Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1523 - 44 - 001 - 009

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

**********

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP): BLUE FRONT LIQUOR, INC.

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

PATEL (Last Name) BHAVESH (First Name) S (Middle Initial)

Home Street Address ___ (Number) ___ (Street Name)

P.O. Box # _____ Municipality ___ State ___

Zip ___

Social Security Numbe ___ ___ ___ Date of Birt ___ . ___ , 1962

Home telephone number ___ . ___ ___ (Area Exchange Number)

Office telephone number ___ . ___ ___ (Area Exchange Number)

% of business owned or controlled 50 % Number of shares 500

Check position that applies: ___ Sole owner ___ Partner X Stockholder

X President ___ Vice-President ___ Secretary ___ Treasurer X Director

___ Trustee ___ Manager ___ Agent ___ Executor/Administrator ___ Receiver

___ Beneficiary ___ Other (specify) _____

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

PATEL (Last Name) LISHMA (First Name) N (Middle Initial)

Home Street Address ___ (Number) ___ (Street Name)

P.O. Box # _____ Municipalit ___ St ___

Zip ___

Social Security Numbe ___ ___ ___ Date of Birth ___

Home telephone number ___ . ___ ___ (Area Exchange Number)

Office telephone number ___ . ___ ___ (Area Exchange Number)

% of business owned or controlled 50 % Number of shares 500

Check position that applies: ___ Sole owner ___ Partner X Stockholder

___ President ___ Vice-President X Secretary ___ Treasurer ___ Director

___ Trustee ___ Manager ___ Agent ___ Executor/Administrator ___ Receiver

___ Beneficiary ___ Other (specify) _____

10A

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1527-33-003-003

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): Joy Jam, Inc.

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

DeFilippis (Last Name) Joseph (Middle Initial)

Home Street Address ___ (Number) ___ (Street Name) ___

P.O. Box # ___ Municipality ___ State ___

Zip ___ E-Mail Address ___

Social Security Number ___ Date of Birth ___

Home telephone number ___ (Area) ___ (Exchange) ___ (Number)

Office telephone number ___ (Area) ___ (Exchange) ___ (Number)

% of business owned or controlled 25% Number of shares 25

Check position that applies: ___ Sole owner ___ Partner X Stockholder

X President ___ Vice-President ___ Secretary X Treasurer ___ Director

___ Trustee ___ Manager ___ Agent ___ Executor/Administrator ___ Receiver

___ Beneficiary ___ Other (specify) ___

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

DeFilippis (Last Name) Frank (Middle Initial)

Home Street Address ___ (Number) ___ (Street Name) ___

P.O. Box # ___ Municipality ___ State ___

Zip ___ E-Mail Address ___

Social Security Number ___ Date of Birth ___

Home telephone number ___ (Area) ___ (Exchange) ___ (Number)

Office telephone number ___ (Area) ___ (Exchange) ___ (Number)

% of business owned or controlled 25% Number of shares 25

Check position that applies: ___ Sole owner ___ Partner X Stockholder

___ President X Vice-President ___ Secretary ___ Treasurer ___ Director

___ Trustee ___ Manager ___ Agent ___ Executor/Administrator ___ Receiver

___ Beneficiary ___ Other (specify) ___

Page 10A

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1527 - 33 - 003 - 063

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):

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

Beforne (Last Name) Louise (First Name) B. (Middle Initial)

Home Street Address

P.O. Box # Municipality

Zip + E-Mail

Social Security Number

Home telephone number

Office telephone number
Area Exchange Number

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

Check position that applies: ___ Sole owner ___ Partner X Stockholder

___ President ___ Vice-President X Secretary ___ Treasurer ___ Director

___ Trustee ___ Manager ___ Agent ___ Executor/Administrator ___ Receiver

___ Beneficiary ___ Other (specify)

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

Last Name First Name Middle Initial

Home Street Address
Number Street Name

P.O. Box # Municipality State

Zip - E-Mail Address

Social Security Number - - Date of Birth / /

Home telephone number ( ) -
Area Exchange Number

Office telephone number ( ) -
Area Exchange Number

% of business owned or controlled 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)

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1527 - 44 - 004 - 004

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

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**********

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):

DIVYA POOJA, LLC

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

PATEL (Last Name) CHANDRAKANT (First Name) K (Middle Initial)

Home Street Address ___ (Number) ___ (Street Name)

P.O. Box # ___ Municipality ___ Stat ___

Zip ___

Social Security Number ___ Date of Birth ___

Home telephone numt
Area Exchange Number

Office telephone numbe
Area Exchange Number

% of business owned or controlled 90 % Number of shares N/A

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

___ President ___ Vice-President ___ Secretary ___ Treasurer ___ Director

___ Trustee X Manager ___ Agent ___ Executor/Administrator ___ Receiver

___ Beneficiary X Other (specify) MEMBER

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

PATEL (Last Name) SEJAL (First Name) J (Middle Initial)

Home Street Address ___ (Number) ___ (Street Name)

P.O. Box # ___ Municipality ___ Sta ___

Zip ___

Social Security Numbe ___ Date of Birtl ___

Home telephone number
Area Exchange Number

Office telephone number
Area Exchange Number

% of business owned or controlled 10 % Number of shares N/A

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

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1527-31-005-001

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.

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**********

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP): Seaside Park Yacht Club

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

✓ CONNELL (Last Name) CHRISTINA P (Middle Initial)

Home Street Address _ (number) (Name)

(Municip)

Social Security Number _ Date of Birth

Home telephone numb ( ) (Area) (Exchange) (Number)

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

% of business owned or controlled 0 Number of shares 0

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

✓ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director

____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver

____ Beneficiary ____ Other (specify) Commodore

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

BURKE (Last Name) JOHN (Middle Initial)

Home Street Address _ (number)

P.O. Box # Municip

Social Security Numb Date of Birth

Home telephone num (Area) Exchange Number

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

% of business owned or controlled _____ Number of shares _____

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

____ President X Vice-President ____ Secretary ____ Treasurer ____ Director

____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver

____ Beneficiary ____ Other (specify) Vice Commodore

Page 10A

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1527-31-005-001

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.

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**********

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP): Seaside Park Yacht Club

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

ARLCO (Last Name) Anthony (Middle Initial)

Home Street Addr

P.O. Box # Municir

Social Security Nur Date of Birt

Home telephone num (Area Exchange Number)

Office telephone number ( ) - (Area Exchange Number)

% of business owned or controlled 0 Number of shares 0

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

____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director

____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver

____ Beneficiary ____ Other (specify) Rem Commodore

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

Miller (Last Name) Richard A. Jr. (First Name, Middle Initial)

Home Street Address (Number)

P.O. Box # Municipa

Social Security Numbe of Birth

Home telephone numb

Office telephone number ( ) - (Area Exchange Number)

% of business owned or controlled 0 Number of shares 0

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

____ President ____ Vice-President ____ Secretary X Treasurer ____ Director

____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver

____ Beneficiary ____ Other (specify)

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1527-33-006-014

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

LIMITED PARTNERSHIP: 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 licenses.

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**********

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP). PARK PAVILION LLC

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

Park Pavilon Trust

Last Name First Middle Initial

Home Street Address _____ _____

Number Street Name

P.O. Box # _____ Municipality State ____

Zip _ _-_____

Social Security number _____ Date of birth _____

Home telephone number _____

Area Exchange Number

Office telephone number _____ _____

Area Exchange Number

% of business owned or controlled 100 Number of shares N/A

Check position that applies: __ Sole owner __ Partner __ Stockholder
__ President __ Vice-President __ Secretary __Treasurer __ Director
__ Trustee __ Manager __ Agent __Executor/Administrator __ Receiver
__ Beneficiary x Other (specify) Sole Member

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

Last Name First Middle Initial

Home Street Address

Number Street Name

P.O. Box # _____ Municipality _____ State

Zip _____-_____

Social Security number __-__-__ Date of birth __/__/

Home telephone number (__) _____-

Area Exchange Number

Office telephone number (__) _____-

Area Exchange Number

% of business owned or controlled _____ Number of shares

Check position that applies: __ Sole owner __ Partner __ Stockholder
__ President __ Vice-President __ Secretary __Treasurer __ Director
__ Trustee __ Manager __ Agent __Executor/Administrator __ Receiver
__ Beneficiary __ Other (specify)

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1527-33-006-014
ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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**********

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP).

PARK PAVILION TRUST

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

_____ D'Onofrio (Last Name) Donato (First) (Middle Initial)

Home Street Address _____ (Number) _____ (Street Name)

P.O. Box # _____ Municipality _____ State _____

Zip _____

Social Security number _____ Date of birth _____

Home telephone number _____ (Area) _____ (Exchange) _____ (Number)

Office telephone number _____ (Area) _____ (Exchange) _____ (Number)

% of business owned or controlled 100 Number of shares N/A

Check position that applies: __ Sole owner __ Partner __ Stockholder
__ President __ Vice-President __ Secretary __ Treasurer __ Director
__ Trustee __ Manager __ Agent __ Executor/Administrator __ Receiver
__ Beneficiary X Other (specify) Sole Member

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

D'Onofrio Jr (Last Name) Donato (First) A (Middle Initial)

Home Street Address _____ (Number) _____ (Street Name)

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Social Security number _____ Date of Birth _____

Home telephone number _____ (Area) _____ (Exchange) _____ (Number)

Office telephone number _____ (Area) _____ (Exchange) _____ (Number)

% of business owned or controlled N/A Number of shares N/a

Check position that applies: __ Sole owner __ Partner __ Stockholder
__ President __ Vice-President __ Secretary __ Treasurer __ Director
__ Trustee X Manager __ Agent __ Executor/Administrator __ Receiver
__ Beneficiary __ Other (specify)

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1527-33-006-014

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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**********

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP). PARK PAVILION LLC

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

Park Pavilon Trust

Last Name First Middle Initial

Home Street Address _____ _____

Number Street Name

P.O. Box # _____ Municipality State ____

Zip _ _-_____

Social Security number _____ Date of birth _____

Home telephone number _____

Area Exchange Number

Office telephone number _____ _____

Area Exchange Number

% of business owned or controlled 100 Number of shares N/A

Check position that applies: ___ Sole owner ___ Partner ___ Stockholder
___ President ___ Vice-President ___ Secretary ___Treasurer ___ Director
___ Trustee ___ Manager ___ Agent ___Executor/Administrator ___ Receiver
___ Beneficiary _x_ Other (specify) Sole Member

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

Last Name First Middle Initial

Home Street Address

Number Street Name

P.O. Box # _____ Municipality _____ State

Zip _____ - _____

Social Security number ___ - ___ - ___ Date of birth __/__/

Home telephone number (___) _____ -

Area Exchange Number

Office telephone number (___) _____ -

Area Exchange Number

% of business owned or controlled _____ Number of shares

Check position that applies: ___ Sole owner ___ Partner ___ Stockholder
___ President ___ Vice-President ___ Secretary ___Treasurer ___ Director
___ Trustee ___ Manager ___ Agent ___Executor/Administrator ___ Receiver
___ Beneficiary ___ Other (specify)

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1527-33-006-014
ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

LIMITED PARTNERSHIP: 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 licenses.

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**********

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP).

PARK PAVILION TRUST

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

_____ D'Onofrio (Last Name) Donato (First) (Middle Initial)

Home Street Address _____ (Number) _____ (Street Name)

P.O. Box # _____ Municipality _____ State _____

Zip _____

Social Security number _____ Date of birth _____

Home telephone number _____ (Area) _____ (Exchange) _____ (Number)

Office telephone number _____ (Area) _____ (Exchange) _____ (Number)

% of business owned or controlled 100 Number of shares N/A

Check position that applies: __ Sole owner __ Partner _ Stockholder
__ President __ Vice-President _ Secretary __Treasurer __ Director
__ Trustee __ Manager __ Agent __Executor/Administrator __ Receiver
__ Beneficiary X Other (specify) Sole Member

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

D'Onofrio Jr (Last Name) Donato (First) A (Middle Initial)

Home Street Address _____ (Number) _____ (Street Name)

P.O. Box # _____ Municipality _____ _____ State ___

Zip ____ - ____

Social Security number _____ Date of Birth _____

Home telephone number _____ (Area) _____ (Exchange) _____ (Number)

Office telephone number _____ (Area) _____ (Exchange) _____ (Number)

% of business owned or controlled N/A Number of shares N/a

Check position that applies: __ Sole owner __ Partner __ Stockholder
__ President __ Vice-President __ Secretary __Treasurer __ Director
__ Trustee X Manager __ Agent __Executor/Administrator __ Receiver
__ Beneficiary __ Other (specify)