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
2020 - 33 - 028 - 004

[For DIVISION use only _____]

DATE APPLICATION FILED:
11 / 29 / 18

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 $_____

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

State Fee $_____

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

Refund Amount $_____

Special Conditions Attached: _____ Yes _____ No

Rowley, Tara Municipal Clerk

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

Tara Rowley

Signature of Municipal Clerk or ABC Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 2020 - 33 - 028 - 004

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.

UT Westfield, 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 115 (Number) Elm Street (Street Name)

Municipality Westfield Zip 07090-

Telephone number of business ( ) - (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 2250 (Number) Route 10 West (Street Name)

P.O. Box # Municipality Morris Plains State NJ

Zip 07950 - Telephone (973) 656 - 1881 x 23

2.4 New Jersey Sales Tax Certificate of Authority No. REP

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]:

Urban Table

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):
____ / ____ / ____

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 2020 - 33 - 028 - 005

AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM 7/31/18 TO 6/30/19

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. Managing Member of UT Westfield 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: UT Westfield 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)

Sworn to and subscribed before me
this 29th day of November 20 18

AFFIDAVIT MUST BE SIGNED HERE ----------► Marta Castillo
(Signature of Officer Administering Oath)

MARTA CASTILLO
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 5/15/2019

BY DULY AUTHORIZED NOTARY PUBLIC

Marta Castillo
(Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW OF NEW JERSEY

(Title of Officer Administering Oath)

05/15/2019
(Date of Expiration of Commission, if applicable)