RESOLUTION NO. 14-102

WHEREAS, an application has been filed for a person to person transfer of Plenary Retail Consumption License #0251-33-010-011, heretofore issued to Chestnut Restaurant Associates, LLC t/a Blend for premises located at 17 Chestnut Street, Ridgewood, NJ; and

WHEREAS, the submitted application form is complete in all respects; the transfer fees have been paid; and the license has been properly renewed for the current license term; and

WHEREAS, the applicant is qualified to be licensed according to all standards established by Title 33 of the New Jersey Statutes, regulations promulgated thereunder, as well as pertinent local ordinances and conditions consistent with Title 33; and

WHEREAS, the applicant has disclosed and the issuing authority reviewed the source of all funds used in the purchase of the license and the licensed business and all additional financing obtained in connection with the licensed business.

I hereby certify that this is a true copy of a resolution adopted by the Village Council of the Village of Ridgewood, Bergen County, New Jersey on April 9, 2014

Heather A. Mailander

Heather A. Mailander, Village Clerk

I hereby certify that this resolution, consisting of _2_ page(s), was adopted at a meeting of the Village Council of the Village of Ridgewood, held this _9th_ day of _____April_____, 2014.

	Moved	Second	Ayes	Nays	Absent	Abstain
Hauck			X			
Pucciarelli		X	X			
Riche	X		X			
Walsh			X			
Aronsohn			X			

Paul S. Aronsohn
Mayor

Heather A. Mailander
Village Clerk

NOW, THEREFORE, BE IT RESOLVED, that the Village Council of the Village of Ridgewood, Bergen County, New Jersey does hereby approve, effective April 11, 2014, the transfer of the aforesaid Plenary Retail Consumption Liquor License to Roots Ridgewood, LLC t/a Roots Steak House, 17 Chestnut Street and does hereby direct the Village Clerk to endorse the license certificate to the new ownership as follows: "This license, subject to all its terms and conditions, is hereby transferred to Roots Ridgewood, LLC, 17 Chestnut Street, Ridgewood, NJ effective April 11, 2014"; and

BE IT FURTHER RESOLVED that the liquor license number for Roots Ridgewood, LLC shall be #0251-33-010-012.

DURKIN & DURKIN, LLP
ATTORNEYS AT LAW
1120 BLOOMFIELD AVENUE
P.O. BOX 1289
WEST CALDWELL, NEW JERSEY 07007-9452

TELECOPIER [redacted]
maresta@durkinlawfirm.com

May 15, 2013

Village of Ridgewood
131 North Maple Avenue
Ridgewood, New Jersey 07451
Attn: Heather Mailander, Municipal Clerk

Re: License No: 0251-33-010-011
Person-to-Person Transfer: Chestnut Restaurant Associates, LLC to Roots Ridgewood, LLC
Our File No.: 3070-8-MMD

Dear Ms. Mailander:

As you are aware, this office represents Roots Ridgewood, LLC as same relates to the above referenced License Transfer Application. In furtherance of your email dated April 29, 2013, enclosed please find this office's check no. 6247, dated May 10, 2013 made payable to "Village of Ridgewood" in the sum of $250.00 which represents the local transfer fee.

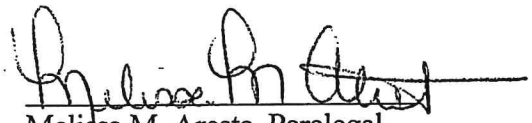
Additionally, below please find the location of the seven (7) Plenary Retail Consumption licenses which are being used at restaurants by the corporations wherein Mr. Grabowski and Mr. Moore are members:

Corporation	Liquor License No.	Location
Tabor 10, LLC	1429-33-020-004	2230 Route 10 West Morris Plains, NJ
Druid Associates, LLC	3402-08-321-001	279 Springfield Ave. Berkeley Heights, NJ
Harvest Associates, LLC	2018-33-019-006	3 Morris Avenue Summit, NJ
Roots Steakhouse, LLC	2018-33-017-010	401 Springfield Avenue Summit, NJ

Chester Moores, LLC	1802-33-002-001	665 Martinsville Road Basking Ridge, NJ
Druid Associates, LLC	2001-38-007-001	279 Springfield Ave. Berkeley Heights, NJ
Vail Liquor License Corp.	1424-33-032-005	40 N. Park Place Morristown, NJ

Once you have had the opportunity to review the enclosed documents, should you have any questions, please do not hesitate to contact our office.

Very truly yours,
DURKIN & DURKIN, LLP

By: 
Melissa M. Aresta, Paralegal

/mma
Enclosures
cc: Roots Ridgewood, LLC

VILLAGE OF RIDGEWOOD

131 NORTH MAPLE AVENUE
RIDGEWOOD, NEW JERSEY 07451

(201) 670-5500 EXT. 201 VILLAGE CLERK
(201) 670-5500 EXT. 205 DEPUTY VILLAGE CLERK
FAX: (201) 652-7623

HEATHER A. MAILANDER, RMC/MMC/CPM
VILLAGE CLERK
EMAIL: HMAILANDER@RIDGEWOODNJ.NET

DONNA M. JACKSON, RMC
DEPUTY VILLAGE CLERK
EMAIL: DJACKSON@RIDGEWOODNJ.NET

August 6, 2014

State of New Jersey
Division of Alcoholic Beverage Control
140 East Front Street
CN 087
Trenton, NJ 08625-0087

To Whom It May Concern:

Enclosed herewith is an amendment to the application on file for Roots, Ridgewood, LC, License #0251-33-010-012, to activate the license which recently had a person to person transfer from Chestnut Restaurant Associates, LLC. The license is still sited at 17 Chestnut Street, Ridgewood, NJ.

I believe that this is the final amendment that is necessary for the transfer of this liquor license.

Sincerely,

Heather A. Mailander

Heather A. Mailander, RMC/CMC/MMC
Village Clerk

cc: Roots Ridgewood, LLC

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

0251 - 33 - 010 - 012

[For DIVISION use only _____]

DATE APPLICATION FILED:

5 / 26 / 14

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 November 14)

44 ____ Plenary Retail Distribution

43 ____ Limited Retail Distribution

OTHER

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

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

THIS APPLICATION IS FOR:

____ A New License

____ Person-to-Person Transfer (Including Partnership change, except Limited Partnership)

____ Place-to-Place Transfer (Including expansion of premises)

____ Change of Corporate Structure

____ Extension of License (to Executor, Receiver, Administrator, etc.)

____ Renewal of License

____ Amendment of Application on File

✓ Other Activation of Liquor License

This Area is Reserved for Municipal Use

Municipal Fee $ zero

Effective Date 05 / 28 / 2014
(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee $ zero

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

Refund Amount $ N/A

Special Conditions Attached: ____ Yes ✓ No

Maulander, Heather A.
Type or Print Name (Last Name, First Name, Middle Initial) of Municipal Clerk ~~or ABC Secretary~~

Heather A. Maulander
Signature of Municipal Clerk ~~or ABC Secretary~~

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0251 - 33 - 010 - 012

Application is made on behalf of: _____

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.

Routs Ridgewood 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 17 (Number) Chestnut Street (Street Name)

Municipality Ridgewood Zip 07450-____

Telephone number of business ([redacted] (Area Exchange Number)

2.3 If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing addres (insert N/A if not applicable):

Street Address 2230 Rt 10 West (Number Street Name)

P.O. Box # _____ Municipality Morris Plains State NJ

Zip 07950-____ Telephone ([redacted]

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

2.5 TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE [if a corporation] OR COUNTY CLERK [if a partnership or sole proprietor]:

Routs 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?
✓ Yes _____ No will open 5/28/2014

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 0257 - 33 - 010 - 012 AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM _____ TO _____ DATE:

State of New Jersey)
County of Essex) SS:

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

(Check One)

1. The Individual Applicant
2. Members of the Partnership Applicant
3. Managing member of Roots Ridgewood 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)

Attest: Roots Ridgewood LLC
Corporate Name

_____
(Signature of Partner)

By _____
(Signature of Corporate President or Vice President)

Secretary _____
Signature

_____
(Signature of Partner)

Affix Corporate Seal

_____
(Signature of Partner)

SARAH ELIZABETH ASTE
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 9/1/2014

Sworn to and subscribed before me
this 12 day of May 20 14

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

BY DULY AUTHORIZED NOTARY PUBLIC

SARAH E. ASTE
(Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW OF NEW JERSEY

_____
(Title of Officer Administering Oath)

9-1-14
(Date of Expiration of Commission, if applicable)

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

0251 - 33 - 010 - 011

DATE APPLICATION FILED:

04 / 08 / 13

[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 November 14)

44 ____ Plenary Retail Distribution

43 ____ Limited Retail Distribution

OTHER

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

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

THIS APPLICATION IS FOR:

____ A New License

✓ Person-to-Person Transfer (Including Partnership change, except Limited Partnership)

____ Place-to-Place Transfer (Including expansion of premises)

____ Change of Corporate Structure

____ Extension of License (to Executor, Receiver, Administrator, etc.)

____ Renewal of License

____ Amendment of Application on File

____ Other _____

_____

This Area is Reserved for Municipal Use

Municipal Fee $ 250.00

Effective Date 04 / 11 / 14
(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee $ 200.00

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

Refund Amount $ —

Special Conditions Attached: ____ Yes ✓ No

Maulander, Heather A.
Type or Print Name (Last Name, First Name, Middle Initial) of Municipal Clerk ~~or ABC Secretary~~

Heather A. Maulander
Signature of Municipal Clerk ~~or ABC Secretary~~

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0251 - 33 - 010 - 011

Application is made on behalf of: 2

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 Ridgewood, 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 17 (Number) Chestnut Street (Street Name)

Municipality Ridgewood Zip 07450 -

Telephone number of business ([redacted])
Area Exchange Number

2.3 If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing addres (insert N/A if not applicable):

Street Address 2230 Rout 10 West
Number Street Name

P.O. Box # _____ Municipality Morris Plains State NJ

Zip 07950 - _____ Telephone [redacted]

2.4 New Jersey Sales Tax Certificate of Authority No. _____

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 Steak House

2.6 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS OTHER THAN APPLICANTS FOR A NEW LICENSE:

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?
_____ Yes ✓ 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):
07 / / 2012

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: N/A

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 0251 - 33 - 010 - 011

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 ✓ No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

3.4 Basement	✓	Yes	No	All of it	✓	Yes No
1st floor	✓	Yes	No	All of it	✓	Yes No
2nd floor		Yes	No	All of it		Yes No
3rd floor		Yes	No	All of it		Yes No

Specify each additional floor number to be included under this license: _____

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed areas from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES?

✓ Yes _____ No

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

_____ Yes ✓ No

IF THE ANSWER IS "YES," ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING? _____ Yes ✓ No

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

DOES THE APPLICANT LEASE THE BUILDING? ✓ Yes _____ No

If there is a mortgage on the property, answer question 3.8. If the licensed premise is leased, answer question 3.9.

3.8 MORTGAGEE (HOLDER OF MORTGAGE): 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): Quail Run, LP

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

Street Address _____
Number Street Name

P.O. Box # 234 Municipality Oradell State NJ

Zip 07649 - _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0251 - 33 - 010 - 011

4.1 IS THE NEAREST ENTRANCE OF THE PLACE TO BE LICENSED WITHIN 200 FEET OF THE NEAREST ENTRANCE OF ANY CHURCH OR SCHOOL? _____ Yes ✓ No

IF THE ANSWER IS "YES," IS A WAIVER SIGNED BY THE APPROPRIATE OFFICIAL ATTACHED TO THIS APPLICATION? _____ Yes _____ No

4.2 DOES THE APPLICANT INTEND TO USE ANY VEHICLES FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES? _____ Yes ✓ No (A TRANSIT INSIGNIA IS NECESSARY BEFORE ALCOHOLIC BEVERAGES MAY BE TRANSPORTED.)

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB F 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?

_____ Yes ✓ No

IF "YES," DATE FILED _____ / _____ / _____

4.4 WILL ANY BUSINESS OTHER THAN THE SALE OF ALCOHOLIC BEVERAGES BE CONDUCTED ON THE PREMISES TO BE LICENSED? ✓ Yes _____ No

IF THE ANSWER IS "YES," INDICATE THE NATURE OF THE BUSINESS AND WHO WILL CONDUCT IT BY RESPONDING TO THE FOLLOWING QUESTIONS:

✓ Restaurant	✓ Applicant	___ Other
_____ Catering	_____ Applicant	_____ Other
_____ Hotel/Motel	_____ Applicant	_____ Other
_____ Amusements	_____ Applicant	_____ Other
_____ N.J. Lottery	_____ Applicant	_____ Other
_____ Grocery or Delicatessen	_____ Applicant	_____ Other
_____ Other (specify)	_____ Applicant	_____ Other

4.5 IF SOMEONE OTHER THAN THE APPLICANT WILL OPERATE THE OTHER BUSINESS ON THE LICENSED PREMISES, ANSWER THIS QUESTION. IF THERE IS MORE THAN ONE INDIVIDUAL OR COMPANY, ATTACH A SEPARATE PAGE LISTING THE REQUESTED INFORMATION FOR EACH OPERATOR.

Business to be operated 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 0251 - 33 - 010 - 011

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: See attached

A. New Jersey license number, if applicable 2001 - 38 - 001-001

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 0251 - 33 - 010 - 011

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 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 ✓ 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 $ _____ [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 ✓ 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 0251 - 33 - 010 - 011

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 ____ 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 1429 - 33 - 020 - 004

Name Tabor 10, LLC.
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Common Ownership / membership

****

B. License Number 3402 - 08 - 321 - 001

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

Relationship to Applicant Common Ownership / membership

****

C. License Number 2018 - 33 - 019 - 006

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

Relationship to Applicant Common Ownership / membership

****

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 ✓ 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 0251 - 33 - 010 - 011

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 ____ 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 2018 - 33 - 017 - 010

Name Boats Steakhouse, LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Common ownership/membership

****

B. License Number 1802 - 33 - 002 - 001

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

Relationship to Applicant Common ownership/membership

****

C. License Number 2001 - 38 - 007 - 001

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

Relationship to Applicant Common ownership/membership

****

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 ✓ 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 0251 - 33 - 010 - 011

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 _____ 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 1424 - 33 - 032 - 005

Name Vail Liquor License Corp.
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Common Ownership/membership

****

B. License Number N/A - _____ - _____ - _____

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

Relationship to Applicant _____

****

C. License Number N/A - _____ - _____ - _____

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 ✓ 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 0251 - 33 - 010 - 011

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.

8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED 0251 - 33 - 010 - 011

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:

Chestnut Restaurant Associats, LLC

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

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

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

Street Address _____
Number Street Name

Municipality _____ New Jersey

Zip _____ - _____

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

8.7 INSERT THE ANTICIPATED DATES WHEN PUBLIC NOTICE OF APPLICATION WILL BE PUBLISHED. PUBLICATION MAY NOT BE SOONER THAN THE DATE OF FILING OF THIS APPLICATION.

Date of first notice 05 / 08 / 2013

Date of second notice 05 / 15 / 2013

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE The Bergen Record

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 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 0251 - 33 - 010 - 011

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 _____

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 0251 - 33 - 010 - 011

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 Boots Ridgewood, LLC

10.2 Street address of home office 2230 Route 10 West
(Number / Street Name)

Municipality Morris Plains

State NJ Zip 07950 -

10.3 NJ Sales Tax Certificate of Authority Number [redacted]

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 N/A
(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 / 11 / 2013 STATE NJ

10.7 CERTIFICATE OF INCORPORATION NUMBER [redacted]

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ____ Yes ____ No N/A.

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 West
(Number / Street Name)

Municipality Morris Plains New Jersey

Zip 07950 - Telephone Number ([redacted]
(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 0251 - 33 - 010 - 011

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 Ridgewood, 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 Road (Street Name)

P.O. Box # _____ Municipality Summit State NJ

Zip 07950 - _____

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

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

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

% of business owned or controlled 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 ([redacted]) (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 ✓ Other (specify) member

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0251 - 33 - 010 - 011 AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM 06-01-12 TO 06-01-13 DATE:

State of New Jersey)
County of ESSEX) SS:

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

(Check One)

1. The Individual Applicant
2. Members of the Partnership Applicant
3. Managing Member (President/Vice-President) of Roots Ridgewood, LLC (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)

Attest: Roots Ridgewood, LLC
Corporate Name

By (Signature of Corporate President or Vice President)

(Signature of Partner)

Secretary Signature

(Signature of Partner)

Affix Corporate Seal

(Signature of Partner)

Sworn to and subscribed before me

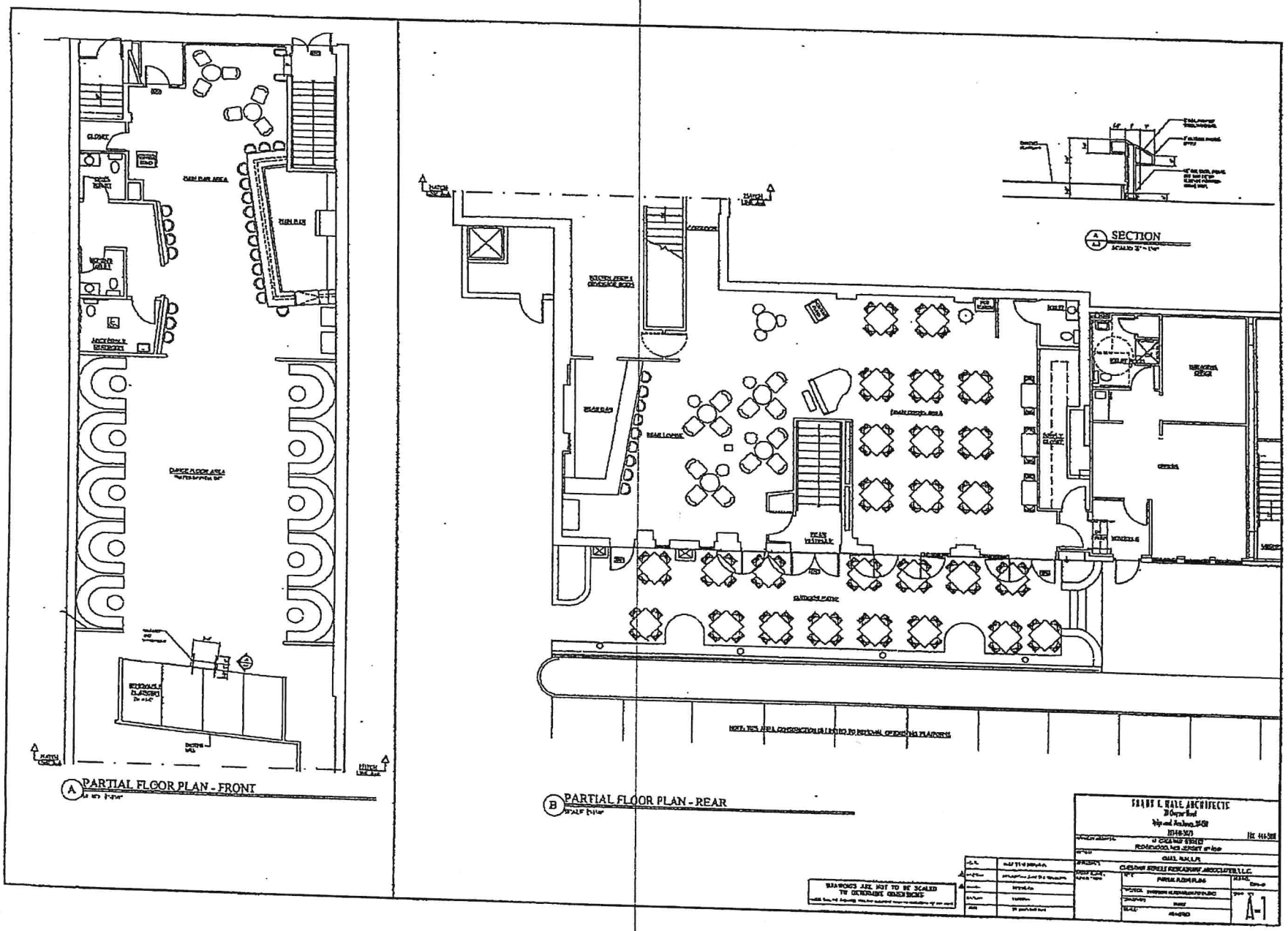
this 08th day of April 20 13

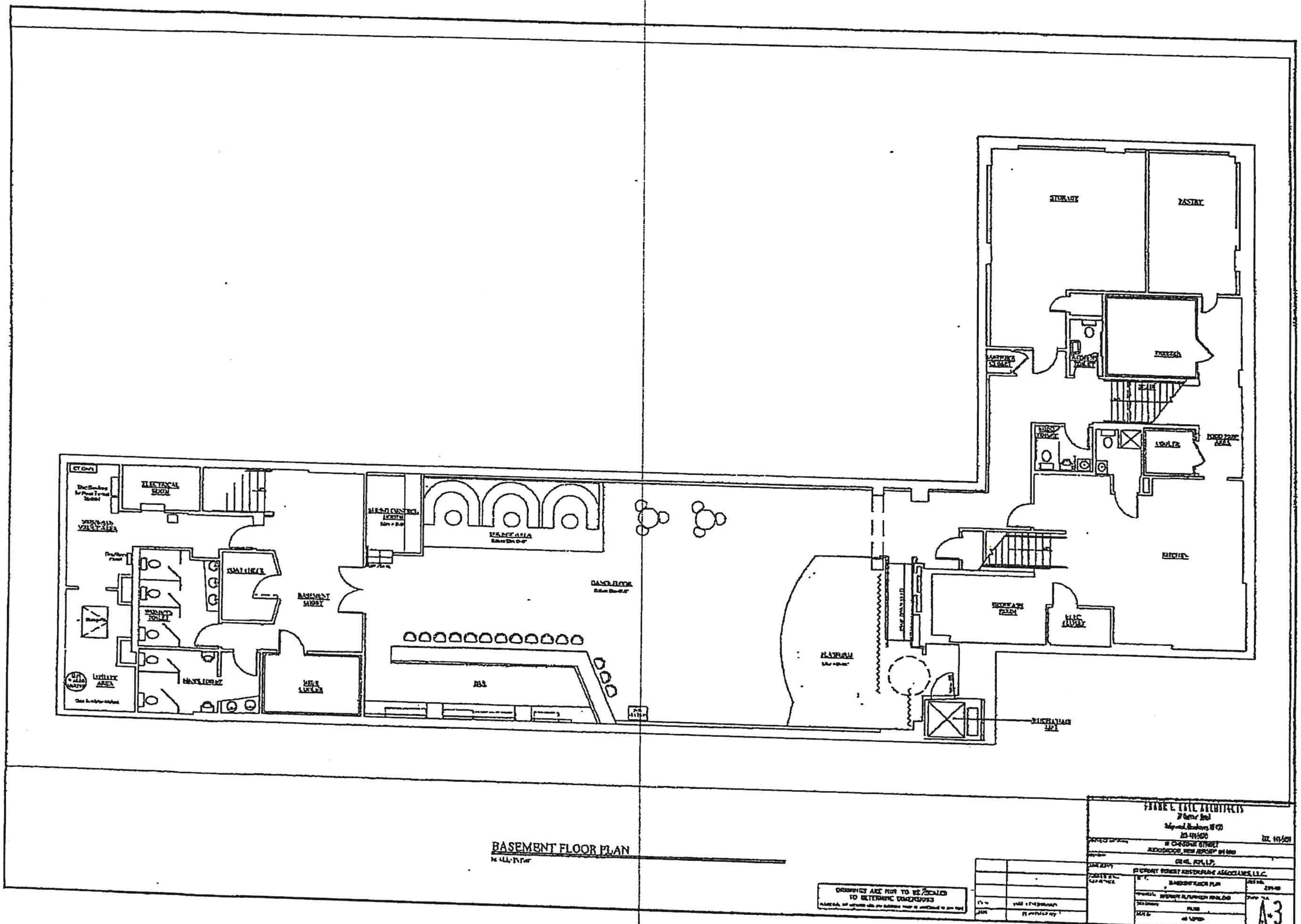
AFFIDAVIT MUST BE SIGNED HERE ----------▶ (Signature of Officer Administering Oath)

BY DULY AUTHORIZED NOTARY PUBLIC M. Murphy Dirkin
(Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW OF NEW JERSEY Attorney at Law - State of NJ
(Title of Officer Administering Oath)

(Date of Expiration of Commission, if applicable)


SECTION
A PARTIAL FLOOR PLAN - FRONT
B PARTIAL FLOOR PLAN - REAR
A-1


STORAGE
PASTRY
KITCHEN
BAR
DANCE FLOOR
BASEMENT LOBBY
ELECTRICAL ROOM
COAT CHECK
UTILITY AREA
PLATFORM
BASEMENT FLOOR PLAN
DRAWINGS ARE NOT TO BE SCALED
TO DETERMINE DIMENSIONS
FRANK L. ... ARCHITECTS
A-3