICENSE NUMBER 0102 - 33 - 127 - 004

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 _____

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 0102 - 33 - 127 - 004

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 _____ / _____ / _____

STATE ASSIGNED LICENSE NUMBER 0102-33-107-004

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 ☒ 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

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

- 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:

(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. N/A

- 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 _____

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY: N/A

- 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 ENFRANCHISED 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 0102 - 33 - 127 - 004

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 _____

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 ☒ 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 ☒ 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 _____

STATE ASSIGNED LICENSE NUMBER 0102 - 33 - 127 - 004

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 ^{LLC} corporation KELLY'S COVE LLC
- 10.2 Street address of home office 303 N. SOMERSET AVE
Number Street Name
Municipality VENTNOR
State NT Zip 08406 E-Mail Address ckelly1095@verizon.net
- 10.3 NJ Sales Tax Certificate of Authority Number 223-536-701/000
- 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? ^{LLC} ☒ Yes ☐ No
- 10.6 DATE CHARTERED OR INCORPORATED 4 / 01 / 97 STATE NEW JERSEY
- 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 KELLY TIMOTHY J. MANAGING MEMBER LLC
(Last Name, First Name, Middle Initial or Corporation)
Street Address 303 N. SOMERSET AVE
Number Street Name
Municipality VENTNOR New Jersey
Zip 08406 Telephone Number (609) 822 - 1530
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 0102-33-127-004

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):

KELLY'S COVE LLC

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

KELLY CATHERINE D.
Last Name First Name Middle Initial

Home Street Address _____
Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State NJ

Zip _____ E-Mail Address _____

Social Security Number _____ Date of Birth _____

Home telephone number () _____
Area Exchange Number

Office telephone number (609) 348 - 4925
Area Exchange Number

% of business owned or controlled 99 Number of shares 99

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:

KELLY TIMOTHY J.
Last Name First Name Middle Initial

Home Street Address _____
Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State NJ

Zip _____ E-Mail Address _____

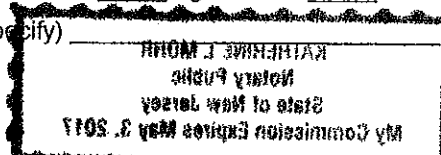
Social Security Number _____ Date of Birth _____

Home telephone number () _____
Area Exchange Number

Office telephone number (609) 348 - 4925
Area Exchange Number

% of business owned or controlled 1 Number of shares 1

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 0102-33-127-004

AFFIDAVIT

LICENSE PERIOD
APPLIED FORFROM 7-1-12 TO 6-30-13DATE: 6-20-12State of NEW JERSEY)
County of ATLANTIC) SS:

As provided by law (R.S. 33:1-35),

(Check One)

1. The Individual Applicant
2. Members of the Partnership Applicant

3. TIMOTHY J. KELLY of KELLY'S COVE LLC
 (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)

(Signature of Partner)

(Signature of Partner)

(Signature of Partner)

Attest:

KELLY'S COVE LLC
 Corporate Name

Secretary _____
 Signature

By _____
 (Signature of Corporate President or Vice President)

Affix Corporate Seal

Sworn to and subscribed before me

this 20th day of June 20 12

AFFIDAVIT MUST BE SIGNED HERE

(Signature of Officer Administering Oath)

BY DULY AUTHORIZED
 NOTARY PUBLIC

Katherine L Mohr
 (Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW
 OF NEW JERSEY

Assistant Store Manager
 (Title of Officer Administering Oath)

5-3-17
 (Date of Expiration of
 Commission, if applicable)

KATHERINE L MOHR
 Notary Public
 State of New Jersey
 My Commission Expires May 3, 2017