28227

GRANT PERSON-TO-PERSON LIQUOR TRANSFER – UNCLE MIKE'S CORPORATION T/A SUMMIT GRILL & SEAFOOD HOUSE TO HARVEST ASSOCIATES, L.L.C.

February 16, 1999

WHEREAS, a request has been received for a Person-to-Person Transfer of the Plenary Retail Consumption Liquor License issued to Uncle Mike's Corporation, t/a Summit Grill & Seafood House for premises located at 3 Morris Avenue, Summit, New Jersey, State License #2018-33-019-005 to Harvest Associates, L.L.C., and

WHEREAS, the submitted application is complete in all respects, and

WHEREAS, the applicant is qualified to be licensed according to all standards established by Title 33 of the New Jersey statutes, and

WHEREAS, proof of publication has been received satisfying that a notice was printed for two weeks successively at least seven days apart in the Summit Herald.

NOW, THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF SUMMIT:

That the Plenary Retail Consumption License issued to Uncle Mike's Corporation, trading as Summit Grill & Seafood House for the premises located at 3 Morris Avenue, Summit, New Jersey, State License #2018-33-019-005, be approved for a Person-to-Person Transfer to Harvest Associates, L.L.C. for premises located at 3 Morris Avenue, Summit, New Jersey.

The fee for the aforementioned transfer of license is $200.00 and has been received.

Dated: February 16, 1999

I, David L. Hughes, City Clerk of the City of Summit, do hereby certify that the foregoing resolution was duly adopted by the Common Council of said city at a regular meeting held on Tuesday, February 16, 1999.

City Clerk

I:\CLERK\RESOLTNS\LIQUOR\LIQTRAN.DOC

License No: 2018-33-019-006

This License Expires 06/30/13

State of New Jersey

2012 - 2013

CITY OF SUMMIT
UNION COUNTY

Pursuant to Title 33 of the New Jersey Statutes, PLENARY RETAIL CONSUMPTION LICENSE

Is Hereby Granted To HARVEST ASSOCIATES LLC
3 MORRIS AVENUE
SUMMIT, NJ 07901

This license confers all rights and privileges pertaining thereto, as set forth in Title 33 of the New Jersey Statutes, and any amendments thereof and supplements thereto, and is expressly subject to the terms, provisions, limitations, requirements and conditions set forth therein and any rules and regulations promulgated heretofore and hereafter by the Director of the Division of Alcoholic Beverage Control pursuant to Title 33 of the New Jersey Statutes. This license is further subject to the provisions of all municipal ordinances and/or resolutions pertaining thereto which have been or shall have been duly enacted under law.

Effective Date: / /

Fee Paid $_____

Seal

I ACKNOWLEDGE RECEIPT OF THE 2012-2013 LIQUOR LICENSE & AUTHORIZING RESOLUTION.

Hart Boyce — 6/28/12

Print Name — **Date**

Manager

Signature/Title

License No: 2018-33-019-006

This License Expires 06/30/1

State of New Jersey

2012 - 2013

CITY OF SUMMIT
UNION COUNTY

Pursuant to Title 33 of the New Jersey Statutes, PLENARY RETAIL CONSUMPTION LICENSE

Is Hereby Granted To HARVEST ASSOCIATES LLC
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Effective Date: 7 / 1 / 12

Fee Paid $ 2,400.00

Seal

Attest: David L. Hughes, City Clerk

2012 - 2013 RENEWAL APPLICATION

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
2018 - 33 - 019 - 006

[For DIVISION use only _____]

DATE APPLICATION FILED:
____ / ____ / ____

RECEIVED
JUN - 1 2012
CITY CLERK'S OFFICE
SUMMIT, N.J.

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 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.)

X Renewal of License

____ Amendment of Application on File

____ Other _____

2018-33-019-006

HARVEST ASSOCIATES LLC
T/A HUNTLEY TAVERNE
2230 RT 10 WEST STE 2
MORRIS PLAINS NJ 07950

This Area is Reser

Municipal Fee $ 2,400.00

Effective Date 7 / 1 / 12
(As Stated in Resolution. Date of resolution unless otherwise esta

State Fee $ 200.00

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

Refund Amount $ n/a

Special Conditions Attached: _____ Yes X No

Hughes, David L., City Clerk
Type or Print Name (Last name, first, middle initial) of Municipal Clerk or ABC Secretary

David L. Hughes
Signature of Municipal Clerk or ABC Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2018 - 33 - 019 - 006

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.

Harvest Associates 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 3 Morris Ave
Number Street Name

Municipality Summit NJ Zip 07901 -

Telephone Number of Business (908) 273 - 3166 E-Mail Address
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 N/A
Number Street Name

P.O. Box # Municipality State

Zip - Telephone ( ) -

2.4 New Jersey Sales Tax Certificate of Authority No. 22 3700474

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]:

Huntley Taverne

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):
____ / ____ / ____

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 ____ 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 2019 - 33 - 019 - 006

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? X 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: N/A

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?	X Yes _____ 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):

TD Bank

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

Street Address 1068 Stelton Road

Number Street Name

P.O. Box # _____ Municipality Piscataway State NJ

Zip 08854 - _____

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 2018 - 33 - 019 - 006

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?

_____ Yes _X_ 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? _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:

_X_ Restaurant	_____ Applicant	_X_ 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 Restaurant

Name of company/individual Armor LLC
(Last Name, First Name or Corporate Name)

Street Address c/o Trap Rock 279 Springfield Ave
Number Street Name

Municipality Berkeley Heights State NJ

Zip 07922 - _____ NJ Sales Tax Certificate of Authority No. 22 3419071

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2018 - 33 - 019 - 006

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?

__X__ Yes _____ No See 7.1

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 3402 - 08 - 321 001

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 2018 - 33 - 019 - 006

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 2018 - 33 - 019 - 006

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?

X Yes ____ No See Attached Listing

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 3402 - 08 - 321 - 001 & 2001-38-007-001

Name Druid Associates LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant The Principals of Druid are same as applicant

****

B. License Number 1802 - 33 - 012 - 001

Name Chester Moores LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant The Principals of Chester Moores are same as 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 2018 - 33 - 019 - 006

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 _____ - _____ - _____ - _____

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.

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:

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2018 - 33 - 019 - 006

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 LIMITED LIABILITY COMPANIES COMPLETE PAGE 10.

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2018 - 33 - 019 - 006

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 Harvest Associates LLC

10.2 Street address of home office 2230 Route 10 W Suite B
(Number, Street Name)

Municipality Morris Plains

State NJ Zip 07950- E-Mail Address

10.3 NJ Sales Tax Certificate of Authority Number 223-700-474/000

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? ✓ Yes ____ No

10.6 DATE CHARTERED OR INCORPORATED 01 / 14 / 99 STATE New Jersey

10.7 CERTIFICATE OF INCORPORATION NUMBER 0600061742

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 Grabowski Chester A
(Last Name, First Name, Middle Initial or Corporation)

Street Address 2230 Route 10 W Suite B
(Number, Street Name)

Municipality Morris Plains New Jersey

Zip 07950 - Telephone Number (973) 656 - 1881
(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 2018 - 33 - 019 - 006

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):

Marvet Associates LLC

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

Grabowski (Last Name) Chester (First Name) A (Middle Initial)

Home Street Address 19 (Number) Druid Hill Rd (Street Name)

P.O. Box # _____ Municipality Summit State NJ

Zip 07901 -

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

Home telephone number ([redacted])
Area Exchange Number

Office telephone number (973) 656 - 1881
Area Exchange Number

% of business owned or controlled 50 % Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary X Other (specify) member

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

Moore (Last Name) Robert (First Name) J (Middle Initial)

Home Street Address 20 (Number) Beacon Road (Street Name)

P.O. Box # _____ Municipality Summit State NJ

Zip 07901 -

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

Home telephone number ([redacted])
Area Exchange Number

Office telephone number (973) 656 - 1881
Area Exchange Number

% of business owned or controlled 50 % Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary X Other (specify) member

BETH R COLOMBARI
Notary Public
State of New Jersey
My Commission Expires Apr 23, 2015

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2018 - 33 - 019 - 006

AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM 2012 TO 2013

DATE:

State of New Jersey)
County of Union) SS:

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

Harvest Associates LLC
(Partnership Name)
_____
(Signature of Partner)

Attest:

_____
Corporate Name

By _____
(Signature of Corporate President or Vice President)

Secretary _____
Signature

Affix Corporate Seal

_____
(Signature of Partner)

_____
(Signature of Partner)

_____
(Signature of Partner)

Sworn to and subscribed before me

this 31st day of May 20 12

AFFIDAVIT MUST BE SIGNED HERE ----------▶ Beth R. Colombari
(Signature of Officer Administering Oath)

BY DULY AUTHORIZED NOTARY PUBLIC OR AN ATTORNEY-AT-LAW OF NEW JERSEY

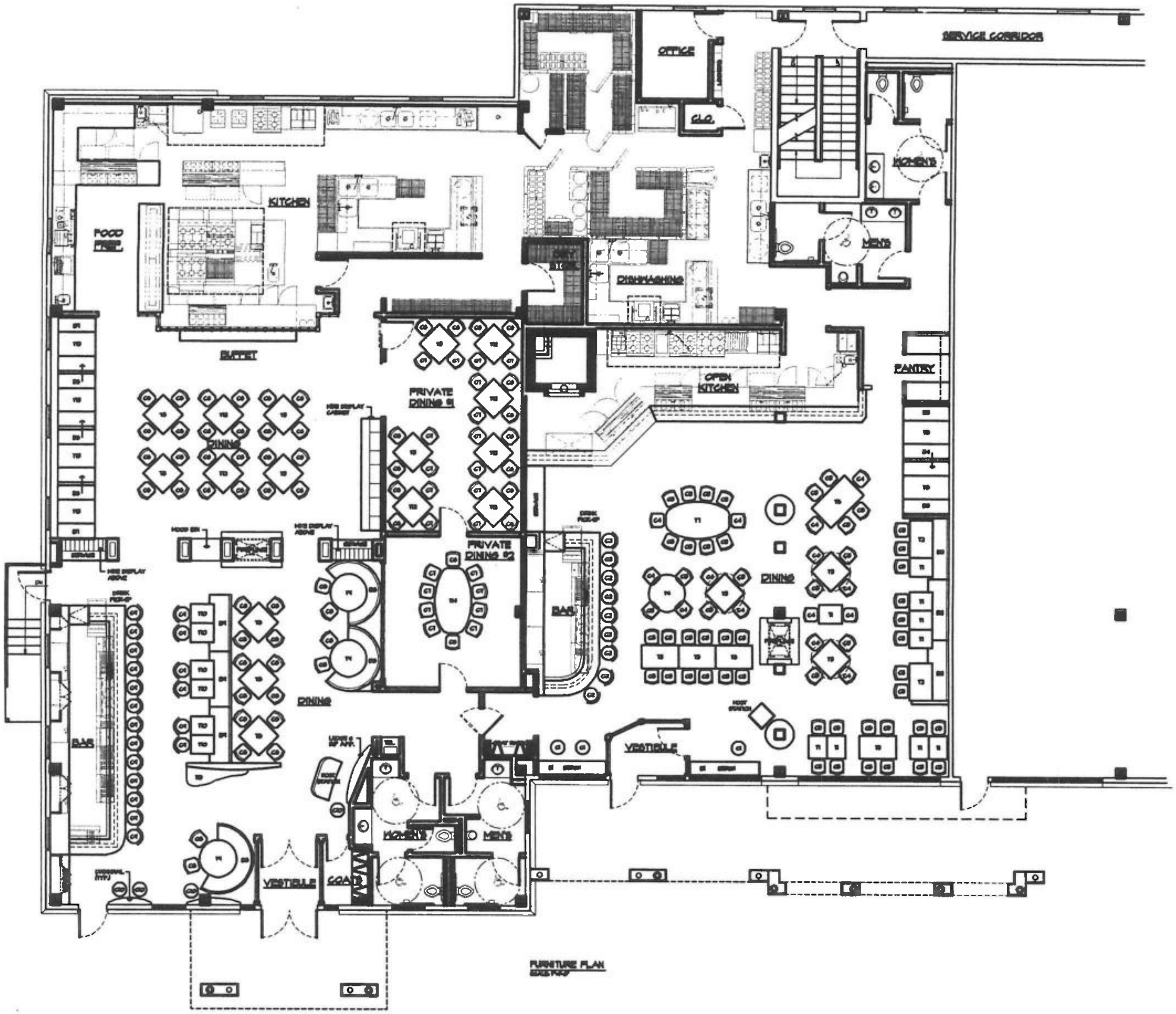
Beth R Colombari
(Printed Name of Officer Administering Oath)

Notary Public
(Title of Officer Administering Oath)

April 23, 2015
(Date of Expiration of Commission, if applicable)

BETH R COLOMBARI
Notary Public
State of New Jersey
My Commission Expires Apr 23, 2015

Liquor License Schedule		
License #	**Name**	**Relationship to Applicant**
Chester Moores LLC	1802-33-012-001	Same Owners As Applicant
Druid Associates LLC	2001-38-007-001	Same Owners As Applicant
Harvest Restaurant LLC	2018-33-019-006	Same Owners As Applicant
Roots Steakhouse LLC	2018-33-004-010	Same Owners As Applicant
Tabor 10 LLC	1429-33-020-006	Same Owners As Applicant
Vail Liquour License Corp	1424-33-032-008	Same Owners As Applicant



MORRIS NATHANSON DESIGN

163 Exchange Street
Pawtucket, RI 02860

REVISION

Project:

HUNTLEY TAVERN

Title:

FURNITURE PLAN

A

1.4

Huntley Tavern

State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
PO BOX 245
TRENTON, NJ 08695-0245

ALCOHOLIC BEVERAGE RETAIL LICENSEE CLEARANCE CERTIFICATE (RENEWAL)

5/8/2012

LIQUOR LICENSE NUMBER: 2018-33-019-006

SALES TAX REGISTRATION NUMBER: XXX-XX-0474/000

HARVEST ASSOCIATES LLC

The Director of the Division of Taxation, in accordance with chapter 161 Laws of N.J. 1995, has reviewed the records of the above holder of a retail alcoholic beverage license. This review shows that the licensee is in compliance with this act.

This certificate indicates the above license holder is in compliance with the above act and the Division of Taxation has no objections to renewal of said license. This certificate does not constitute a waiver of authority to demand resolution of any other 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 TRANSFERS

Michael J. Bryan
Acting Director, Division of Taxation

GRANT PERSON-TO-PERSON
LIQUOR LICENSE TRANSFER
ADAGIO, LLC TO ROOTS STEAKHOUSE, LLC

31678

April 4, 2006

WHEREAS, a request has been received for the Person-to-Person Transfer of the Plenary Retail Consumption Liquor License issued to Adagio, LLC, State License #2018-33-017-009 to Roots Steakhouse, LLC, for premises located at 401 Springfield Avenue, Summit, New Jersey, and

WHEREAS, the submitted application is complete in all respects, and

WHEREAS, the applicant is qualified to be licensed according to all standards established by Title 33 of the New Jersey statutes, and

WHEREAS, proof of publication has been received satisfying that a notice was printed for two weeks successively at least seven days apart in the Herald-Dispatch.

NOW, THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF SUMMIT:

That the Plenary Retail Consumption License issued to Adagio, LLC, State License #2018-33-017-009, be approved for a Person-to-Person Transfer to Roots Steakhouse, LLC, for premises located at 401 Springfield Avenue, Summit, New Jersey with the following conditions:

1. No deliveries shall be accepted from Maple Street.

2. All garbage and recyclables shall be stored inside the licensed premises in a temperature controlled trash cooler as represented on the plan entitled: Joe Cetrulo – ADAGIO, 401 Springfield Avenue, Summit, NJ, County of Union, dated 12/19/00.

3. All garbage shall be collected by the City in accordance with Chapter 23 of the Code. Garbage containers shall not be placed on Springfield Avenue or Maple Street sidewalks, nor placed in the 400 Lane so as to interfere with traffic access to other stores who back up to the 400 Lane.

4. Removal of recyclables shall be the responsibility of the liquor license owner who shall purchase coupons for use

remove same. Recyclable containers shall not be placed on Springfield Avenue or Maple Street sidewalks, nor placed in the 400 Lane so as to interfere with traffic access to other stores who back up to the 400 Lane.

The fee for the aforementioned transfers of license is $200.00 and has been received.

Dated: April 4, 2006

I, David L. Hughes, City Clerk of the City of Summit, do hereby certify that the foregoing resolution was duly adopted by the Common Council of said city at a regular meeting held on Tuesday, April 4, 2006.

City Clerk

License No: 2018-33-017-010

This License Expires 06/30/13

State of New Jersey

2012 - 2013

CITY OF SUMMIT
UNION COUNTY

Pursuant to Title 33 of the New Jersey Statutes, PLENARY RETAIL CONSUMPTION LICENSE

Is Hereby Granted To ROOTS STEAKHOUSE LLC
401 SPRINGFIELD AVENUE
SUMMIT, NJ 07901

This license confers all rights and privileges pertaining thereto, as set forth in Title 33 of the New Jersey Statutes, and any amendments thereof and supplements thereto, and is expressly subject to the terms, provisions, limitations, requirements and conditions set forth therein and any rules and regulations promulgated heretofore and hereafter by the Director of the Division of Alcoholic Beverage Control pursuant to Title 33 of the New Jersey Statutes. This license is further subject to the provisions of all municipal ordinances and/or resolutions pertaining thereto which have been or shall have been duly enacted under law.

Effective Date: / /

Fee Paid $_____

Seal

At

I ACKNOWLEDGE RECEIPT OF THE 2012-2013 LIQUOR LICENSE & AUTHORIZING RESOLUTION.

Justin P Bollinger 6/28/12
Print Name **Date**

Bev. Mgr.
Signature/Title

License No: 2018-33-017-010 **This License Expires** 06/30/1

State of New Jersey

2012 - 2013

CITY OF SUMMIT
UNION COUNTY

Pursuant to Title 33 of the New Jersey Statutes, PLENARY RETAIL CONSUMPTION LICENSE

Is Hereby Granted To ROOTS STEAKHOUSE LLC
401 SPRINGFIELD AVENUE
SUMMIT, NJ 07901

1. No deliveries shall be accepted from Maple Street. 2. All garbage and recycleables shall be stored in a gated area, as shown on the partial plan and elevation of the proposed decorative metal gate dated 10/11/C open to the 400 Lane, with the gate(s) remaining closed for clearance of the 400 Lane except during removal of trash and recyclables. 3. All garbage shall be collected by the City in accordance with Chapter 23 of the Code. Garbage containers shall not be placed on Springfield Avenue or Maple Street sidewalks, nor placed in the 400 Lane so as to interfere with traffic access to other stores who back up to the 400 Lane. 4. Removal of recyclables shall be the responsibility of the liquor license owner who shall purchase coupons for use

This license confers all rights and privileges pertaining thereto, as set forth in Title 33 of the New Jersey Statutes, and any amendments thereof and supplements thereto, and is expressly subject to the terms, provisions, limitations, requirements and conditions set forth therein and any rules and regulations promulgated heretofore and hereafter by the Director of the Division of Alcoholic Beverage Control pursuant to Title 33 of the New Jersey Statutes. This license is further subject to the provisions of all municipal ordinances and/or resolutions pertaining thereto which have been or shall have been duly enacted under law.

at the Disposal Area or arrange for a private hauler to remove same. Recycleable containers shall not be placed on Springfield Avenue or Maple Street sidewalks, nor placed in the 400 Lane so as to interfere with traffic access to other stores who back up to the 400 Lane.

Effective Date: 7 / 1 / 12

Fee Paid $ 2,400.00

Seal

Attest: David L. Hughes, City Clerk

2012 - 2013 RENEWAL APPLICATION

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

RECEIVED
JUN - 1 2012

STATE ASSIGNED LICENSE NUMBER
2018 - 33 - 017 - 010

DATE APPLICATION FILED:
____ / ____ / ____

[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 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 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.)

X Renewal of License

____ Amendment of Application on File

____ Other _____

2018-33-017-010

ROOTS STEAKHOUSE LLC
T/A ROOTS STEAKHOUSE
2230 RT 10 WEST STE 2
MORRIS PLAINS NJ 07950

This Area is Reserve

Municipal Fee $ 2,400.00

Effective Date 7 / 1 / 12
(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee $ 200.00

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

Refund Amount $ n/a

Special Conditions Attached: X Yes _____ No

Hughes, David L., City Clerk
Type or Print Name (Last name, first, middle initial) of Municipal Clerk or ABC Secretary

Signature of Municipal Clerk or ABC Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2018 - 33 - 017 - 010

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.

Roots Steakhouse 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 401 (Number) Springfield Ave /15 maple Street (Street Name)

Municipality Summit NJ Zip 07901 - _____

Telephone Number of Business (908) 273 - 0027 (Area / Exchange / Number) E-Mail Address _____

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 _____ (Number / Street Name)

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____ Telephone (_____) _____ - _____

2.4 New Jersey Sales Tax Certificate of Authority No. 20 3948273

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]:

Roots Steakhouse

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):
_____ / _____ / _____

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 _____ 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 2018 - 33 - 017 - 610

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	X	Yes	____	No	All of it ____	Yes	X No Space A and C 1738 sq ft
1st floor	X	Yes	____	No	All of it ____	Yes	X No Space 1 and 3 4125 sq ft
2nd floor	____	Yes	X	No	All of it ____	Yes	____ No
3rd floor	____	Yes	X	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 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? ____ Yes X No

IF "YES," IS THERE A MORTGAGE ON THE BUILDING? ____ Yes ____ No

DOES THE APPLICANT LEASE THE BUILDING? X 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):

Bassett Associates LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Street Address 382 Springfield Ave
Number Street Name

P.O. Box # ____ Municipality Summit State NJ

Zip 07901 - ____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2018 - 33 - 017 - 010

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?

_____ Yes X 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:

X	Restaurant	X	Applicant		Other
X	Catering	X	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 N/A

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 2018 - 33 - 017 - 010

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 2018 - 33 - 017 - 010

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?

__X__ Yes ____ No See Affidavit

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 2007 - 38 - 007 - 001

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)

N/A
(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 2018 - 33 - 017 - 010

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?

X Yes ____ No See Attached

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 3402 - 08 - 321 - 001

Name Druid Associates LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Some owners As Applicant

****

B. License Number 2018 - 33 - 009 - 006

Name Harvest Associate LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Some Owners As Applicant

****

C. License Number 1802 - 33 - 012 - 001

Name Chester Moores LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Some Owners As 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 2018 - 33 - 017 - 010

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 _____ - _____ - _____ - _____

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.

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:

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2018 - 33 - 017 - 010

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 LIMITED LIABILITY COMPANIES COMPLETE PAGE 10.

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2018 - 33 - 017 - 010

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 [redacted] Rats Steakhouse LLC

10.2 Street address of home office [redacted] 2230 Rt 10 W, Suite B
Number Street Name

Municipality [redacted] Morris Plains

State NJ Zip 07950 - E-Mail Address

10.3 NJ Sales Tax Certificate of Authority Number 203-948-273/000

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? X Yes ____ No

10.6 DATE CHARTERED OR INCORPORATED 12 / 13 / 05 STATE NJ

10.7 CERTIFICATE OF INCORPORATION NUMBER 0600255255

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 N/A

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 Grabowski, Chester
(Last Name, First Name, Middle Initial or Corporation)

Street Address 2230 Rt 10 W, Suite B
Number Street Name

Municipality Morris Plains New Jersey

Zip 07950 - Telephone Number (973) 605 - 1881
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 2018 - 33 - 017 - 013

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):

Roots Steakhouse LLC

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

Grabowski (Last Name) Chester (First Name) A (Middle Initial)

Home Street Address 19 (Number) Druid Hill Rd (Street Name)

P.O. Box # _____ Municipality Summit State NJ

Zip 07901 -

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

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

Office telephone number (973) 656 - 1881 (Area Exchange Number)

% of business owned or controlled 50 % Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary X Other (specify) member

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

Moore (Last Name) Robert (First Name) J (Middle Initial)

Home Street Address 20 (Number) Beacon Road (Street Name)

P.O. Box # _____ Municipality Summit State NJ

Zip 07901 -

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

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

Office telephone number (973) 656 - 1881 (Area Exchange Number)

% of business owned or controlled 50 % Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary X Other (specify) member

BETH R COLOMBARI
Notary Public
State of New Jersey
My Commission Expires Apr 23, 2015

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2018 - 33 - 017 - 010

AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM 2012 TO 2013

DATE:

State of New Jersey)
County of Union) SS:

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

Boots Hawkins LLC
(Partnership Name)

(Signature of Partner)

Attest:

_____
Corporate Name

_____
(Signature of Partner)

By _____
(Signature of Corporate President or Vice President)

Secretary _____
Signature

_____
(Signature of Partner)

Affix Corporate Seal

_____
(Signature of Partner)

Sworn to and subscribed before me

this 31st day of May 20 12

AFFIDAVIT MUST BE SIGNED HERE ----------▶ Beth R. Colombari
(Signature of Officer Administering Oath)

BY DULY AUTHORIZED NOTARY PUBLIC

Beth R Colombari
(Printed Name of Officer Administering Oath)

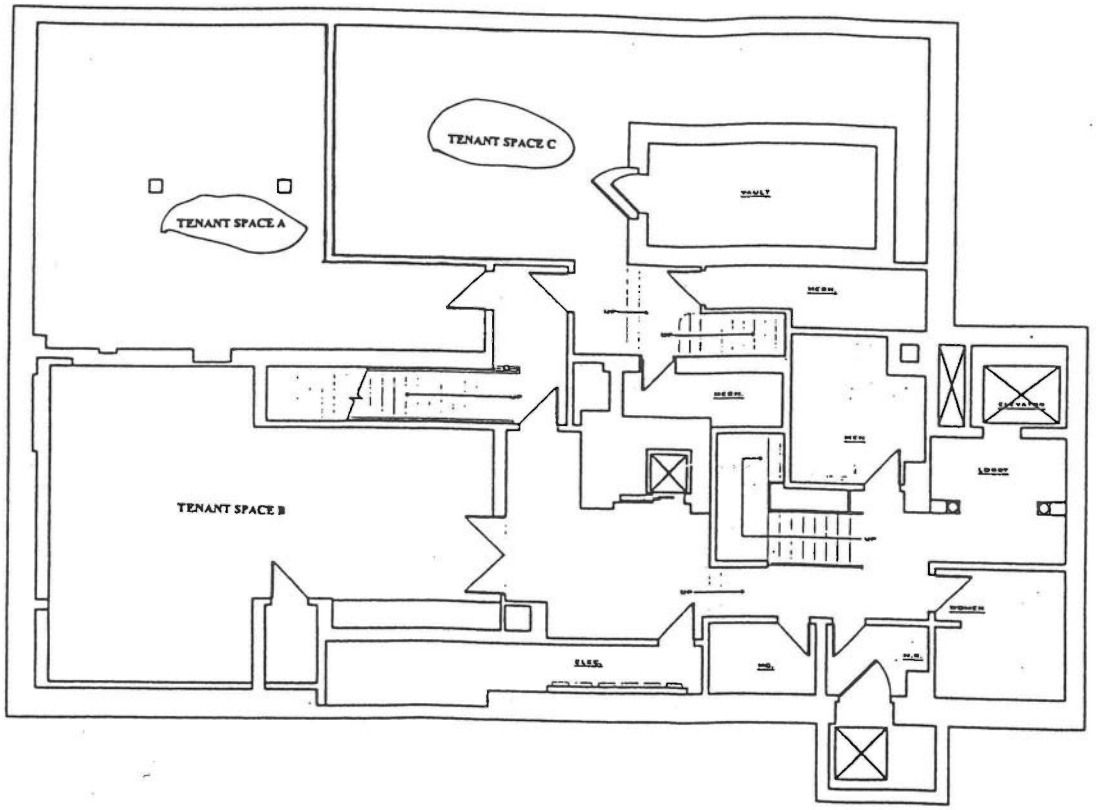
OR AN ATTORNEY-AT-LAW OF NEW JERSEY

Notary Pubic
(Title of Officer Administering Oath)

April 23, 2015
(Date of Expiration of Commission, if applicable)

BETH R COLOMBARI
Notary Public
State of New Jersey
My Commission Expires Apr 23, 2015

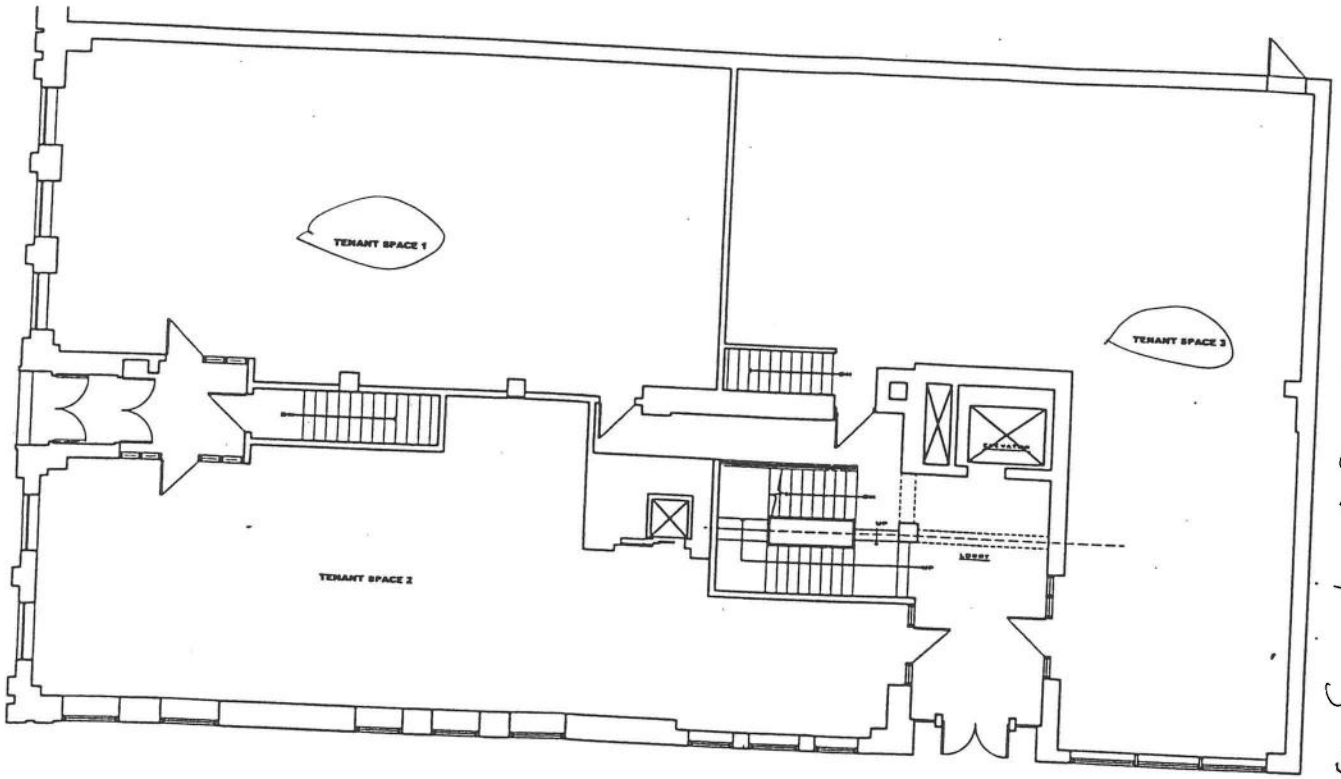
Liquor License Schedule				
License #		**Name**		**Relationship to Applicant**
Chester Moores LLC		1802-33-012-001		Same Owners As Applicant
Druid Associates LLC		2001-38-007-001		Same Owners As Applicant
Harvest Restaurant LLC		2018-33-019-006		Same Owners As Applicant
Roots Steakhouse LLC		2018-33-004-010		Same Owners As Applicant
Tabor 10 LLC		1429-33-020-006		Same Owners As Applicant
Vail Liquour License Corp		1424-33-032-008		Same Owners As Applicant



BASEMENT PLAN

Basement: Space A and Space C are to be licensed.

EXHIBIT A

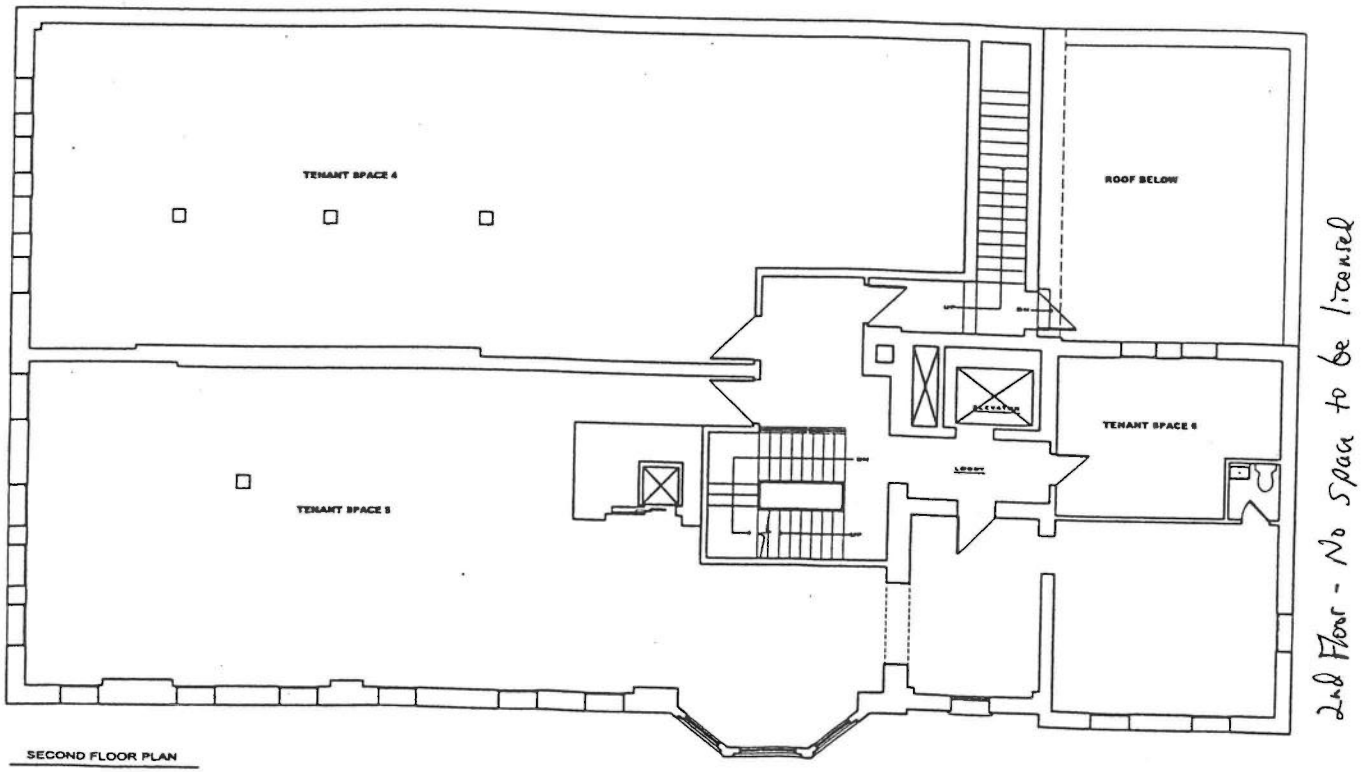


FIRST FLOOR PLAN

1st Floor - Space 1 and Space 3 are to be licensed

REVISED 4.20.00

EXHIBIT A



SECOND FLOOR PLAN

2nd Floor - No space to be licensed

EXHIBIT A

Third Floor- no space to be licensed

EXHIBIT A

THIRD FLLOR PLAN

State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
PO BOX 245
TRENTON, NJ 08695-0245

ALCOHOLIC BEVERAGE RETAIL LICENSEE CLEARANCE CERTIFICATE (RENEWAL)

5/8/2012

LIQUOR LICENSE NUMBER: 2018-33-017-010

SALES TAX REGISTRATION NUMBER: XXX-XX-8273/000

ROOTS STEAKHOUSE LLC

The Director of the Division of Taxation, in accordance with chapter 161 Laws of N.J. 1995, has reviewed the records of the above holder of a retail alcoholic beverage license. This review shows that the licensee is in compliance with this act.

This certificate indicates the above license holder is in compliance with the above act and the Division of Taxation has no objections to renewal of said license. This certificate does not constitute a waiver of authority to demand resolution of any other 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 TRANSFERS

Michael J. Bryan
Acting Director, Division of Taxation