



This License Expires: 06/30/2019

Page 1 of 1

State of New Jersey

Department of Law and Public Safety
Division of Alcoholic Beverage Control

2018 - 2019

HAZLET TOWNSHIP
MONMOUTH COUNTY

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

Is Hereby Granted To BERTUCCIS RESTAURANT CORP

2847 HIGHWAY 35
HAZLET, NJ 07730

License Number: 1339-33-008-006

This license confers all rights and privileges pertaining thereto, as set further 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. The 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: 07/01/2018

Fee Paid \$200.00


Attest: HAZLET TOWNSHIP

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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 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)
Bertucci's Restaurant Corp., Debtor in Possession

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

Last Name First Middle Initial
Wright Brian K.
Home Street Address 272 Beechwood Street
Number
Street Name
Municipality Cohasset State MA
P.O. Box # Zip 02025

Social Security number
Home telephone number (480) 319 - 3862
Office telephone number (508) 351 - 2501
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) Chief Executive Officer

Name of individual (last name first):

Last Name First Middle Initial
Connell Brian P.
Home Street Address 3 Patriot Lane
Number
Street Name
Municipality Whitman State MA
P.O. Box # Zip 02382

Social Security number
Home telephone number (781) 447 - 8353
Office telephone number (508) 351 - 2500
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) Chief Financial Officer

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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Bertucci's Restaurant Corp., Debtor in Possession

Name of individual (last name first), stockholder, partner, officer or director:
Moscaritolo
Christine
A.
Middle Initial
First
Last Name
Home Street Address
70 LaGrange Street
Number
Street Name
Municipality
W. Roxbury
State
MA
Zip
02132
P.O. Box #
3017
Social Security number
(617) 327
Area
Exchange
Number
5796
Home telephone number
(508) 351
Area
Exchange
Number
2575
Office telephone number
0
Area
Exchange
Number
0
% 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) Assistant Secretary

Name of individual (last name first):
Clyne
Christopher
M.
Middle Initial
First
Last Name
Home Street Address
33 Grand Avenue
Number
Street Name
Municipality
Iselin
State
NJ
Zip
08830
P.O. Box #
Social Security number
(732) 832
Area
Exchange
Number
7215
Home telephone number
(732) 264
Area
Exchange
Number
2422
Office telephone number
0
Area
Exchange
Number
0
% 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) General Manager

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

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Bertucci's Restaurant Corp., Debtor in Possession

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

Bertucci's Inc. (FEIN 04-2947209)

Last Name

First

Middle Initial

Home Street Address

155 Otis Street

Number

Street Name

State MA

Municipality Northborough

P.O. Box #

01532

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

Check position that applies:

Sole owner

Partner

Stockholder

President

Vice-President

Secretary

Treasurer

Trustee

Manager

Agent

Executor/Administrator

Beneficiary

Other (specify)

Name of individual (last name first):

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

State

Municipality

P.O. Box #

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

Trustee

Manager

Agent

Executor/Administrator

Beneficiary

Other (specify)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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Bertucci's Inc.

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

Wright

Brian

K.

Last Name

First

Middle Initial

Home Street Address

272 Beechwood Street

Number

Street Name

Cohasset

State MA

P.O. Box #

Zip 02025

Social Security number

Area (480)

Exchange (319)

Number (3862)

Office telephone number

Area (508)

Exchange (351)

Number (2501)

% of business owned or controlled

0

Number of shares

0

Check position that applies:

Sole owner

Partner

Stockholder

Director

Beneficiary

Trustee

Manager

Agent

Executive/Administrator

Chief Executive Officer

Name of individual (last name first):

Connell

Brian

P.

Last Name

First

Middle Initial

Home Street Address

3 Patriot Lane

Number

Street Name

Whitman

State MA

P.O. Box #

Zip 02382

Social Security number

Area (781)

Exchange (447)

Number (8353)

Office telephone number

Area (508)

Exchange (351)

Number (2500)

% of business owned or controlled

0

Number of shares

0

Check position that applies:

Sole owner

Partner

Stockholder

Director

Beneficiary

Trustee

Manager

Agent

Executive/Administrator

Chief Financial Officer

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)

Bertucci's Corporation

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

Wright

Brian

K.

Last Name

First

Middle Initial

Home Street Address

272 Beechwood Street

Number

Street Name

Municipality

Cohasset

State

MA

P.O. Box #

02025

Zip

Social Security number

Area

480

Exchange

319

Number

3862

Home telephone number

Area

508

Exchange

351

Number

2501

Office telephone number

% of business owned or controlled

0

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Vice-President

President

Trustee

Manager

Agent

Executive/Administrator

Receiver

Chief Executive Officer

Other (specify)

Beneficiary

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

Bertucci's Corporation

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

Wright

Brian

K.

Last Name

First

Middle Initial

Home Street Address

272 Beechwood Street

Number

Street Name

Municipality

Cohasset

State

MA

P.O. Box #

02025

Zip

Social Security number

Area

480

Exchange

319

Number

3862

Home telephone number

Area

508

Exchange

351

Number

2501

Office telephone number

% of business owned or controlled

0

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Vice-President

President

Trustee

Manager

Agent

Executive/Administrator

Receiver

Chief Executive Officer

Other (specify)

Beneficiary

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

Bertucci's Corporation

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

Wright

Brian

K.

Last Name

First

Middle Initial

Home Street Address

272 Beechwood Street

Number

Street Name

Municipality

Cohasset

State

MA

P.O. Box #

02025

Zip

Social Security number

Area

480

Exchange

319

Number

3862

Home telephone number

Area

508

Exchange

351

Number

2501

Office telephone number

% of business owned or controlled

0

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Vice-President

President

Trustee

Manager

Agent

Executive/Administrator

Receiver

Chief Executive Officer

Other (specify)

Beneficiary

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

Wright

Brian

K.

Last Name

First

Middle Initial

Home Street Address

272 Beechwood Street

Number

Street Name

Municipality

Cohasset

State

MA

P.O. Box #

02025

Zip

Social Security number

Area

480

Exchange

319

Number

3862

Home telephone number

Area

508

Exchange

351

Number

2501

Office telephone number

% of business owned or controlled

0

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Vice-President

President

Trustee

Manager

Agent

Executive/Administrator

Receiver

Chief Executive Officer

Other (specify)

Beneficiary

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

Bertucci's Corporation

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

Wright

Brian

K.

Last Name

First

Middle Initial

Home Street Address

272 Beechwood Street

Number

Street Name

Municipality

Cohasset

State

MA

P.O. Box #

02025

Zip

Social Security number

Area

480

Exchange

319

Number

3862

Home telephone number

Area

508

Exchange

351

Number

2501

Office telephone number

% of business owned or controlled

0

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Vice-President

President

Trustee

Manager

Agent

Executive/Administrator

Receiver

Chief Executive Officer

Other (specify)

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

Wright

Brian

K.

Last Name

First

Middle Initial

Home Street Address

272 Beechwood Street

Number

Street Name

Municipality

Cohasset

State

MA

P.O. Box #

02025

Zip

Social Security number

Area

480

Exchange

319

Number

3862

Home telephone number

Area

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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Bertucci's Corporation

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

Moscattolo

Christine

A.

Home Street Address

70 LaGrange Street

Number Street Name

W. Roxbury

State MA

P.O. Box #

Zip 02132 - 3017

Social Security number

Home telephone number

(617) 327

Date of birth

5796

Office telephone number

(508) 351

Area Exchange Number

2575

% of business owned or controlled

0

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Assistant Secretary

Other (specify)

Beneficiary

Trustee

Manager

Agent

Executive/Administrator

Receiver

P.O. Box #

Zip 02132 - 3017

Social Security number

Home telephone number

(617) 327

Date of birth

5796

Office telephone number

(508) 351

Area Exchange Number

2575

% of business owned or controlled

0

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Sole owner

Partner

Stockholder

Director

Treasurer

Assistant Secretary

Other (specify)

Beneficiary

Trustee

Manager

Agent

Executive/Administrator

Receiver

P.O. Box #

Zip 02132 - 3017

Social Security number

Home telephone number

(617) 327

Date of birth

5796

Office telephone number

(508) 351

Area Exchange Number

2575

% of business owned or controlled

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Sole owner

Partner

Stockholder

Director

Treasurer

Assistant Secretary

Other (specify)

Beneficiary

Trustee

Manager

Agent

Executive/Administrator

Receiver

P.O. Box #

Zip 02132 - 3017

Social Security number

Home telephone number

(617) 327

Date of birth

5796

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(508) 351

Area Exchange Number

2575

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Partner

Stockholder

Director

Treasurer

Assistant Secretary

Other (specify)

Beneficiary

Trustee

Manager

Agent

Executive/Administrator

Receiver

P.O. Box #

Zip 02132 - 3017

Social Security number

Home telephone number

(617) 327

Date of birth

5796

Office telephone number

(508) 351

Area Exchange Number

2575

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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Bertucci's Corporation

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

Bertucci's Holdings, Inc. (FEIN 46-0710243)

Last Name First Middle Initial
155 Otis Street
Home Street Address
Number
Northborough
Municipality
State MA
Zip 01532
P.O. Box #
Social Security number
Home telephone number
Office telephone number
Area Exchange Number
Area Exchange Number
100%
Number of shares
Stockholder
Check position that applies: Sole owner Partner
President Vice-President Secretary Treasurer Director
Trustee Manager Agent Executor/Administrator Receiver
Beneficiary Other (specify)

Name of individual (last name first):

Last Name First Middle Initial
Home Street Address
Number
Municipality
State
Zip
P.O. Box #
Social Security number
Home telephone number
Office telephone number
Area Exchange Number
Area Exchange Number
Number of shares
Stockholder
Check position that applies: Sole owner Partner
President Vice-President Secretary Treasurer Director
Trustee Manager Agent Executor/Administrator Receiver
Beneficiary Other (specify)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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Bertucci's Holdings, Inc.

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

Wright

Brian

K.

Last Name

First

Middle Initial

Home Street Address

272 Beechwood Street

Number

Street Name

Cohasset

State MA

P.O. Box #

Zip 02025

Social Security number

(480) 319

Area Exchange

Number

3862

Office telephone number

(508) 351

Area Exchange

Number

2501

% of business owned or controlled

0

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Executive/Administrator

Manager

Agent

Other (specify)

Chief Executive Officer

Name of individual (last name first):

Connell

Brian

P.

Last Name

First

Middle Initial

Home Street Address

3 Patriot Lane

Number

Street Name

Whitman

State MA

P.O. Box #

Zip 02382

Social Security number

(781) 447

Area Exchange

Number

8353

Office telephone number

(508) 351

Area Exchange

Number

2500

% of business owned or controlled

0

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Executive/Administrator

Manager

Agent

Other (specify)

Chief Financial Officer

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Bertucci's Holdings, Inc.

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

Moscaritolo Last Name
Christine First
A. Middle Initial
70 LaGrange Street Home Street Address
Number
Municipality W. Roxbury State MA
P.O. Box # Zip 02132 - 3017
Social Security number (617) 327 - 5796
Home telephone number (508) 351 - 2575
Office telephone number (508) 351 - 2575
Area Exchange Number
Area Exchange Number
0 % of business owned or controlled
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) Assistant Secretary

Name of individual (last name first):

Freeman Last Name
William First
T. Middle Initial
344 Long Cove Trail Home Street Address
Number
Municipality Salem State SC
P.O. Box # Zip 29676
Social Security number (864) 413 - 4502
Home telephone number (508) 351 - 2500
Office telephone number (508) 351 - 2500
Area Exchange Number
Area Exchange Number
0 % of business owned or controlled
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)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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Bertucci's Holdings, Inc.

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

Bertucci's Holdings, LLC (FEIN 46-0698034)

Last Name First Middle Initial

Home Street Address 155 Otis Street

Number Street Name

Municipality Northborough State MA

P.O. Box # 01532

Zip

Social Security number

Date of birth

Home telephone number

Office telephone number

% of business owned or controlled 100%

Number of shares 0

Check position that applies: ☒ Stockholder

President Vice-President Secretary Treasurer Director

Trustee Manager Agent Executor/Administrator Receiver

Beneficiary Other (specify)

Name of individual (last name first):

Last Name First Middle Initial

Home Street Address

Number Street Name

Municipality State

P.O. Box #

Zip

Social Security number

Date of birth

Home telephone number

Office telephone 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)

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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)
Bertucci's Holdings, LLC

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

Wright
Last Name
Brian
First
K.
Middle Initial
Home Street Address
272 Beechwood Street
Number
Cohasset
Municipality
State MA
Zip 02025

Social Security number
480
Area
319
Exchange
3862
Number
Home telephone number
508
Area
351
Exchange
2501
Number
Office telephone 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
Executive/Administrator
Receiver
Beneficiary
Other (specify) Chief Executive Officer

Name of individual (last name first):

Connell
Last Name
Brian
First
P.
Middle Initial
Home Street Address
3 Patriot Lane
Number
Whitman
Municipality
State MA
Zip 02382

Social Security number
781
Area
447
Exchange
8353
Number
Home telephone number
508
Area
351
Exchange
2500
Number
Office telephone 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
Executive/Administrator
Receiver
Beneficiary
Other (specify) Chief Financial Officer

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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)
Bertucci's Holdings, LLC

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

Moscaritolo
Last Name
Christine
First
A.
Middle Initial
70 LaGrange Street
Street Name
W. Roxbury
Municipality
MA
State
Zip 02132 - 3017
P.O. Box #
Social Security number
Home telephone number
Area (617) 327
Exchange 5796
Number
Office telephone number
Area (508) 351
Exchange 2575
Number
% of business owned or controlled 0
Check position that applies: Sole owner Partner Stockholder
President Vice-President Secretary Treasurer Director
Trustee Manager Agent Executor/Administrator Receiver
Beneficiary Other (specify) Assistant Secretary

Name of individual (last name first):

Freeman
Last Name
William
First
T.
Middle Initial
344 Long Cove Trail
Street Name
Salem
Municipality
SC
State
Zip 29676
P.O. Box #
Social Security number
Home telephone number
Area (864) 413
Exchange 2105
Number
Office telephone number
Area (508) 351
Exchange 2500
Number
% of business owned or controlled 0
Check position that applies: Sole owner Partner Stockholder
President Vice-President Secretary Treasurer Director
Trustee Manager Agent Executor/Administrator Receiver
Beneficiary Other (specify)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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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)

Bertucci's Holdings, LLC

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

DV II BHC, LLC (FEIN 46-0810752)

Last Name First Middle Initial
Home Street Address 335 North Maple Drive, Suite 130
Number Street Name
Municipality Beverly Hills State CA Zip 90210

Social Security number - - -
Home telephone number (Area) (Exchange) Number
Office telephone number (Area) (Exchange) Number
% of business owned or controlled 100%
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

Name of individual (last name first):
Last Name First Middle Initial
Home Street Address Number Street Name
Municipality State Zip

Social Security number - - -
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)

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NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP)
 DV II BHC, LLC

Name of individual (last name first), stockholder, partner, officer or director:
 Levine Leitchman Capital Partners Deep Value Fund II, LP (FEIN 45-3866781)
 Last Name First Middle Initial
 Home Street Address 335 North Maple Drive, Suite 240
 Number Street Name
 Municipality Beverly Hills State CA Zip 90210
 Social Security number
 Home telephone number (Area) (Exchange) Number
 Office telephone number (Area) (Exchange) Number
 % of business owned or controlled 98.8%
 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

Name of individual (last name first):
 Levine Leitchman Capital Partners Private Capital Solutions Parallel Fund, L.L.C. (FEIN 45-4205787)
 Last Name First Middle Initial
 Home Street Address 335 North Maple Avenue, Suite 240
 Number Street Name
 Municipality Beverly Hills State CA Zip 90210
 Social Security number
 Home telephone number (Area) (Exchange) Number
 Office telephone number (Area) (Exchange) Number
 % of business owned or controlled 1.2%
 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

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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

DV II BHC, LLC

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

Levine Leichman Capital Partners, Inc. (FEIN 95-4475693)

Last Name First Middle Initial

Home Street Address 335 North Maple Avenue, Suite 240

Number Street Name

Beverly Hills

State CA

Zip 90210

Social Security number

Date of birth / /

Home telephone number

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)

Name of individual (last name first):

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)

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

Levine Leitchman Capital Partners Deep Value Fund II, LP

LLCP Deep Value GP II, LLC (FEIN 45-3845276)

Last Name _____ First _____ Middle Initial _____
 Home Street Address 335 North Maple Drive, Suite 240
 Number _____ Street Name _____
 P.O. Box # _____ Municipality Beverly Hills State CA
 Zip 90210
 Social Security number _____ Date of birth ____/____/____
 Home telephone number (Area) _____ Exchange _____ Number _____
 Office telephone number (Area) _____ Exchange _____ Number _____
 % of business owned or controlled 2.0%
 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) General Partner

Name of individual (last name first): Arizona State Retirement Systems
 Last Name _____ First _____ Middle Initial _____
 Home Street Address 330 N. Central Avenue
 Number _____ Street Name _____
 P.O. Box # 33910 Municipality Phoenix State AZ
 Zip 85067
 Social Security number _____ Date of birth ____/____/____
 Home telephone number (Area) _____ Exchange _____ Number _____
 Office telephone number (Area) _____ Exchange _____ Number _____
 % of business owned or controlled 35.64%
 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) Limited Partner

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

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NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP)
 Levine Leitchman Capital Partners Deep Value Fund II, LP

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

Dallas Police and Fire Pension System

Last Name First Middle Initial
 Home Street Address 4100 Harry Hines Boulevard
 Number Street Name

P.O. Box # Dallas Municipality State TX

Zip 75219

Social Security number Date of birth / /

Home telephone number Area Exchange Number

Office telephone number Area Exchange Number

% of business owned or controlled 11.14%

Check position that applies: Sole owner Partner Stockholder

President Vice-President Secretary Treasurer Director
 Trustee Manager Agent Executor/Administrator Receiver
 Beneficiary Other (specify) Limited Partner

Name of individual (last name first):
 California Institute of Technology

Last Name First Middle Initial

Home Street Address 1200 E. California Boulevard
 Number Street Name

P.O. Box # Pasadena Municipality State CA

Zip 91125

Social Security number Date of birth / /

Home telephone number Area Exchange Number

Office telephone number Area Exchange Number

% of business owned or controlled 6.68%

Check position that applies: Sole owner Partner Stockholder

President Vice-President Secretary Treasurer Director
 Trustee Manager Agent Executor/Administrator Receiver
 Beneficiary Other (specify) Limited Partner

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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Levine Leitchman Capital Partners Deep Value Fund II, LP

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

Inter Private Equity Ltd. (Swedish Equity Fund)

Last Name First Middle Initial
c/o Abacus Trust and Management Services Ltd, Geneva Palace, 2nd Floor, 333 Waterfront Drive
Number Street Name
P.O. Box # Municipality Road Town State Tortola

Zip
Social Security number
Home telephone number
Office telephone number

% of business owned or controlled 22.27%

Check position that applies: Sole owner Partner Stockholder

President Vice-President Secretary Treasurer Director
Trustee Manager Agent Executor/Administrator Receiver
Beneficiary Other (specify) Limited Partner

Name of individual (last name first):

Deseret Mutual Employee Pension Trust

Last Name First Middle Initial
Home Street Address 150 Social Hall Avenue, Suite 170
Number Street Name
P.O. Box # Municipality Salt Lake City State UT

Zip 84111 - 9563

Social Security number

Home telephone number

Office telephone number

% of business owned or controlled 12.38%

Check position that applies: Sole owner Partner Stockholder

President Vice-President Secretary Treasurer Director
Trustee Manager Agent Executor/Administrator Receiver
Beneficiary Other (specify) Limited Partner

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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

Levine Leitchman Capital Partners Deep Value Fund II, LP

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

Deseret Mutual Retiree Medical & Life Plan Trust

Last Name

First

Middle Initial

Home Street Address

150 Social Hall Avenue, Suite 170

Number Street Name

Salt Lake City

Municipality

State UT

P.O. Box # Zip 84111 - 9563

Social Security number

Date of birth

Area Exchange Number

Area Exchange Number

Office telephone number

% of business owned or controlled

0.98%

Number of shares

Check position that applies:

Sole owner

Partner

Stockholder

President

Vice-President

Secretary

Treasurer

Director

Trustee

Manager

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Limited Partner

Name of individual (last name first):

New England Teamsters & Trucking Industry Pension

Last Name

First

Middle Initial

Home Street Address

1 Wall Street

Number

Street Name

Burlington

Municipality

State MA

P.O. Box # Zip 01803 - 4768

Social Security number

Date of birth

Area Exchange Number

Area Exchange Number

Office telephone number

% of business owned or controlled

8.91%

Number of shares

Check position that applies:

Sole owner

Partner

Stockholder

President

Vice-President

Secretary

Treasurer

Director

Trustee

Manager

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Limited Partner

**Levine Leichtman Capital Partners Private
Capital Solutions Parallel Fund, L.L.C.**

{00684378.1}

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

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

Levine Leitchman Capital Partners Private Capital Solutions Parallel Fund, L.L.C.

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

LLCP Deep Value GP II, LLC (FEIN 45-3845276)

Last Name First Middle Initial
335 North Maple Drive, Suite 240
Home Street Address
Number
Beverly Hills Municipality
State CA Zip 90210
P.O. Box #
Social Security number
Home telephone number
Office telephone number
Area () Exchange Number
Area () Exchange Number
Date of birth / /
% of business owned or controlled 1.99%
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

Name of individual (last name first):
Brian D. Stevens Trust
Last Name First Middle Initial
335 North Maple Drive, Suite 240
Home Street Address
Number
Beverly Hills Municipality
State CA Zip 90210
P.O. Box #
Social Security number
Home telephone number
Office telephone number
Area () Exchange Number
Area () Exchange Number
Date of birth / /
% of business owned or controlled 35.64%
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

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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Levine Leitchman Capital Partners Private Capital Solutions Parallel Fund, L.L.C.

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

Katz Family Investment

Last Name First Middle Initial

Home Street Address 335 North Maple Drive, Suite 240

Number Street Name

Beverly Hills Municipality

State CA

P.O. Box # 90210

Social Security number

Date of birth

Home telephone number

Office telephone number

% of business owned or controlled 8.91%

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

Name of individual (last name first):

Martin Massman

Last Name First Middle Initial

Home Street Address 1650 Broadway

Number Street Name

New York Municipality

State NY

P.O. Box # 10019

Social Security number

Date of birth

Home telephone number

Office telephone number

% of business owned or controlled 35.64%

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

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NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP)
Levine Leitchman Capital Partners Private Capital Solutions Parallel Fund, L.L.C.

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

Venture Out Holdings, Inc.

Last Name First Middle Initial
Home Street Address 335 North Maple Drive, Suite 240
Number Street Name
Municipality Beverly Hills State CA Zip 90210

Social Security number

Home telephone number (Area) (Exchange) Number

Office telephone number (Area) (Exchange) Number

% of business owned or controlled 17.82%

Check position that applies: Sole owner Partner Stockholder

President Vice-President Secretary Treasurer Director
Trustee Manager Agent Executor/Administrator Receiver
Beneficiary Other (specify) Member

Name of individual (last name first):

Last Name First Middle Initial
Home Street Address Number Street Name
Municipality State Zip

Social Security number

Home telephone number (Area) (Exchange) Number

Office telephone number (Area) (Exchange) Number

% of business owned or controlled

Check position that applies: Sole owner Partner Stockholder

President Vice-President Secretary Treasurer Director
Trustee Manager Agent Executor/Administrator Receiver
Beneficiary Other (specify)

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NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP)
LLCP Deep Value GP II, LLC

Name of individual (last name first), stockholder, partner, officer or director:
See attached list of members

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

Name of individual (last name first):

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

LLCP DEEP VALUE GP II, LLC
LIST OF MEMBERS

<u>Member</u>	<u>Membership Percentage</u>
PEPX, LLC	37.834000%
Robert Poletti	10.872000%
Steven Hartman	6.214000%
Stephen Hogan	6.214000%
Kimberly Pollack	5.058000%
Aaron Perlmutter	5.058000%
Levine, Leichman Capital Partners, Inc.	1.000000%
Brad Parish	12.000000%
Brian Stuart	6.000000%
Ronald Kaplan	3.000000%
Monica Holec	2.500000%
Jason Schauer	2.000000%
David Wolmer	0.750000%
Andrew Magnin	0.500000%
Janet Crenshaw	0.500000%
Mila Laparan	0.500000%

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 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)
Levine Leitchman Capital Partners, Inc.

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

Last Name First Middle Initial
Levine Arthur E.
Home Street Address 624 Doheny Road
Number
Street Name
Municipality Beverly Hills State CA Zip 90210
P.O. Box #
Social Security number
Home telephone number (310) 274 - 8518
Office telephone number (310) 275 - 5335
Area Exchange Number
% of business owned or controlled 14.29%
Number of shares
Check position that applies: ☒ Stockholder
Sole owner ☐ Partner ☐ Secretary ☐ Treasurer ☐ Director
President ☐ Vice-President ☐ Agent ☐ Executor/Administrator ☐ Receiver
Trustee ☐ Manager ☐ Other (specify) ☐ Beneficiary

Name of individual (last name first):

Last Name First Middle Initial
Leitchman Lauren B.
Home Street Address 624 Doheny Road
Number
Street Name
Municipality Beverly Hills State CA Zip 90210
P.O. Box #
Social Security number
Home telephone number (310) 274 - 8518
Office telephone number (310) 275 - 5335
Area Exchange Number
% of business owned or controlled 14.29%
Number of shares
Check position that applies: ☒ Stockholder
Sole owner ☐ Partner ☐ Secretary ☐ Treasurer ☐ Director
President ☐ Vice-President ☐ Agent ☐ Executor/Administrator ☐ Receiver
Trustee ☐ Manager ☐ Other (specify) ☐ Beneficiary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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 with an 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 licensees 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)
Levine Leitchman Capital Partners, Inc.

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

Hartman

Steven

Last Name

First

Middle Initial

Home Street Address 518 N. Hillcrest Road

Number

Street Name

Municipality Beverly Hills

State CA

P.O. Box # Zip 90210

Social Security number

Date of birth

Home telephone number (310) 278 - 3978

Area Exchange Number

Office telephone number (310) 275 - 5335

Area Exchange Number

% of business owned or controlled 14.29%

Number of shares

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Executive/Administrator

Receiver

Trustee

Manager

Agent

Other (specify)

Name of individual (last name first):

Hogan

Stephen

J.

Last Name

First

Middle Initial

Home Street Address 58 Malona

Number

Street Name

Municipality Rancho Palos Verdes

State CA

P.O. Box # Zip 90275

Social Security number

Date of birth

Home telephone number (310) 377 - 4610

Area Exchange Number

Office telephone number (310) 275 - 5335

Area Exchange Number

% of business owned or controlled 14.29%

Number of shares

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Executive/Administrator

Receiver

Trustee

Manager

Agent

Other (specify)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 008 - 006

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 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 licensees 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)
Levine Leitchman Capital Partners, Inc.

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

Perlmutter
Last Name First
Aaron
Middle Initial M.
Home Street Address 1744 Hermosa Avenue
Number
Street Name Hermosa Beach
Municipality
State CA Zip 90254

Social Security number
Home telephone number (310) 740
Area Exchange Number
Office telephone number (310) 275
Area Exchange Number
% of business owned or controlled 14.28%
Number of shares
Check position that applies: ☒ Stockholder
Partner
Sole owner
Vice-President
Secretary
Treasurer
Director
Trustee
Manager
Agent
Other (specify)
Beneficiary

Name of individual (last name first):
Poletti
Last Name First
Robert
Middle Initial A.
Home Street Address 36 Pacifica del Mar
Number
Street Name Rancho Palos Verdes
Municipality
State CA Zip 90275
P.O. Box #
Social Security number
Home telephone number (310) 544
Area Exchange Number
Office telephone number (310) 275
Area Exchange Number
% of business owned or controlled 14.28%
Number of shares
Check position that applies: ☒ Stockholder
Partner
Sole owner
Vice-President
Secretary
Treasurer
Director
Trustee
Manager
Agent
Other (specify)
Beneficiary



State of New Jersey

Department of Law and Public Safety

Division of Alcoholic Beverage Control

2018 - 2019

HAZLET TOWNSHIP
MONMOUTH COUNTY

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

Is Hereby Granted To

DELLAHS OF HAZLET LLC
417 SOUTH LAUREL AVENUE
HAZLET, NJ 07734

License Number: 1339-33-002-007

This license confers all rights and privileges pertaining thereto, as set further 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. The 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: 07/01/2018

Fee Paid \$200.00


Attest: HAZLET TOWNSHIP

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 002 - 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 licensees 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):

LEAH'S OF HAZEL, LLC

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

SHERRY

JAUIEC

Last Name

First Name

9517 New Market Cv.

Middle Initial

S

Home Street Address

Number

Street Name

Municipality

NEAR BEACH

State

FLORIDA

Zip

33446 - 9749

Social Security Number

Area

Exchange

Number

Area

Exchange

Number

Home telephone number ()

Area

Exchange

Number

Office telephone number ()

Area

Exchange

Number

% of business owned or controlled

100

Number of shares 100

Check position that applies:

☒ President

☒ Vice-President

☒ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

Check position that applies:

☐ Sole owner

☐ Partner

☐ Stockholder

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President

☐ Manager

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Agent

☐ Executor/Administrator

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Secretary

☐ Treasurer

☐ Vice-President



This License Expires: 06/30/2019

Page 1 of 1

State of New Jersey

Department of Law and Public Safety
Division of Alcoholic Beverage Control

2018 - 2019

HAZLET TOWNSHIP
MONMOUTH COUNTY

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

Is Hereby Granted To AIRPORT BAR & LIQUORS INC

1370 STATE HWY 36
HAZLET, NJ 07730

License Number: 1339-33-001-004

This license confers all rights and privileges pertaining thereto, as set further 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. The 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: 07/01/2018

Fee Paid \$200.00


Attest: HAZLET TOWNSHIP

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 001 - 004

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

Last Name First Name Middle Initial
 Home Street Address
 P.O. Box # Municipality State
 Zip
 Social Security Number
 Home telephone number (Area) (Exchange) Number
 Office telephone number (Area) (Exchange) Number
 % of business owned or controlled
 Check position that applies: ☒ Sole owner ☐ Partner ☐ Stockholder
 President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director
 Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver
 Beneficiary ☐ Other (specify)

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

Last Name First Name Middle Initial
 Home Street Address
 P.O. Box # Municipality State
 Zip
 Social Security Number
 Home telephone number (Area) (Exchange) Number
 Office telephone number (Area) (Exchange) Number
 % of business owned or controlled
 Check position that applies: ☒ Sole owner ☐ Partner ☐ Stockholder
 President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director
 Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver
 Beneficiary ☐ Other (specify)

Zip
 Social Security Number
 Home telephone number (Area) (Exchange) Number
 Office telephone number (Area) (Exchange) Number
 % of business owned or controlled
 Check position that applies: ☐ Sole owner ☐ Partner ☐ Stockholder
 President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director
 Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Receiver
 Beneficiary ☐ Other (specify)



State of New Jersey
Department of Law and Public Safety
Division of Alcoholic Beverage Control
2018 - 2019

HAZLET TOWNSHIP
MONMOUTH COUNTY

Pursuant to Title 33 of the New Jersey Statutes, A PLEINARY RETAIL DISTRIBUTION LICENSE
is Hereby Granted To BETHANY WINES & LIQUORS INC

3160 ROUTE 35
HAZLET, NJ 07730

License Number: 1339-44-012-003

This license confers all rights and privileges pertaining thereto, as set further 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. The 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: 07/01/2018

Fee Paid \$200.00

Elizabeth Standi
Attest: HAZLET TOWNSHIP

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): BETHANY WINES & LIQUORS, Inc.

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

Last Name First Name Middle Initial
48 BRISCE TEPAGE

Home Street Address Number Municipality State
48 HARLET NJ

P.O. Box # Zip
07730

Social Security Number
732-738-0426

Home telephone number (Area Exchange Number)
(732) 738-0426

Office telephone number (Area Exchange Number)
(732) 264-2868

% of business owned or controlled
50%

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

Number of shares

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

Last Name First Name Middle Initial
58 MATTHEW HIG

Home Street Address Number Municipality State
58 MCDONVILLE NJ

P.O. Box # Zip
07781

Social Security Number
732-817-0336

Home telephone number (Area Exchange Number)
(732) 817-0336

Office telephone number (Area Exchange Number)
(732) 264-2868

% of business owned or controlled
50%

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

Number of shares



State of New Jersey
Department of Law and Public Safety
Division of Alcoholic Beverage Control
2018 - 2019

HAZLET TOWNSHIP
MONMOUTH COUNTY

Pursuant to Title 33 of the New Jersey Statutes, A PLenary RETAIL DISTRIBUTION LICENSE

is Hereby Granted To

JAI MAHARAAJ INC
14 STATE HIGHWAY 36
W/KEANSBURG, NJ 07734

License Number: 1339-44-006-007

This license confers all rights and privileges pertaining thereto, as set further 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. The 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: 07/01/2018

Fee Paid \$200.00

Evelyn D. Stanki
Attest: HAZLET TOWNSHIP

STATE ASSIGNED LICENSE NUMBER 1339 - 44 - 006 - 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):

J91 MAMARAY INC

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

PATER

DEVAN

A.

Last Name

First Name

Middle Initial

Home Street Address

10

TURNER LANE

Number

Street Name

Municipality

Towaco

State NJ

Zip - 07082

Social Security Number

276

0535

Date of Birth

Home telephone number (943) 276

Area

Exchange

Number

Office telephone number (943) 698

Area

Exchange

Number

% of business owned or controlled

60%

Number of shares 60

Check position that applies:

☒ President

☐ Vice-President

☒ Secretary

☐ Treasurer

☐ Director

☐ Receiver

☐ Trustee

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Beneficiary

☐ Other (specify)

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

PATER

UMANO

R.

Last Name

First Name

Middle Initial

Home Street Address

9

BROTHERWOOD STREET

Number

Street Name

Municipality

Piscataway

State NJ

Zip 08854

Social Security Number

732

819

Date of Birth

Home telephone number (732) 819

Area

Exchange

Number

Office telephone number (943) 698

Area

Exchange

Number

% of business owned or controlled

40%

Number of shares 40

Check position that applies:

☐ President

☐ Vice-President

☐ Secretary

☐ Treasurer

☐ Director

☐ Receiver

☐ Trustee

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Beneficiary

☐ Other (specify)



State of New Jersey

Department of Law and Public Safety
Division of Alcoholic Beverage Control

2018 - 2019

This License Expires: 06/30/2019

Page 1 of 1

HAZLET TOWNSHIP
MONMOUTH COUNTY

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

Is Hereby Granted To HTC LIQUOR LICENSE LLC

License Number: 1339-33-013-007

This license confers all rights and privileges pertaining thereto, as set further 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. The 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: 07/01/2018

Fee Paid \$200.00

Attest: HAZLET TOWNSHIP

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 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 licensees 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:

Last Name: Schultz First: Jonathan Middle Initial: B

Home Street Address: 22 Liberty Knoll
Number
Street Name
Municipality: Colts Neck
State: NJ

P.O. Box #
Zip: 07722

Social Security Number:
Date of Birth:

Home: (732) 212-0747
Office telephone number: (732) 362-8800

Cell Phone: (732) 740-7007

Email: jschultz@onlyxequities.com

% of business owned or controlled 100 Number of shares N/A
Check position that applies: Sole owner Partner Secretary Treasurer Stockholder
President Vice-President
Trustee Manager Agent
Beneficiary X Other (specify) Member
Director
Receivable

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

Last Name First Middle Initial

Home Street Address Number
Street Name
Municipality
State

P.O. Box #

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

Home telephone number () -
Area Exchange
Number

Office telephone number () -
Area Exchange
Number

% of business owned or controlled
Check position that applies: Sole owner Partner Secretary Treasurer Stockholder
President Vice-President
Trustee Manager Agent
Beneficiary Other (specify)
Director
Receivable