



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 CONSUMPTION LICENSE

Is Hereby Granted To

GRANDVIEW MANOR INC
410 HIGHWAY 36
HAZLET, NJ 07730

License Number: 1339-33-007-007

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

This License Expires: 06/30/2019

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 007 - 007

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: **Krakovis George**

Last Name **George** First Name **George** Middle Initial **None**

Home Street Address **40 Newbrook Lane** Number **40** Street Name **Newbrook Lane**

P.O. Box # **07081** Municipality **Springfield** State **N.J.**

Social Security Number **973 376 598** Date of Birth **1/1/1958**

Home telephone number (**973**) **376** Area **973** Exchange **376** Number **598**

Office telephone number (**732**) **739** Area **732** Exchange **739** Number **2700**

% of business owned or controlled **33%** Number of shares **3390**

Check position that applies: ☒ Sole owner ☒ Partner ☐ Stockholder ☐ Treasurer ☐ Director ☐ Receiver

Beneficiary ☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Director ☐ Receiver

Other (specify) _____

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

Last Name **Bexinis** First Name **Betty** Middle Initial **None**

Home Street Address **10 Canyon Woods Court** Number **10** Street Name **Canyon Woods Court**

P.O. Box # **07733** Municipality **Holmdel** State **N.J.**

Social Security Number **732 946 4595** Date of Birth **1/1/1955**

Home telephone number (**732**) **946** Area **732** Exchange **946** Number **4595**

Office telephone number (**732**) **739** Area **732** Exchange **739** Number **2700**

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

Check position that applies: ☐ Sole owner ☐ Partner ☒ Stockholder ☐ Treasurer ☐ Director ☐ Receiver

Beneficiary ☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Director ☐ Receiver

Other (specify) _____

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

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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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.

KAKOUNIS

DEAN

Middle Initial

First Name

40 Newbrook Lane

Street Name

Springfield

State N.J.

E-Mail Address

Zip 07081

Social Security Number

Area 973

Exchange 376

Number 5918

Office telephone number

Area 732

Exchange 739

Number 2700

% of business owned or controlled

17%

Check position that applies:

Sole owner

Vice-President

Trustee

Beneficiary

Other (specify)

Agent

Executive/Administrator

Director

Receiver

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

Last Name

Number

Street Name

State

Municipality

E-Mail Address

Zip

Social Security Number

Area

Exchange

Number

Office telephone number

Area

Exchange

Number

% of business owned or controlled

Check position that applies:

Sole owner

Vice-President

Trustee

Beneficiary

Other (specify)

Agent

Executive/Administrator

Director

Receiver



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 HEILONGJIANG BARN LLC

3352 HIGHWAY 35
HAZLET, NJ 07730

License Number: 1339-33-015-007

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

This License Expires: 06/30/2019

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 015 - 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).

HEILONGJIANG BARN, LLC

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

KANG

SOO

R.

Last Name

52

IRROQUIS AVENUE

Middle Initial

Number

Street Name

Municipality

ALLENDALE

State NEW JERSEY

P.O. Box #

Zip 07401

Social Security Number

Home telephone number (201) 970 - 6833

Office telephone number (201) 820 - 3600

% of business owned or controlled

33 1/3 %

Number of shares

Check position that applies:

Sole owner

Partner

Stockholder

Director

Receiver

President

Vice-President

Secretary

Treasurer

Agent

MEMBER OF LIMITED LIABILITY COMPANY

Name of individual (last name first)

SON

JONATHAN

B.

Last Name

10961

LIMETREE LANE

Middle Initial

Number

Street Name

Municipality

SANTANA

State CALIFORNIA

P.O. Box #

Zip 92705

Social Security Number

Home telephone number (714) 544 - 5442

Office telephone number (714) 476 - 9513

% of business owned or controlled

33 1/3 %

Number of shares

Check position that applies:

Sole owner

Partner

Stockholder

Director

Receiver

President

Vice-President

Secretary

Treasurer

Agent

MEMBER OF LIMITED LIABILITY COMPANY

Beneficiary

Other (specify)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 015 - 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):

HEILONGJIANG BARN, LLC

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

YIN

XIANG FENG

Last Name

First Name

WEST BEIJING ROAD, UNIT 5-503, GULOU DISTRICT

Middle Initial

Number

Street Name

NANJING

State JIANGSU, CHINA

P.O. Box #

Municipality

E-Mail Address

Zip

Social Security Number

N/A

Date of Birth

Home telephone number () 86 - 56553 - 7766

Office telephone number () 86 - 133856 - 52888

Area

Exchange

Number

Area

Exchange

Number

% of business owned or controlled

33 1/3 %

Number of shares

33 1/3

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 OF LIMITED LIABILITY COMPANY

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

Last Name

First Name

Middle Initial

Number

Street Name

Municipality

State

E-Mail Address

Zip

Social Security Number

Home telephone number () - -

Office telephone number () - -

Area

Exchange

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)



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

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

Is Hereby Granted To

CONFIRAN LLC

745 POOLE AVE STE 13 14 & 15
HAZLET TOWNSHIP, NJ 07730

License Number: 1339-33-014-014

This license confers all rights and privileges pertaining thereto, as set forth in Title 33 of the New Jersey Statutes, and any amendments thereof and supplements thereto, and is expressly subject to the terms, provisions, limitations, requirements and conditions set forth therein and any rules and regulations promulgated heretofore and hereafter by the Director of the Division of Alcoholic Beverage Control pursuant to Title 33 of the New Jersey Statutes. 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

Carol A. Stardi
Attest: HAZLET TOWNSHIP

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 014 - 014

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: Zivni
 Last Name Anthony First Name Steven Middle Initial
 Home Street Address 4 Allico Drive Number 4 Street Name
 Municipality Holmdel State New Jersey Zip 07733
 P.O. Box #
 Social Security Number 732-264-1336 Area 732 Exchange 264 Number 1336
 Home telephone number ()
 Office telephone number ()
 Area 732 Exchange 921 Number 0846
 Area 732 Exchange 921 Number 0846
 % of business owned or controlled 50%
 Check position that applies: Sole owner ☐ Partner ☐ Stockholder ☐ Director ☐ Receiver ☐
 President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Agent ☐ Executive/Administrator ☐ Manager ☐ Other (specify) MANAGING MEMBER
 Beneficiary ☒ Other (specify) MANAGING MEMBER

Name of individual (last name first), stockholder, partner, officer or director: O'Neill
 Last Name David First Name Myrtle Middle Initial
 Home Street Address 10 Cape Myrtle Drive Number 10 Street Name
 Municipality Holmdel State New Jersey Zip 07733
 P.O. Box #
 Social Security Number 732-203-1552 Area 732 Exchange 203 Number 1552
 Home telephone number ()
 Office telephone number ()
 Area 732 Exchange 687 Number 4455
 Area 732 Exchange 687 Number 4455
 % of business owned or controlled 50%
 Check position that applies: Sole owner ☐ Partner ☐ Stockholder ☐ Director ☐ Receiver ☐
 President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Agent ☐ Executive/Administrator ☐ Manager ☐ Other (specify) MANAGING MEMBER
 Beneficiary ☒ Other (specify) MANAGING MEMBER



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 WATHA WEST LLC
180 ROUTE 36
HAZLET, NJ 07734
License Number: 1339-33-004-011

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

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):
Watha West LLC

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

Nicholl Scott

Last Name First Name Middle Initial
40 Pinewood Avenue
Number Street Name
Municipality Hazlet State NJ

P.O. Box # Zip 07734
Home Street Address
Area Exchange Number
Office telephone number ()
Area Exchange Number
Home telephone number ()
Social Security Number
Date of Birth

% of business owned or controlled
18%
Number
Area Exchange Number
Office telephone number ()
Area Exchange Number
Home telephone number ()
Social Security Number
Date of Birth

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), stockholder, partner, officer or director:

Guiney Brian

Last Name First Name Middle Initial
22 Oak Drive
Number Street Name
Municipality Hazlet State NJ

P.O. Box # Zip 07730
Home Street Address
Area Exchange Number
Office telephone number ()
Area Exchange Number
Home telephone number ()
Social Security Number
Date of Birth

% of business owned or controlled
2%
Number
Area Exchange Number
Office telephone number ()
Area Exchange Number
Home telephone number ()
Social Security Number
Date of Birth

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

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):
Watha West LLC

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

Last Name First Name Middle Initial
Home Street Address 15 Partridge Lane
Number Street Name
Municipality Tinton Falls
P.O. Box #
Zip 07724

Social Security Number
Home telephone number (Area Exchange Number) 917 545 5125
Office telephone number (Area Exchange Number)
% of business owned or controlled 6%
Number of shares

Check position that applies: Sole owner Partner Secretary Treasurer Director
Beneficiary ☒ Other (specify) member
Name of individual (last name first), stockholder, partner, officer or director:
Petrucci Anthony

Last Name First Name Middle Initial
Home Street Address 15 McCellan Drive
Number Street Name
Municipality Middletown
P.O. Box #
Zip 07748

Social Security Number
Home telephone number (Area Exchange Number) 908 601 3792
Office telephone number (Area Exchange Number)
% of business owned or controlled 8%
Number of shares

Check position that applies: Sole owner Partner Secretary Treasurer Director
Beneficiary ☒ Other (specify) member
Name of individual (last name first), stockholder, partner, officer or director:
Petrucci Anthony

Last Name First Name Middle Initial
Home Street Address 15 McCellan Drive
Number Street Name
Municipality Middletown
P.O. Box #
Zip 07748

Social Security Number
Home telephone number (Area Exchange Number) 908 601 3792
Office telephone number (Area Exchange Number)
% of business owned or controlled 8%
Number of shares

Check position that applies: Sole owner Partner Secretary Treasurer Director
Beneficiary ☒ Other (specify) member
Name of individual (last name first), stockholder, partner, officer or director:
Petrucci Anthony

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete this 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): Watha West LLC.

Name of individual (last name first), stockholder, partner, officer or director: D'Iorio Joseph

Last Name: 80 Franklin Avenue
First Name: Middle Initial

Number: Hazlet
Municipality: State: NJ

P.O. Box #: Zip: 07734

Social Security Number: 732 859 5509
Home telephone number: Area: Exchange: Number: 732 859 5509

Office telephone number: Area: Exchange: Number: 732 859 5509

% of business owned or controlled: Number of shares: 732 859 5509

Check position that applies: Sole owner, Partner, Stockholder, Director, Receiver

President, Vice-President, Secretary, Treasurer, Executive/Administrator, Agent, Other (specify) member, Beneficiary, Trustee, Manager

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

Last Name: 9 Holly Street
First Name: Middle Initial

Number: Rumson
Municipality: State: NJ

P.O. Box #: Zip: 07760

Social Security Number: 917 566 6063
Home telephone number: Area: Exchange: Number: 917 566 6063

Office telephone number: Area: Exchange: Number: 917 566 6063

% of business owned or controlled: Number of shares: 917 566 6063

Check position that applies: Sole owner, Partner, Stockholder, Director, Receiver

President, Vice-President, Secretary, Treasurer, Executive/Administrator, Agent, Other (specify) member, Beneficiary, Trustee, Manager

Page 10A
PLEASE TYPE OR PRINT ALL INFORMATION
STATE ASSIGNED LICENSE NUMBER 1339 33 004 010

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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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.

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Waltha West LLC

Name of individual (last name first), stockholder, partner, officer or director:
Principle Asset Partners LLC

Last Name First Name Middle Initial
171 Main Street, Suite 206
Home Street Address
Number Street Name
Municipality Matawan State NJ
P.O. Box # Zip 07747
Social Security Number (732) 670 4910
Home telephone number (Area) Exchange Number
Office telephone number (Area) Exchange Number
% of business owned or controlled - 10% - Number
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), stockholder, partner, officer or director:
Fabozzi Real Estate LLC
Last Name First Name Middle Initial
96 Village Green Way
Home Street Address
Number Street Name
Municipality Hazlet State NJ
P.O. Box # Zip 07730
Social Security Number (908) 601 0423
Home telephone number (Area) Exchange Number
Office telephone number (Area) Exchange Number
% of business owned or controlled 7% - Number
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), stockholder, partner, officer or director:
Fabozzi Real Estate LLC
Last Name First Name Middle Initial
96 Village Green Way
Home Street Address
Number Street Name
Municipality Hazlet State NJ
P.O. Box # Zip 07730
Social Security Number (908) 601 0423
Home telephone number (Area) Exchange Number
Office telephone number (Area) Exchange Number
% of business owned or controlled 7% - Number
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):

Principle Asset Partners LLC

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

Principle John

Last Name First Name Middle Initial
171 Main Street, Suite 206

Street Name

Matawan

State NJ

P.O. Box # Zip 07747

Social Security Number

732

670

4910

Area Exchange Number

Area Exchange Number

% of business owned or controlled

50%

Number of shares

Check position that applies:

President Vice-President Secretary Treasurer Director

Trustee Manager Agent Executor/Administrator Receiver

Beneficiary X Other (specify) member of Principle Asset Partners LLC

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

Principle Michael

Last Name First Name Middle Initial
214 Peoples Way

Street Name

Hockessin

State DE

P.O. Box # Zip 19707

Social Security Number

302

300

0432

Area Exchange Number

Area Exchange Number

% of business owned or controlled

50%

Number of shares

Check position that applies:

President Vice-President Secretary Treasurer Director

Trustee Manager Agent Executor/Administrator Receiver

Beneficiary X Other (specify) member of Principle Asset Partners LLC

PLEASE TYPE OR PRINT ALL INFORMATION

1339 33 004 010

STATE ASSIGNED LICENSE NUMBER

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): Fabozzi Real Estate LLC

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

Last Name First Name Middle Initial
Fabozzi Michael
Home Street Address 96 Village Green Way
Number Street Name
P.O. Box # Hazlet Municipality State NJ Zip 07730

Social Security Number 908 - 601 - 0423
Home telephone number (Area Exchange Number) (Area Exchange Number)
Office telephone number (Area Exchange Number) (Area Exchange Number)
% of business owned or controlled 100%
Number of shares
Check position that applies: Sole owner Partner Secretary Treasurer Director
Trustee Beneficiary X Other (specify) sole member of Fabozzi Real Estate LLC
Agent Executor/Administrator Receiver

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

Social Security Number
Home telephone number (Area Exchange Number) (Area Exchange Number)
Office telephone number (Area Exchange Number) (Area Exchange Number)
% of business owned or controlled
Number of shares
Check position that applies: Sole owner Partner Secretary Treasurer Director
Trustee Beneficiary Other (specify)

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

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):
Watha West LLC

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

Last Name First Name Middle Initial
2454 Leftys Place
Number Street Name
Belmore
Municipality
State NY

P.O. Box # Zip
11710
Social Security Number
Home telephone number (732) 446-4866
Office telephone number (Area) Exchange Number
2%
Number of shares

Check position that applies: Sole owner Partner Stockholder
President Vice-President Secretary Treasurer Director
Trustee Manager Agent
Beneficiary Other (specify) member
Number of shares

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

Last Name First Name Middle Initial
540 Bowling Green
Number Street Name
Moorestown
Municipality
State NJ

P.O. Box # Zip
08052
Social Security Number
Home telephone number (609) 280-0301
Office telephone number (Area) Exchange Number
7%
Number of shares

Check position that applies: Sole owner Partner Stockholder
President Vice-President Secretary Treasurer Director
Trustee Manager Agent
Beneficiary Other (specify) member
Number of shares

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

Last Name First Name Middle Initial
540 Bowling Green
Number Street Name
Moorestown
Municipality
State NJ

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): Watha West LLC

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

Last Name First Name Middle Initial

Home Street Address 55A Tecumseh Avenue

Number Street Name

Municipality Oceanport State NJ

P.O. Box # Zip 07757

Social Security Number 732 - 778 - 2485

Home telephone number (Area Exchange Number)

Office telephone number (Area Exchange Number)

% of business owned or controlled 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 X Other (specify) member

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

Last Name First Name Middle Initial

Home Street Address 66 Cornell Drive

Number Street Name

Municipality Hazlet State NJ

P.O. Box # Zip 07730

Social Security Number 732 - 895 - 2375

Home telephone number (Area Exchange Number)

Office telephone number (Area Exchange Number)

% of business owned or controlled 3%

Number of shares

Check position that applies: Sole owner Partner Stockholder

President Vice-President Secretary Treasurer Director

Trustee Manager Agent Executor/Administrator Receiver

Beneficiary X Other (specify) member

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):
Watha West LLC

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

Last Name 3608 Aberdeen Lane
First Name
Middle Initial
Home Street Address
Number
Street Name
P.O. Box #
Municipality Blackwood
State NJ
Zip 08012

Social Security Number 908
Home telephone number (908) 601
Office telephone number (Area) 3793
Area
Exchange
Number
4%
% of business owned or controlled
Number of shares
Check position that applies: Sole owner Partner Secretary Treasurer Stockholder
President Vice-President
Trustee Manager Agent
Beneficiary X Other (specify) member
Director Receiver

Name of individual (last name first), stockholder, partner, officer or director:
Timpanaro John
A RESIGNED
Last Name 48 Starr Court
First Name
Middle Initial
Home Street Address
Number
Street Name
P.O. Box #
Municipality Atlantic Highlands
State NJ
Zip 07710

Social Security Number
Home telephone number (732) 500
Office telephone number (Area) 2037
Area
Exchange
Number
9%
% of business owned or controlled
Number of shares
Check position that applies: Sole owner Partner Secretary Treasurer Stockholder
President Vice-President
Trustee Manager Agent
Beneficiary X Other (specify) member
Director Receiver

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):
Waltha West LLC

Name of individual (last name first), stockholder, partner, officer or director:
Timpanaro John M.

Last Name First Name Middle Initial
108 Marvin Road
Home Street Address
Number Street Name
Middletown
Municipality
State NJ
P.O. Box #
07748
Zip

Social Security Number
732 407 0709
Home telephone number (Area Exchange Number)
Office telephone number (Area Exchange Number)
% of business owned or controlled 10%
Number of shares

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

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

Last Name First Name Middle Initial
4 Central Avenue
Home Street Address
Number Street Name
Hazel
Municipality
State NJ
P.O. Box #
07730
Zip

Social Security Number
732 670 1918
Home telephone number (Area Exchange Number)
Office telephone number (Area Exchange Number)
% of business owned or controlled 7%
Number of shares

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

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): Wathia West LLC

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

Last Name First Name Middle Initial
 Home Street Address 2 Bayshore Mobile Manor
 Number Street Name
 Municipality Hazlet
 State NJ
 P.O. Box #
 Zip 07730

Social Security Number 732 - 495 - 5776
 Home telephone number (Area Exchange Number)
 Office telephone number (Area Exchange Number)
 % of business owned or controlled -0-
 Number of shares

Check position that applies: Sole owner Partner Secretary Treasurer Director
 President Vice-President
 Trustee X Manager
 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
 Municipality
 State

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 Secretary Treasurer Director
 President Vice-President
 Trustee Manager
 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 HOTEL/MOTEL LICENSE

is Hereby Granted To AYAN HAZLET LLC

2870 ROUTE 35
HAZLET, NJ 07730

License Number: 1339-36-026-004

"THIS LICENSE IS ISSUED AS A 'HOTEL/MOTEL' EXCEPTION PURSUANT TO THE PROVISIONS OF N.J.S.A. 33:1-12.20."

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

Carol L. Stadi

STATE ASSIGNED LICENSE NUMBER 1339 - 36 - 026 - 002

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):

TAPCO RESTAURANT GROUP, LLC

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

MARTINEZ

TONY

Last Name

21

SEQUOIA DRIVE

Middle Initial

Number

Street Name

DAYTON

State NEW JERSEY

P.O. Box # 08810

Social Security Number

Home telephone number (732) 438 - 8852

Office telephone number (732) 217 - 9051

% 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

X Other (specify)

MANAGING MEMBER OF LLC

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

Last Name

First Name

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)

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):

AYAN HAZLET, LLC

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

THOTA

GOVIND

R.

Last Name

First Name

Middle Initial

Home Street Address

Number

BUTTONWOOD DRIVE

Street Name

Municipality PARAMUS State NEW JERSEY

P.O. Box #

Zip 07652

Social Security Number

Home telephone number (201) 483 8358

Office telephone number (732) 888 2000

% of business owned or controlled 49%

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)

MANAGING MEMBER OF LLC

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

THOTA

RAMESH

Middle Initial

Last Name

First Name

CUTLER AVENUE

Number

FORDS

State NJ

P.O. Box #

Zip 08863

Social Security Number

Home telephone number (732) 661 1289

Office telephone number (908) 421 1632

% of business owned or controlled 50%

Number of shares

Check position that applies:

Sole owner

Partner

Stockholder

President

Vice-President

Secretary

Treasurer

Director

Trustee

Manager

Agent

Executor/Administrator

Receiver

Beneficiary ☒ Other (specify)

MEMBER OF LLC

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):

AYAN HAZLET, LLC

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

TAPED RESTAURANT GROUP

Last Name

First Name

Middle Initial

Home Street Address

Number

SEQUOIA DRIVE

Street Name

P.O. Box #

DAYTON

Municipality

DATE OF FORMATION

TIN 471-788-129/000

Zip

03810

Home telephone number () 732 - 438 - 8852

Office telephone number () 732 - 217 - 9051

% of business owned or controlled

1%

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 OF LLC

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

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)



State of New Jersey

Department of Law and Public Safety
Division of Alcoholic Beverage Control

2018 - 2019

Page 1 of 1
This License Expires: 06/30/2019

HAZLET TOWNSHIP
MONMOUTH COUNTY

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

Is Hereby Granted To JOHN H STRYKER INC

175 HWY 36

HAZLET TWP, NJ 07734

License Number: 1339-33-018-004

This license confers all rights and privileges pertaining thereto, as set forth in Title 33 of the New Jersey Statutes, and any amendments thereof and supplements thereto, and is expressly subject to the terms, provisions, limitations, requirements and conditions set forth therein and any rules and regulations promulgated heretofore and hereafter by the Director of the Division of Alcoholic Beverage Control pursuant to Title 33 of the New Jersey Statutes. 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 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): John H. Styrker, INC.

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

Styrker, John

Last Name

First Name

175 HIGHWAY 36

Middle Initial

Number

Street Name

Municipality

West Kearsburg

State

NJ

P.O. Box # 07734

Zip 07734

Social Security Number

732-787-1353

Date of Birth

Area Number Exchange Number

Area Number Exchange Number

% of business owned or controlled

100%

Number of shares

Check position that applies:

President

Trustee

Beneficiary

Other (specify)

Manager

Agent

Executive/Administrator

Director

Receiver

Stockholder

Partner

Secretary

Treasurer

Director

Receiver

Stockholder

Partner

Secretary

Treasurer

Director

Receiver



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

MCES INC
2880 HIGHWAY 35
HAZLET, NJ 07730

License Number: 1339-33-010-006

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

This License Expires: 06/30/2019

STATE ASSIGNED LICENSE NUMBER 1339-33-010-006

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):

MGES, INC

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

DALLEGAIO

LEH

Last Name

28

RED COACH LANE

Middle Initial

Number

Street Name

HOLMDEL

Municipality

State

NY

Zip

07733

Social Security Number

(732) 687-6376

Area

Office telephone number (732) 687-6376

Area

% of business owned or controlled 100

Check position that applies:

Sole owner ☒ Partner ☒ Stockholder ☒ Director ☒ Receiver

Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Beneficiary ☐ Other (specify)

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

Last Name

First Name

Middle Initial

Number

Street Name

Municipality

State

Zip

Social Security Number

Home telephone number () - -

Area

Office telephone number () - -

Area

% of business owned or controlled

Check position that applies:

Sole owner ☐ Partner ☐ Stockholder ☐ 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

HAZLET TOWNSHIP
MONMOUTH COUNTY

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

Is Hereby Granted To

36 STEAK LLC
1104 HWY 36
HAZLET, NJ 07730

License Number: 1339-33-009-008

This license confers all rights and privileges pertaining thereto, as set forth in Title 33 of the New Jersey Statutes, and any amendments thereof and supplements thereto, and is expressly subject to the terms, provisions, limitations, requirements and conditions set forth therein and any rules and regulations promulgated heretofore and hereafter by the Director of the Division of Alcoholic Beverage Control pursuant to Title 33 of the New Jersey Statutes. 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

This License Expires: 06/30/2019

STATE ASSIGNED LICENSE NUMBER 339.33.009.003

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.

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

36 Steak LLC

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

Mallory

Patricia

Middle Initial

M

Last Name First Name

57-18 Bridgeside Dr

Street Name

P.O. Box # Municipality

07257

Social Security Number

Home telephone number

Office telephone number

% of business owned or controlled

Check position that applies:

Sole owner

Partner

Secretary

Treasurer

Director

Receiver

Other (specify)

Beneficiary

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Secretary

Treasurer

Director

Receiver

Other (specify)

Beneficiary

% of business owned or controlled

Check position that applies:

Sole owner

Partner

Secretary

Treasurer

Director

% of business owned or controlled

Check position that applies:

Sole owner

Partner

Secretary

Treasurer

Director

% of business owned or controlled

Check position that applies:

Sole owner

Partner

Secretary

Treasurer

Director

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: Dorschak, John
Last Name 1015 Wedgewood Circle
First Name Belfast
Street Name
Number
Municipality
P.O. Box # 07218
Zip
Social Security Number (732) 291-0711
Home telephone number (Area Stam Exchange 502 Number)
Office telephone number (Area Stam Exchange 502 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 _____
Street Name _____
Number _____
Municipality _____
P.O. Box # _____
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 _____
Street Name _____
Number _____
Municipality _____
P.O. Box # _____
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 _____
Street Name _____
Number _____
Municipality _____
P.O. Box # _____
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 _____
Street Name _____
Number _____
Municipality _____
P.O. Box # _____
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) _____



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 CLUB LICENSE

Is Hereby Granted To NORTH CENTERVILLE VOL FIREMENS ASSOCIATION NO 1

372 MIDDLE RD
HAZLET, NJ 07730

License Number: 1339-31-021-001

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 A. Thardi
Attest: HAZLET TOWNSHIP

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1339 - 31 - 021 - 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.

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)

North Centralville Vol Firemen's Association No. 1

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

HORNER

THOMAS

Last Name

First Name

Middle Initial

Home Street Address

22 Buttonwood Pl

Number

Street Name

Municipality

Hazlet

State

MI

Zip *02230*

Social Security Number

[REDACTED]

Date of Birth

[REDACTED]

Home telephone number

(732) 739-9269

Area

Exchange

Number

Office telephone number

[REDACTED]

Area

Exchange

Number

% of business owned or controlled

Number of shares

Check position that applies

☒ 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

Number

Street Name

Municipality

State

Zip

Social Security Number

Date of Birth

[REDACTED]

Home telephone number

[REDACTED]

Area

Exchange

Number

Office telephone number

[REDACTED]

Area

Exchange

Number

% of business owned or controlled

Number of shares

Check position that applies

☐ 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

This License Expires: 06/30/2019

Page 1 of 1

HAZLET TOWNSHIP
MONMOUTH COUNTY

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

Is Hereby Granted To BRAD RESTAURANT GROUP LLC

3054 ROUTE 35 SOUTH
HAZLET, NJ 07730

License Number: 1339-33-017-008

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 1539 - 33 - 017 - 008

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: Kimberly Bradford

Last Name Kimberly First Name Bradford Middle Initial

Home Street Address 6 Argyle Court Number Livingston Municipality NJ State NJ

P.O. Box # 07039 Zip 07039

Social Security Number 913 597 10435 Date of Birth 10/4/35

Home telephone number (Area 913 Exchange 597 Number 10435) Office telephone number (Area 913 Exchange 597 Number 10435)

% of business owned or controlled 100 Number of shares

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

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

Last Name N/A First Name N/A Middle Initial

Home Street Address N/A Number N/A Municipality N/A State N/A

P.O. Box # N/A Zip N/A

Social Security Number N/A Date of Birth N/A

Home telephone number (Area N/A Exchange N/A Number N/A) Office telephone number (Area N/A Exchange N/A Number N/A)

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

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



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 CONSUMPTION LICENSE

Is Hereby Granted To TONY'S ITALIAN AMERICAN RESTAURANT & PIZZERIA INC
3153 ROUTE 35
HAZLET, NJ 07730
License Number: 1339-33-016-003

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

Edgar A. 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.
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: Spallino Vincent
Last Name 7 First Name Shapen Middle Initial Way
Home Street Address Number 7 Municipality Oceanport State N.J. Zip 07157
P.O. Box # _____
Social Security Number _____
Home telephone number (Area 732) (Exchange 728) (Number 1281)
Office telephone number (Area 732) (Exchange 204) (Number 3777)
% of business owned or controlled 50%
Number of shares _____
Check position that applies: ☒ Sole owner ☐ Partner ☐ Stockholder ☐ Treasurer ☐ Secretary ☐ Agent ☐ Executive/Administrator ☐ Director ☐ Receiver ☐ Beneficiary ☐ Trustee ☐ Manager ☐ Other (specify) _____
Name of individual (last name first), stockholder, partner, officer or director: _____
Last Name _____ First Name _____ Middle Initial _____
Home Street Address _____ Number _____ Municipality _____ State _____ Zip _____
P.O. Box # _____
Social Security Number _____
Home telephone number (Area 732) (Exchange 728) (Number 1281)
Office telephone number (Area 732) (Exchange 204) (Number 3777)
% of business owned or controlled 50%
Number of shares _____
Check position that applies: ☒ Sole owner ☐ Partner ☐ Stockholder ☐ Treasurer ☐ Secretary ☐ Agent ☐ Executive/Administrator ☐ Director ☐ Receiver ☐ Beneficiary ☐ Trustee ☐ Manager ☐ Other (specify) _____

Name of individual (last name first), stockholder, partner, officer or director: Spallino Maria
Last Name 7 First Name Shapen Middle Initial Way
Home Street Address Number 7 Municipality Oceanport State N.J. Zip _____
P.O. Box # _____
Social Security Number _____
Home telephone number (Area 732) (Exchange 728) (Number 1281)
Office telephone number (Area 732) (Exchange 204) (Number 3777)
% of business owned or controlled 50%
Number of shares _____
Check position that applies: ☒ Sole owner ☐ Partner ☐ Stockholder ☐ Treasurer ☐ Secretary ☐ Agent ☐ Executive/Administrator ☐ Director ☐ Receiver ☐ Beneficiary ☐ Trustee ☐ Manager ☐ Other (specify) _____
Name of individual (last name first), stockholder, partner, officer or director: _____
Last Name _____ First Name _____ Middle Initial _____
Home Street Address _____ Number _____ Municipality _____ State _____ Zip _____
P.O. Box # _____
Social Security Number _____
Home telephone number (Area 732) (Exchange 728) (Number 1281)
Office telephone number (Area 732) (Exchange 204) (Number 3777)
% of business owned or controlled 50%
Number of shares _____
Check position that applies: ☒ Sole owner ☐ Partner ☐ Stockholder ☐ Treasurer ☐ Secretary ☐ Agent ☐ Executive/Administrator ☐ Director ☐ Receiver ☐ Beneficiary ☐ Trustee ☐ Manager ☐ 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 PLenary RETAIL CONSUMPTION LICENSE

Is Hereby Granted To

LM AND M LLC
1616 UNION AVE
HAZLET, NJ 07730

License Number: 1339-33-003-006

This license confers all rights and privileges pertaining thereto, as set forth in Title 33 of the New Jersey Statutes, and any amendments thereof and supplements thereto, and is expressly subject to the terms, provisions, limitations, requirements and conditions set forth therein and any rules and regulations promulgated heretofore and hereafter by the Director of the Division of Alcoholic Beverage Control pursuant to Title 33 of the New Jersey Statutes. 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 - 003 - 005

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 Devine

First Name Laurie

Middle Initial A

Home Street Address

299 Washington Street

Number

Street Name

Municipality

Kayport

State NJ

Zip 07735

Social Security Number

(732) 204-5239

% of business owned or controlled

100%

Number of shares

Check position that applies:

☒ Sole owner

☐ Partner

☐ Stockholder

☐ Director

☐ Treasurer

☐ Receiver

President

Vice-President

Secretary

Agent

Executive/Administrator

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

Municipality

State

Zip

Social Security Number

() - -

% of business owned or controlled

Number of shares

Check position that applies:

☐ Sole owner

☐ Partner

☐ Stockholder

☐ Director

☐ Treasurer

☐ Receiver

President

Vice-President

Secretary

Agent

Executive/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 CLUB LICENSE

Is Hereby Granted To SCHAUFLER FRANZEN POST 4303 VFW
18 DAVERN AVE
HAZLET, NJ 07730

License Number: 1339-34-022-001

This license confers all rights and privileges pertaining thereto, as set forth in Title 33 of the New Jersey Statutes, and any amendments thereof and supplements thereto, and is expressly subject to the terms, provisions, limitations, requirements and conditions set forth therein and any rules and regulations promulgated heretofore and hereafter by the Director of the Division of Alcoholic Beverage Control pursuant to Title 33 of the New Jersey Statutes. 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 Q. Thandi
Attest: HAZLET TOWNSHIP

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1339 31 022

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: Schaeffer-Franzen Post #303 VFW

Last Name 18 First Name Dave Middle Initial Hue

Home Street Address 18 Davenport Ave Number HAZLET

P.O. Box # N/A Municipality HAZLET State N.J.

Zip 07130 E-Mail Address N/A Date of Birth 1/1/19

Social Security Number 732-888-9335 Home telephone number (Area 732 Exchange 888 Number 9335)

Office telephone number (Area 732 Exchange 787 Number 9696)

% of business owned or controlled _____

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

President _____ Vice-President _____ Secretary _____ Treasurer _____

Trustee _____ Manager _____ Agent _____

Beneficiary _____ Other (specify) Club _____

Director _____ Receiver _____

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

Last Name _____ First Name _____ Middle Initial _____

Home Street Address _____ Number _____

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 _____

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

President _____ Vice-President _____ Secretary _____ Treasurer _____

Trustee _____ Manager _____ Agent _____

Beneficiary _____ Other (specify) _____

Director _____ Receiver _____



State of New Jersey

Department of Law and Public Safety
Division of Alcoholic Beverage Control

2018 - 2019

This License Expires: 06/30/2019

HAZLET TOWNSHIP
MONMOUTH COUNTY

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

is Hereby Granted To EXIT 117 LIQUORS LLC
2996 ROUTE 35 SOUTH
HAZLET, NJ 07747
License Number: 1339-44-005-007

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

Celeste A. Stoddard
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 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): Jerome Jerome

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

Last Name
First Name
Middle Initial

Home Street Address
Number
Street Name

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
Number of shares

Check position that applies: Sole owner Partner Secretary Treasurer Director

Beneficiary Trustee Manager Agent Executor/Administrator Receiver

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

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 Secretary Treasurer Director

Beneficiary Trustee Manager Agent Executor/Administrator Receiver

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 PLenary RETAIL CONSUMPTION LICENSE

Is Hereby Granted To

LEISERV LLC
1400 ROUTE 36
HAZLET, NJ 07730

License Number: 1339-33-011-004

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

Evelyn D. Standi
Attest: HAZLET TOWNSHIP

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)

Leiserv, LLC

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

Shannon

Thomas

F.

Last Name

First

Middle Initial

Home Street Address

136 East 19th Street, Apt. 4W

Number Street Name

New York

State NY

P.O. Box #

Zip 10003

Social Security number

(917) 364

Area Exchange

Number

Office telephone number

(Area)

Exchange

Number

% of business owned or controlled

0

Number of shares

0

Beneficiary

Trustee

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:

President

Vice-President

Manager

Agent

Executive/Administrator

Receiver

Director

Treasurer

Secretary

Partner

Sole owner

Stockholder

Check position that applies:</

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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 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)

Leiserv, LLC

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

Williams

Paul

G.

Last Name

First

Middle Initial

Home Street Address

518 Colony Oak Lane

Number

Street Name

State VA

Municipality Midlothian

P.O. Box #

23114

Social Security number

914

813

Date of birth

0884

Home telephone number

Area (914)

Exchange (813)

Number

2080

Office telephone number

Area (804)

Exchange (417)

Number

2080

% 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):

AMF Bowling Centers, Inc. (FEIN 54-1221662)

Last Name

First

Middle Initial

Home Street Address

7313 Bell Creek Road

Number

Street Name

State VA

Municipality Mechanicsville

P.O. Box #

23111

Social Security number

Area

Exchange

Number

23111

Home telephone number

Area

Exchange

Number

23111

Office telephone number

Area

Exchange

Number

23111

% of business owned or controlled

100%

Number of shares

100%

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 - 011 - 004

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)

Leiserv, LLC

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

Wordel

Christine

Middle Initial

Home Street Address 231 Atlantic Street, Suite #65

Number Street Name

Municipality Keyport

State NJ

P.O. Box #

Zip 07735

Social Security number

Area (732) 335

Exchange Number

Area (732) 264

Exchange Number

% of business owned or controlled 0

Number of shares 0

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

General Manager

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

Check position that applies:

Sole owner

Partner

Stockholder

Director

Treasurer

Secretary

Agent

Executive/Administrator

Receiver

Beneficiary

Other (specify)

Trustee

Manager

Vice-President

President

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)
AMF Bowling Centers, Inc.

Name of individual (last name first), stockholder, partner, officer or director:
Shannon, Thomas F.

Last Name First Middle Initial
Home Street Address 136 East 19th Street, Apt. 4W
Number Street Name
Municipality New York State NY
P.O. Box # Zip 10003

Social Security number (917) 364 - 0921
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: President ☒ Vice-President ☐ Secretary ☐ Treasurer ☒ Director ☐
Beneficiary ☐ Trustee ☐ Manager ☐ Agent ☐ Chief Executive Officer ☒ Other (specify)

Name of individual (last name first):
Parker, Brett I.

Last Name First Middle Initial
Home Street Address 295 Highland Avenue
Number Street Name
Municipality Norwalk State CT
P.O. Box # Zip 06854

Social Security number (212) 777 - 2214
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: President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director ☐
Beneficiary ☐ Trustee ☐ Manager ☐ Agent ☐ Chief Financial Officer ☒ Other (specify)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)
AMF Bowling Centers, Inc.

Name of individual (last name first), stockholder, partner, officer or director:
Williams, Paul G.

Last Name First Middle Initial
Home Street Address 518 Colony Oak Lane
Number Street Name
Municipality Midlothian State VA
P.O. Box # Zip 23114

Social Security number (914) 813
Home telephone number (914) 813
Office telephone number (804) 417
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) Assistant Secretary

Name of individual (last name first):
AMF Bowling Centers Holdings, Inc. (FEIN 20-1641697)
Last Name First Middle Initial
Home Street Address 7313 Bell Creek Road
Number Street Name
Municipality Mechanicsville State VA
P.O. Box # Zip 23111
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)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)
AMF Bowling Centers Holdings, Inc.

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

Shannon, Thomas F.

Last Name First Middle Initial

Home Street Address 136 East 19th Street, Apt. 4W

Number Street Name

P.O. Box # Municipality New York State NY

Zip 10003

Social Security number

Home telephone number (917) 364 - 0921

Office telephone number

Area () Exchange Number

% of business owned or controlled 0

Check position that applies:

☒ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☒ Director

☐ Trustee ☐ Manager ☐ Agent ☐ Chief Executive Officer

☐ Beneficiary ☒ Other (specify)

Name of individual (last name first):

Parker, Brett L.

Last Name First Middle Initial

Home Street Address 295 Highland Avenue

Number Street Name

P.O. Box # Municipality Norwalk State CT

Zip 06854

Social Security number

Home telephone number (212) 777 - 2214

Office telephone number

Area () Exchange Number

% of business owned or controlled 0

Check position that applies:

☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director

☐ Trustee ☐ Manager ☐ Agent ☐ Chief Financial Officer

☐ Beneficiary ☒ Other (specify)

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)

AMF Bowling Centers Holdings, Inc.

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

Williams, Paul G.

Last Name First Middle Initial
Home Street Address 518 Colony Oak Lane
Number Street Name
Municipality Midlothian State VA

P.O. Box # Zip 23114
Social Security number
Home telephone number (914) 813 - 0884
Office telephone number (804) 417 - 2080
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) Assistant Secretary

Name of individual (last name first):
AMF Bowling Worldwide, Inc. (FEIN 13-3873272)
Last Name First Middle Initial
Home Street Address 7313 Bell Creek Road
Number Street Name
Municipality Mechanicsville State VA

P.O. Box # Zip 23111
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)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)
AMF Bowling Worldwide, Inc.

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

Shannon, Thomas F.

Last Name

First

Middle Initial

Home Street Address

136 East 19th Street, Apt. 4W

Number

Street Name

State

NY

P.O. Box #

Zip

10003

Social Security number

(917) 364

Area

Exchange

Number

0921

Date of birth

Home telephone number

(917) 364

Area

Exchange

Number

0921

Office telephone number

(917) 364

Area

Exchange

Number

0921

% of business owned or controlled

0

Check position that applies:

☒ President

☐ Vice-President

☐ Secretary

☐ Treasurer

☒ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Agent

☐ Chief Executive Officer

☐ Other (specify)

☐ Beneficiary

☐ Trustee

☐ Manager

☐ Receiver

☐ Director

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)
AMF Bowling Worldwide, Inc.

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

Williams, Paul G.

Last Name First Middle Initial
Home Street Address 518 Colony Oak Lane
Number Street Name
P.O. Box #
Zip 23114
Municipality Midlothian State VA

Social Security number (914) 813
Home telephone number (914) 813
Office telephone number (804) 417
Area Exchange Number
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) Assistant Secretary

Name of individual (last name first):
Kingpin Intermediate LLC (FEIN 20-0765447)

Last Name First Middle Initial
Home Street Address 7313 Bell Creek Road
Number Street Name
P.O. Box #
Zip 23111
Municipality Mechanicsville State VA

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)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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.

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

Kingpin Intermediate LLC

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

Shannon, Thomas F.

Last Name

First

Middle Initial

Home Street Address

136 East 19th Street, Apt. 4W

Number Street Name

Municipality New York

State NY

P.O. Box # 10003

Social Security number

(917) 364 - 0921

Date of birth

Home telephone number

Area (917) Exchange 364

Office telephone number

Area () Exchange 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) Chief Executive Officer

Name of individual (last name first):

Parker, Brett I.

Last Name

First

Middle Initial

Home Street Address

295 Highland Avenue

Number Street Name

Municipality Norwalk

State CT

P.O. Box # 06854

Social Security number

(212) 777 - 2214

Date of birth

Home telephone number

Area (212) Exchange 777

Office telephone number

Area () Exchange 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) Chief Financial Officer

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)

Kingpin Intermediate LLC

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

Williams, Paul G.

Last Name First Middle Initial

Home Street Address 518 Colony Oak Lane

Number Street Name

Municipality Midlothian State VA

P.O. Box # Zip 23114

Social Security number (914) 813 0884

Home telephone number (914) 813 0884

Office telephone number (804) 417 2080

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) Assistant Secretary

Name of individual (last name first):

Kingpin Intermediate Holdings LLC (FEIN 30-0792065)

Last Name First Middle Initial

Home Street Address 222 West 44th Street

Number Street Name

Municipality New York State NY

P.O. Box # Zip 10036

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

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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Kingpin Intermediate Holdings LLC

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

Shannon, Thomas F.

Last Name

First

Middle Initial

Home Street Address

136 East 19th Street, Apt. 4W

Number Street Name

Municipality New York

State NY

P.O. Box #

Zip 10003

Social Security number

(917) 364

Area Exchange

Number

Date of birth

0921

Office telephone number

Area

Exchange

Number

% of business owned or controlled

0

Check position that applies:

☒ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Executive Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

☐ Vice-President

☐ Manager

☐ Agent

☐ Executor/Administrator

☐ Chief Financial Officer

☐ Stockholder

☐ Partner

☐ Sole owner

☐ Check position that applies:

☐ President

☐ Trustee

☐ Beneficiary

☐ Other (specify)

☐ Chief Financial Officer

☐ Director

☐ Receiver

☐ Treasurer

☐ Secretary

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)

Kingpin Intermediate Holdings LLC

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

Williams, Paul G.

Last Name

First

Middle Initial

Home Street Address

518 Colony Oak Lane

Number

Street Name

State VA

Municipality

Midlothian

P.O. Box #
Zip 23114

Social Security number

(914)

Area

Exchange

813

Number

0884

Office telephone number

(804)

Area

Exchange

417

Number

2080

% of business owned or controlled

0

Check position that applies:

Sole owner

Partner

Stockholder

Number of shares

0

President

Vice-President

Secretary

Treasurer

Director

Receiver

Trustee

Manager

Agent

Executive/Administrator

Other (specify)

Assistant Secretary

Name of individual (last name first):

Bowlmor AMF Corp. (FEIN 46-3075693)

Last Name

First

Middle Initial

Home Street Address

222 West 44th Street

Number

Street Name

State NY

Municipality

New York

P.O. Box #
Zip 10036

Social Security number

()

Area

Exchange

()

Number

Office telephone number

()

Area

Exchange

100%

Number

% of business owned or controlled

Check position that applies:

Sole owner

Partner

Stockholder

Number of shares

President

Vice-President

Secretary

Treasurer

Director

Receiver

Trustee

Manager

Agent

Executive/Administrator

Other (specify)

Member

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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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)

Bowlmor AMF Corp.

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

Shannon, Thomas F.

Last Name First Middle Initial
Home Street Address Number Street Name
136 East 19th Street, Apt. 4W
Municipality New York State NY
P.O. Box #
Zip 10003

Social Security number () 917 - 364
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) Chief Executive Officer

Name of individual (last name first):

Parker, Brett I.

Last Name First Middle Initial
Home Street Address Number Street Name
295 Highland Avenue
Municipality Norwalk State CT
P.O. Box #
Zip 06854

Social Security number () 212 - 777
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) Chief Financial Officer

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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Bowlmor AMF Corp.

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

Williams, Paul G.

Last Name First Middle Initial
Home Street Address 518 Colony Oak Lane
Number Street Name
P.O. Box #
Zip 23114
Municipality Midlothian State VA

Social Security number (914) 813
Home telephone number (914) 813
Office telephone number (804) 417
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) Assistant Secretary

Name of individual (last name first):
Cerberus Series Four Holdings, LLC (FEIN 75-3224360)
Last Name First Middle Initial
Home Street Address 875 Third Avenue, 11th Floor
Number Street Name
P.O. Box #
Zip 10022
Municipality New York State NY

Social Security number
Home telephone number
Office telephone number (212) 891
Area Exchange Number
% of business owned or controlled 50.04%
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)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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Bowlmor AMF Corp.

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

Cobalt Recreation LLC

Last Name

First

Middle Initial

Home Street Address

222 West 44th Street

Number

Street Name

State NY

Municipality New York

P.O. Box #

Zip 10036

Social Security number

Date of birth / /

Home telephone number

Area Exchange Number

Office telephone number

Area Exchange Number

% of business owned or controlled

20.69%

Number of shares

Check position that applies:

Sole owner

Partner

Stockholder

President

Vice-President

Secretary

Treasurer

Director

Beneficiary

Trustee

Manager

Agent

Other (specify)

Name of individual (last name first):

Chase Lincoln First Commercial Corporation (FEIN 13-2700073)

Last Name

First

Middle Initial

Home Street Address

383 Madison Avenue, 37th Floor

Number

Street Name

State NY

Municipality New York

P.O. Box #

Zip 10179

Social Security number

Date of birth / /

Home telephone number

Area Exchange Number

Office telephone number

Area Exchange Number

% of business owned or controlled

12.61%

Number of shares

Check position that applies:

Sole owner

Partner

Stockholder

President

Vice-President

Secretary

Treasurer

Director

Beneficiary

Trustee

Manager

Agent

Other (specify)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)
Bowlimor AMF Corp.

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

Credit Suisse Loan Funding LLC (FEIN 13-1898818)

Last Name First Middle Initial
Home Street Address 11 Madison Avenue
Number Street Name
P.O. Box #
Zip 10010
Municipality New York State NY

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

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

% of business owned or controlled 9.81%
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)

Name of individual (last name first):
Selous Capital II LLC

Last Name First Middle Initial
Home Street Address 222 West 44th Street
Number Street Name
P.O. Box #
Zip 10036
Municipality New York State NY

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

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

% of business owned or controlled 1.78%
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)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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.

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

Bowlmor AMF Corp.

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

The remaining 5.07% interest is held by numerous shareholders, each holding a nominal amount

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) _____

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) _____

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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.

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

Cerberus Series Four Holdings, LLC

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

Cerberus Institutional Partners, L.P. - Series Four

Last Name First Middle Initial
875 Third Avenue, 11th Floor

Home Street Address Number Street Name
New York State NY

P.O. Box # Zip 10022

Social Security number Date of birth / /

Home telephone number Area Exchange Number

Office telephone number Area Exchange Number

% of business owned or controlled 100%

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

P.O. Box # 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)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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 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)

Cerberus Institutional Partners, L.P. - Series Four

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

Cerberus Institutional Associates, L.L.C.

Last Name First Middle Initial

Home Street Address 875 Third Avenue, 11th Floor

Number Street Name

Municipality New York State NY

P.O. Box # 10022

Zip

Social Security number

Home telephone number

Office telephone number

% of business owned or controlled 1.3%

Check position that applies:

Beneficiary ☒

Trustee ☐

President ☐

Vice-President ☐

Sole owner ☐

Partner ☐

Stockholder ☐

Director ☐

Executive/Administrator ☐

Receiver ☐

Other (specify) General Partner

Name of individual (last name first):
The remaining 98.7% interest is owned by numerous Limited Partners, each owning a nominal amount

Last Name First Middle Initial

Home Street Address

Number Street Name

Municipality State

P.O. Box #

Zip

Social Security number

Home telephone number

Office telephone number

% of business owned or controlled

Check position that applies:

Beneficiary ☐

Trustee ☐

President ☐

Vice-President ☐

Sole owner ☐

Partner ☐

Stockholder ☐

Director ☐

Executive/Administrator ☐

Receiver ☐

Other (specify)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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.

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NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP)
Cerberus Institutional Associates, L.L.C.

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

Feinberg Family Trusts

Last Name

First

Middle Initial

Home Street Address

c/o Stephen Feinberg, Trustee, 36 East 67th Street

Number

Street Name

State NY

P.O. Box #

Zip 10065

Social Security number

Date of birth / /

Home telephone number

Area () Exchange Number

Office telephone number

Area (212) Exchange Number 891 - 2100

% of business owned or controlled 65%

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):

Richter Investment Corp.

Last Name

First

Middle Initial

Home Street Address

875 Third Avenue, 11th Floor

Number

Street Name

State NY

P.O. Box #

Zip 10022

Social Security number

Date of birth / /

Home telephone number

Area () Exchange Number

Office telephone number

Area (212) Exchange Number 891 - 2100

% of business owned or controlled 25%

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 - 011 - 004

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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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)
Cerberus Institutional Associates, L.L.C.

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

Feinberg, Stephen

Last Name First Middle Initial

Home Street Address 36 East 67th Street

Number Street Name

Municipality New York State NY

P.O. Box # 10065

Zip

Social Security number

Home telephone number (Area) (212) 891-2100

Office telephone number (Area) (212) 891-2100

Number Exchange Number

% of business owned or controlled 10%

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) Managing Member

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

Home telephone number (Area) () ()

Office telephone number (Area) () ()

Number 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)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)
Cobalt Recreation LLC

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

The Cobalt Group, LLC

Last Name First Middle Initial
Home Street Address 222 West 44th Street
Number Street Name
P.O. Box # Municipality New York State NY
Zip 10036

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 Director
Trustee Manager Agent Executor/Administrator Receiver
Beneficiary Other (specify) Managing Member

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)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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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)

The Cobalt Group, LLC

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

Shannon, Thomas F.

Last Name First Middle Initial
136 East 19th Street, Apt. 4W
Street Name Number
New York Municipality
State NY

P.O. Box #
Zip 10003

Social Security number (917) 364 - 0921
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) Managing Member

Name of individual (last name first):

Last Name First Middle Initial
Home Street Address Number
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)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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 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)

Chase Lincoln First Commercial Corporation

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

JP Morgan Chase & Co. (Publicly Traded on NYSE as "JPM")

Last Name First Middle Initial
Home Street Address 383 Madison Avenue, 37th Floor
Number Street Name
P.O. Box # 10179 Municipality New York State NY

Zip 10179
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: ☒ Stockholder ☐ Partner ☐ Sole owner ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director ☐ Receiver ☐ Beneficiary ☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ 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: ☐ Stockholder ☐ Partner ☐ Sole owner ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Director ☐ Receiver ☐ Beneficiary ☐ Trustee ☐ Manager ☐ Agent ☐ Executor/Administrator ☐ Other (specify)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)

Credit Suisse Loan Funding LLC

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

Credit Suisse (USA), Inc.

Last Name First Middle Initial
11 Madison Avenue
Home Street Address
Number
Street Name
New York
Municipality
State NY
Zip 10010
P.O. Box #
Social Security number
Home telephone number
Office telephone number
Area () Exchange Number
Area () Exchange Number
Number of shares 100%
% 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) Member

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
Home telephone number
Office telephone number
Area () Exchange Number
Area () Exchange Number
Number of shares
% 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 ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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.

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

Name of individual (last name first), stockholder, partner, officer or director:
Credit Suisse Holdings (USA), Inc.

Last Name First Middle Initial
11 Madison Avenue
Home Street Address
Number
Street Name
New York
Municipality
State NY
Zip 10010
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 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)

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)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)
Credit Suisse Holdings (USA), Inc.

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

Last Name First Middle Initial
Paradeplatz 8

Home Street Address Number
Street Name
Municipality Zurich State Switzerland

P.O. Box # Zip 8001

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

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

% of business owned or controlled 57%
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)

Name of individual (last name first):
Credit Suisse Group AG (Publicly Traded on NYSE as "CS")

Last Name First Middle Initial
Paradeplatz 8

Home Street Address Number
Street Name
Municipality Zurich State Switzerland

P.O. Box # Zip 8001

Social Security number - - -
Date of birth - - / - - / 1856

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

% of business owned or controlled 43%
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)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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)

Credit Suisse AG

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

Credit Suisse Group AG (Publicly Traded on NYSE as "CS")

Last Name First Middle Initial
Paradeplatz 8
Home Street Address
Number
Street Name
Municipality Zurich
State Switzerland
Zip 8001
P.O. Box #
Office telephone number
Home telephone number
Social Security number
Date of birth / /
Area Exchange Number
Area Exchange Number
% of business owned or controlled 100%
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
Municipality
State
Zip
P.O. Box #
Office telephone number
Home telephone number
Social Security number
Date of birth / /
Area Exchange 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 ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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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)

Selous Capital II LLC

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

Selous Capital LLC

Last Name

First

Middle Initial

Home Street Address

222 West 44th Street

Number

Street Name

State NY

P.O. Box #

10036

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:

President

Trustee

Beneficiary

Other (specify)

Managing Member

Director

Receiver

Agent

Executive/Administrator

Treasurer

Secretary

Vice-President

Sole owner

Partner

Stockholder

Number of shares

Check position that applies:

President

Trustee

Beneficiary

Other (specify)

Managing Member

Director

Receiver

Agent

Executive/Administrator

Treasurer

Secretary

Vice-President

Sole owner

Partner

Stockholder

Number of shares

Check position that applies:

President

Trustee

Beneficiary

Other (specify)

STATE ASSIGNED LICENSE NUMBER 1339 - 33 - 011 - 004

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

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

Parker, Brett I.

Last Name First Middle Initial

Home Street Address 295 Highland Avenue

Number Street Name

P.O. Box # Norwalk Municipality State CT

Zip 06854

Social Security number (212) 777 - 2214

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) Managing Member

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

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)