CITY OF TRENTON
ABC BOARD MEETING
DECEMBER 20, 2022, AT 5:30 P.M.
AGENDA

I. CALL TO ORDER

II. STATEMENT: Adequate notice of this meeting has been given in accordance with the Open Public Meetings Act, pursuant to Public Laws 1975, Chapter 231. This Agenda is complete to the extent known and was sent to the Trenton Times, posted on the first-floor bulletin board in City Hall, and filed in the City Clerk’s Office. Formal action will be taken.

III. ROLL CALL

IV. MINUTES FOR APPROVAL - None

V. OLD BUSINESS

RES. 22-200 RESOLUTION APPROVING PERSON-TO-PERSON TRANSFER OF ALCOHOLIC BEVERAGE PLENARY RETAIL CONSUMPTION LICENSE WITH BROAD PACKAGE PRIVILEGE # 1111-32-041-009 FROM CHIKARA TOMI, INC., T/A TONY LIQUORS TO R & R PREMIUM LIQUORS, LLC

RES. 22-201 RESOLUTION APPROVING PERSON-TO-PERSON TRANSFER OF ALCOHOLIC BEVERAGE PLENARY RETAIL CONSUMPTION LICENSE #1111-33-092-010 FROM CARIDADS, LLC TO SBM ENTERPRISES, LLC

RES. 22-202 RESOLUTION APPROVING PERSON-TO-PERSON TRANSFER OF ALCOHOLIC BEVERAGE PLENARY RETAIL CONSUMPTION LICENSE WITH BROAD PACKAGE PRIVILEGE # 1111-32-019-006 FROM RANSOME GROUP, LLC, T/A CHAMPIONSHIP SPORTS BAR AND GRILL/LIQUORS TO FRONTERA LIQUORS & BAR, LLC

VI. NEW BUSINESS

RES. 22-203 RESOLUTION APPROVING PERSON-TO-PERSON TRANSFER OF ALCOHOLIC BEVERAGE PLENARY RETAIL CONSUMPTION LICENSE WITH BROAD PACKAGE PRIVILEGE # 1111-33-028-012 FROM DEEPAK VISWANATH, LLC TO 811 S. BROAD ST. LIQUOR, LLC

VII. PUBLIC COMMENT

VIII. ADJOURNMENT
RESOLUTION APPROVING PERSON-TO-PERSON TRANSFER OF ALCOHOLIC BEVERAGE PLENARY RETAIL CONSUMPTION LICENSE WITH BROAD PACKAGE PRIVILEGE # 1111-32-041-009 FROM CHIKARA TOMI, INC., T/A TONY LIQUORS TO R & R PREMIUM LIQUORS, LLC

WHEREAS, an application has been filed for a person-to-person transfer of Plenary Retail Consumption License No. 1111-32-041-009 heretofore issued to Chikara Tomi, Inc., T/A Tony Liquors, for premises located at 105 E. Hanover Street, Trenton New Jersey; and

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

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

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

NOW, THEREFORE BE IT RESOLVED that the ABC Board of the City of Trenton does hereby approve, effective December 20, 2022 the transfer of aforesaid Plenary Retail Consumption License with broad package privilege to R & R Premium Liquors, LLC, and does hereby direct the City Council to endorse the license certificate to the new ownership as follows: “This license, subject to all its terms and conditions, is hereby transferred to R & R Premium Liquors, LLC, 105 E. Hanover Street, Trenton, New Jersey, effective December 20, 2022”.

Person to Person

To:                      From:                      Premises:
R & R Premium Liquors, LLC Chikara Tomi, Inc., T/A Tony 105 E. Hanover Street
#1111-32-041-009          Liquors                     Trenton, NJ 08611

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This Resolution was adopted at a Meeting of the ABC Board of the City of Trenton on

President of Council

City Clerk
RESOLUTION

No. 22-201

RESOLUTION APPROVING PERSON-TO-PERSON TRANSFER OF ALCOHOLIC BEVERAGE PLENARY RETAIL CONSUMPTION LICENSE WITH BROAD PACKAGE PRIVILEGE #1111-33-092-011 FROM CARIDAD’S, LLC TO SBM ENTERPRISES, LLC

WHEREAS, an application has been filed for a person-to-person transfer of Plenary Retail Consumption License No. 1111-33-092-011 heretofore issued to Caridad’s, LLC, for premises located at 725-729 South Broad Street, Trenton, New Jersey; and

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

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

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

NOW, THEREFORE BE IT RESOLVED that the ABC Board of the City of Trenton does hereby approve, effective December 20, 2022 the transfer of aforesaid Plenary Retail Consumption License with broad package privilege to Caridad’s, LLC, and does hereby direct the City Council to endorse the license certificate to the new ownership as follows: “This license, subject to all its terms and conditions, is hereby transferred to Caridad’s, LLC, 725-729 South Broad Street, Trenton, New Jersey, effective December 20, 2022”.

Person to Person

To: Caridad’s, LLC
    #1111-33-092-011

From: SBM Enterprises, LLC

Premsies:
    725-729 South Broad Street
    Trenton, NJ 08611

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This Resolution was adopted at a Meeting of the ABC Board of the City of Trenton on ____________________________

President of Council ____________________________________________

City Clerk

Date of Adoption ____________________________
RESOLUTION No. 22-202

RESOLUTION APPROVING PERSON-TO-PERSON TRANSFER OF ALCOHOLIC BEVERAGE PLENARY RETAIL CONSUMPTION LICENSE WITH BROAD PACKAGE PRIVILEGE #1111-32-019-006 FROM RANSOME GROUP, LLC T/A CHAMPIONSHIP SPORTS BAR AND GRILL TO FRONTERA LIQUORS AND BAR, LLC

WHEREAS, an application has been filed for a person-to-person transfer of Plenary Retail Consumption License No. 1111-32-019-006 heretofore issued to Ransome Group, LLC, T/A Championship Sports Bar & Grill, for premises located at 931 Chambers Street, Trenton, New Jersey; and

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

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

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

NOW, THEREFORE BE IT RESOLVED that the ABC Board of the City of Trenton does hereby approve, effective December 20, 2022 the transfer of aforesaid Plenary Retail Consumption License with broad package privilege to Frontera Liquors & Bar, LLC, and does hereby direct the City Council to endorse the license certificate to the new ownership as follows: “This license, subject to all its terms and conditions, is hereby transferred to Frontera Liquors & Bar, LLC, 931 Chambers Street, Trenton, New Jersey, effective December 20, 2022”.

Person to Person

To: Frontera Liquors & Bar, LLC
   #1111-32-019-006

From: Ransome Group, LLC, T/A
      Championship Sports Bar & Grill

Premises: 931 Chambers Street
          Trenton, NJ 08611

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This Resolution was adopted at a Meeting of the ABC Board of the City of Trenton on ________________

President of Council

City Clerk
RESOLUTION No. 22-203

Councilman/woman __________________________________________ presents the following Resolution:

RESOLUTION APPROVING PERSON-TO-PERSON TRANSFER OF ALCOHOLIC BEVERAGE PLENARY RETAIL CONSUMPTION LICENSE WITH BROAD PACKAGE PRIVILEGE # 1111-33-028-012 FROM DEEPAK VISWANATH, LLC TO 811 S. BROAD ST. LIQUOR, LLC

WHEREAS, an application has been filed for a person-to-person transfer of Plenary Retail Consumption License No. 1111-33-028-012 heretofore issued to Deepak Viswanath, LLC, for premises located at 811 S. Broad Street, Trenton, New Jersey; and

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

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

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

NOW, THEREFORE BE IT RESOLVED that the ABC Board of the City of Trenton does hereby approve, effective December 20, 2022 the transfer of aforesaid Plenary Retail Consumption License with broad package privilege to 811 S. Broad St. Liquor, LLC, and does hereby direct the City Council to endorse the license certificate to the new ownership as follows: “This license, subject to all its terms and conditions, is hereby transferred to 811 S. Broad St. Liquor, LLC, 811 S. Broad Street, Trenton, New Jersey, effective December 20, 2022”.

Person to Person

To: 811 S. Broad St. Liquor, LLC #1111-33-028-012
From: Deepak Viswanath, LLC

Premises: 811 S. Broad Street,
Trenton, NJ 08611

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This Resolution was adopted at a Meeting of the ABC Board of the City of Trenton on ________________________________

President of Council ________________________________

City Clerk ________________________________
TRENTON POLICE DEPARTMENT
ADMINISTRATIVE REPORT

Date: October 12, 2022

To: Police Director Steve Wilson
Through: Detective Captain James Slack, Chief of Staff
Through: Detective Captain Peter Szpakowski
Through: Detective Lieutenant Bethesda Stokes
Through: Detective Sergeant Rosemarie Addar
From: Detective Cathiria Santiago
Subject: ABC License Background Application

Sir:

Ramon Revez of R & R PREMIUM LIQUORS, LLC has filed a license application for a person-to-person transfer of Plenary Retail Consumption license # 1111-32-041-008. Background investigation of the applicant shows no disqualifiers as per ABC guidelines. Applicant has met all requirements as set forth, and it is recommended that the person-to-person transfer be cleared for license processing by the City Clerk’s Office.

Current Corporation: Chikara Tomi, Inc
T/A Tony Liquor Bar & Restaurant
105 East Hanover Street

Applicant: Ramon Reyes, Date of Birth 06/15/1957
16430 Bristol Lake Circle
Orlando, Florida 32828

New Corporation Name: R & R Premium Liquors, LLC
T/A R & R Premium Liquors, LLC

Respectfully Submitted,

Detective Cathiria Santiago #294/6036

Signature
TRENTON POLICE DEPARTMENT
ADMINISTRATIVE REPORT

Receiving Supervisor:  

Signature:  

Rank/Title:  

Badge #:  

Time/Date/Received/Reviewed:  

10/12/22 1800
State of New Jersey,) ss
County of Middlesex)
Lisa Arrington being duly sworn, deposes that he/she is principal clerk of NJ Advance Media; that Times of Trenton is a public
newspaper, with general circulation in Burlington, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, and Somerset Counties, and this
notice is an accurate and true copy of this notice as printed in said newspaper, was printed and published in the regular edition and
issue of said newspaper on the following date(s):
Times of Trenton 08/26, 09/02/2022

__________________________________________
Principal Clerk of the Publisher

Sworn to and subscribed before me this 7th day of September 2022

__________________________________________
Notary Public

NOTICE

PLEASE TAKE NOTICE that an application
has been made to the City of Trenton, New
Jersey, County of Mercer, for the person-to-
person transfer of Plenary Retail Consumption
(with Broad Package Privilege) License No.
11111-32-041-007, from: CHIKARA TCM, INC.,
T/A TONY LIQUORS, to R & R PREMIUM LIQ-
UORS, LLC, T/A R & R PREMIUM LIQUORS, for
premises located 105 E. Hanover Street, Tren-
ton, New Jersey 08608.

The persons(s) who will hold an interest in this
license is/are:

Ramon Reyes
16430 Bristol Lake Circle
Orlando, Florida 32829

Objections, if any, should be made immedi-
ately in writing to: Brandon Garcia, City Clerk,
City of Trenton, 319 East State Street, Trent-
on, New Jersey 08608; 1766
8/26, 9/2/22 THE TIMES $27.00
STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER
1111-32-041-009
[For DIVISION use only _______]

DATE APPLICATION Filed:
10/12/22

CODE TYPE OF LICENSE (CHECK ONE)

CLASS C LICENSES [R.S. 33:1-12]

31    ___ Club
32    X   Plenary Retail Consumption
       w/Broad Package Privilege
33    ___ Plenary Retail Consumption
38    ___ Plenary Retail Consumption
       (Hotel/Motel Exception)
37    ___ Plenary Retail Consumption
       (Theatre Exception)
35    ___ Seasonal Retail Consumption
       (November 15 through April 30)
34    ___ Seasonal Retail Consumption
       (May 1 through November 14)
44    ___ Plenary Retail Distribution
43    ___ Limited Retail Distribution

OTHER

14    ___ Annual State Permit
       (R.S. 33:1-42, NJAC 13:2-52)
40    ___ Special Permit for a Golf Facility
       (NJAC 13:2-5.3)

THIS APPLICATION IS FOR:

___ A New License
X  Person-to-Person Transfer
    (Including Partnership change,
     except Limited Partnership)
     ___ Place-to-Place Transfer
     (Including expansion of premises)
     ___ Change of Corporate Structure
     ___ Extension of License (to Executor,
         Receiver, Administrator, etc.)
     ___ Renewal of License
     ___ Amendment of Application on File
     ___ Other ____________________________

R & R Premium Liquors, LLC
u/a R & R Premium Liquors, LLC
105 E. Hanover Street
Trenton, NJ 08608

Municipal Fee $347.30

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

State Fee $200.00

Date Denied ______/_______/_______
(As Stated in Resolution)

Refund Amount $____________________

Special Conditions Attached: ______ Yes ______ No

Brandon Garcia, Clerk

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

Signature of Municipal Clerk or ABC Secretary
STATE ASSIGNED LICENSE NUMBER 1111-32-041-009

Application is made on behalf of: 7

1 = An Individual  2 = Business Corporation  7 = Limited Liability Company
3 = A Partnership  4 = Unincorporated Club
5 = Incorporated Club  6 = Limited Partnership

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):
License may be held by Individual (Last Name, First Name, Middle Initial), Partnership or Corporation.

R & R PREMIUM LIQUORS, LLC
(Last Name, First Name, Middle Initial or Corporate Name)

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):
Street Address 105 E. HANOVER STREET
Number Street Name
Municipality TRENTON State: NJ Zip 08608

Telephone number of business

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

Street Address
Number Street Name
P.O. Box # Municipality State
Zip Telephone

2.4 New Jersey Sales Tax Certificate of Authority No. 88-1885751

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

R & R Premium Liquors, LLC

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

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?
   X Yes ____ No

B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING BUSINESS):

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?
   ____ Yes _____ No

2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE: N/A

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?
   __________ Yes _________ No

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:
   _____ / _____ / _____
STATE ASSIGNED LICENSE NUMBER 1111-32-041-009

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for "not applicable." [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 1

If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building. An up-to-date sketch of the entire licensed premises should be submitted for inclusion in the State ABC license file.

3.2 BUILDING NO. 1 OF 1 TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? Yes X No

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

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

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

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

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES?
Yes X No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?
Yes X No

If the answer is "Yes," attach a sketch of the licensed and unlicensed areas showing dimensions in feet.

3.7 DOES THE APPLICANT OWN THE BUILDING?
Yes X No

If "Yes," is there a mortgage on the building? Yes X No

Does the applicant lease the building? Yes No

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

_________________________
Street Address ____________________________
_________________________
Number ____________________________

_________________________
P.O. Box # ____________________________
Municipality ____________________________ State ______
_________________________
Zip __________

3.9 LANDLORD (HOLDER OF LEASE):

105 Ashley Holdings, LLC

_________________________
Street Address ____________________________
_________________________
Number ____________________________

_________________________
P.O. Box # ____________________________
Municipality ____________________________ State ______
_________________________
Zip 08608 - __________
STATE ASSIGNED LICENSE NUMBER 1111-32-041-009

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

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

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

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

___ Yes  ___ No  REPEALED

IF "YES," DATE FILED ___ / ___ / ___

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

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

___ Restaurant  ___ Applicant  ___ Other

___ Catering  ___ Applicant  ___ Other

___ Hotel/Motel  ___ Applicant  ___ Other

___ Amusements  ___ Applicant  ___ Other

___ N.J. Lottery  ___ Applicant  ___ Other

___ Grocery or Delicatessen  ___ Applicant  ___ Other

___ Other (specify)  ___ Applicant  ___ Other

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

Business to be operated ______________________________

Name of company/individual ______________________________

(Last Name, First Name or Corporate Name)

Street Address ____________ Number ____________ Street Name

Municipality ____________________________ State ____________

Zip ___  NJ Sales Tax Certificate of Authority No. _______
STATE ASSIGNED LICENSE NUMBER 1111-32-041-00

ALL APPLICANTS ANSWER THE FOLLOWING

5.1 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

_____ Yes  X  No

If the answer is "Yes," complete the following:

Name of individual ____________________________

Title of position held ____________________________

Last Name  First Name  Middle Initial

Name of Employing Agency ____________________________

5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? _____ Yes  X  No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING:

Name of Individual ____________________________

Title of Office ____________________________

Last Name  First Name  Middle Initial

Municipality ____________________________

5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLERY, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE OR OTHERWISE?

_____ Yes  X  No

IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING:

A. New Jersey license number, if applicable ________ - ________ - ________ N/A

B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS: N/A

Name of entity conducting business (Corporation, Partnership or Individual) ____________________________

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

Street Address ____________________________

Number  Street Name ____________________________

P.O. Box # ________

Municipality ____________________________  State ________

Zip ________ - ________

Type of Business ____________________________
PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1111-32-041-009

ALL APPLICANTS ANSWER THE FOLLOWING

6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY?  ____ Yes ____ No

IF THE ANSWER TO THIS QUESTION IS "YES," ANSWER THE FOLLOWING:

Type of License or Permit Denied:  ____ Retail  ____ Wholesale  ____ Transportation

Warehouse  ____ Manufacturer

Unit of Government which denied License or Permit:

Date of Denial (approximate if not known) ________/______/_____

Reason for Denial

6.2 HAS ANY CORPORATION, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT?  ____ Yes ____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Entity

Last Name  First Name  Middle Initial

Type of License or Permit Denied:  ____ Retail  ____ Wholesale  ____ Transportation

Warehouse  ____ Manufacturer

Unit of Government which denied License or Permit:

Date of Denial (approximate if not known) ________/______/_____

Reason for Denial

6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION?  ____ Yes ____ No

IF THE ANSWER IS "YES," PROVIDE DETAILS OF EACH BELOW (Complete a separate Page 6 for each action): Name of Individual

Last Name  First Name  Middle Initial

DATE OF ACTION ________/______/_____

DOCKET NO. ________________

PENALTY WAS IMPOSED BY: ________________

[Indicate whether by Division of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

______ FINED $______________  ____ NOT RENEWED

______ SUSPENDED _________/_____/_______ (number of days)

______ REVOKED  ____ CANCELLED

______ OTHER [explain]

6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?  ____ Yes ____ No

A. IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Individual

Last Name  First Name  Middle Initial

Date of Birth ________/______/_____

State  Court of Jurisdiction  Conviction Date ________/______/_____

Description of offense (specific charge)

Disposition (fine, penalty, etc.)

Nature of interest in entity to be licensed

B. If applicable, provide the date the Director of the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: ________/______/_______. (No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No. [NN]:
STATE ASSIGNED LICENSE NUMBER 1111-32-041-009

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS) OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

X Yes ____ No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S) AND THE NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License Number – 1111-33-236-009

Name ________________ QUISQUEYA EQUITIES, LLC (POCKET LICENSE) - 50% OWNER
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant _______ SELF

B. License Number –

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

Relationship to Applicant __________________

C. License Number –

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

Relationship to Applicant __________________

7.2 WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTERESTS IN OTHER LICENSES?

X Yes ____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION AND THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH, IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

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

Social Security Number ___________ - ___________ - ___________ OR

NJ Sales Tax Certificate of Authority No. __________________________

Date of Birth ___________ / ___________ / ___________
8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW OR ANY OTHER NEW JERSEY OR FEDERAL LAW?

_____ Yes  X  No

8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, FOR A HOTEL/MOTEL AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF R.S. 33:1-12:20?

_____ Yes  X  No

IF THE ANSWER IS "YES," IS IT FOR A HOTEL/MOTEL FACILITY OF 50 OR 100 ROOMS?

CHECK ONE:  50 ROOMS  100 ROOMS

8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (R.S. 33:1-12.32) FOR A HOTEL/MOTEL, RESTAURANT, BOWLING ALLEY OR INTERNATIONAL AIRPORT?

_____ Yes  X  No

IF THE ANSWER IS "YES," CHECK ONE OF THE FOLLOWING:  HOTEL/MOTEL  RESTAURANT  BOWLING ALLEY  INTERNATIONAL AIRPORT

8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED  1111-32-041-008

8.5 IF THIS IS A REQUEST FOR A PERSON-TO-PERSON TRANSFER, INSERT NAME(S) OF PERSON (Last Name First), PARTNERSHIP OR CORPORATION CURRENTLY HOLDING THE LICENSE.

CHIKARA TOMI, INC.

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

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

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

Street Address

Municipality

Jersey Zip

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

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

Date of first notice / / (AS DIRECTED BY CITY OF TRENTON)

Date of second notice / / 

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE Trenton Times

8.9 THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN 1 PERCENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED).  N/A

Date of notice / / 

Name of newspaper publishing notice

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:  N/A

8.10 HAS THE CLUB BEEN IN ACTIVE OPERATION IN THE STATE OF NEW JERSEY FOR AT LEAST THREE YEARS CONTINUOUSLY IMMEDIATELY PRIOR TO THE SUBMISSION OF ITS APPLICATION FOR A LICENSE?

_____ Yes  X  No

8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCHISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?

_____ Yes  X  No

8.12 HAS THE CLUB HAD EXCLUSIVE POSSESSION AND USE OF CLUB QUARTERS FOR THREE CONTINUOUS YEARS?

_____ Yes  X  No

8.13 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?

_____ Yes  X  No
ALL APPLICANTS ANSWER THE FOLLOWING

9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCRROW OR PLEDGED IN ANY WAY? ___ Yes ___ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

<table>
<thead>
<tr>
<th>Last Name, First Name, Middle Initial or Corporate</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Municipality</td>
<td>State</td>
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<td>Zip</td>
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</table>

Describe Nature of Interest

9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR? ___ Yes ___ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

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<td>Zip</td>
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</table>

Describe Nature of Interest

9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR? ___ Yes ___ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

<table>
<thead>
<tr>
<th>Last Name, First Name, Middle Initial Social Security Number</th>
<th>OR</th>
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<tbody>
<tr>
<td>NJ Sales Tax Certificate of Authority Number</td>
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<td>State</td>
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<td>Zip</td>
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</table>

Describe Nature of Interest

APPLICANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10A. CORPORATIONS AND LIMITED LIABILITY COMPANIES COMPLETE PAGE 10.
STATE ASSIGNED LICENSE NUMBER **1111-32-041-009**

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation: **R & R PREMIUM LIQUORS, LLC**

10.2 Street address of home office: **105 E. HANOVER STREET**
   - Number: ___________
   - Street Name: ___________
   - Municipality: **TRENTON**
   - State: **NJ**
   - Zip: __08608__

10.3 NJ Sales Tax Certificate of Authority Number: **88-1685751**

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.
   - Street Address: ___________
   - Number: ___________
   - Street Name: ___________
   - Municipality: ___________
   - State: ________
   - Zip: ___________

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? **X** Yes **No**

10.6 DATE CHARTERED OR INCORPORATED: **2/9/2022**
   - STATE: **NJ**
   - CERTIFICATE OF INCORPORATION NUMBER: **0450766220**

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? **X** Yes **No**

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? **X** Yes **No**
   - Date of revocation: ___________/___________/___________
   - Beginning date: ___________/___________/___________
   - Ending date: ___________/___________/___________

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.
   - Name: **IBANOVA REYES**
     - (Last Name, First Name, Middle Initial or Corporation)
   - Street Address: **105 E. HANOVER STREET**
     - Number: ___________
     - Street Name: ___________
     - Municipality: ___________
     - State: **NJ**
     - Zip: __08608__
   - Telephone Number: **(732) 803-9694**

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).
STATE ASSIGNED LICENSE NUMBER 1111-32-041-009

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

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

R & R PREMIUM LIQUORS, LLC

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

<table>
<thead>
<tr>
<th>REYES</th>
<th>RAMON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Home Street Address</td>
<td>16430 BRISTOL LAKE CIRCLE</td>
</tr>
<tr>
<td>P.O. Box #</td>
<td>Municipality ORLANDO</td>
</tr>
<tr>
<td>Zip 32828</td>
<td>State FL</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>152-68-5119</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>6/15/1957</td>
</tr>
</tbody>
</table>

Home telephone number (732) 803-8694

Office telephone number (908) 787-3198

% of business owned or controlled 100%

Check position that applies: ______ President ______ Vice-President ______ Secretary ______ Treasurer ______ Director ______ Trustee ______ Manager ______ Agent ______ Executor/Administrator ______ Receiver ______ Beneficiary ______ Other (specify) MANAGING MEMBER

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

<table>
<thead>
<tr>
<th>RODRIGUEZ</th>
<th>TERESA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Home Street Address</td>
<td>125 MAHAR AVE., APT. #1</td>
</tr>
<tr>
<td>P.O. Box #</td>
<td>Municipality CLifton</td>
</tr>
<tr>
<td>Zip 07011</td>
<td>State NJ</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>153-84-2175</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>10-10-1978</td>
</tr>
</tbody>
</table>

Home telephone number (973) 819-7896

Office telephone number (908) 787-3198

% of business owned or controlled N/A

Check position that applies: ______ President ______ Vice-President ______ Secretary ______ Treasurer ______ Director ______ Trustee ______ Manager ______ Agent ______ Executor/Administrator ______ Receiver ______ Beneficiary ______ Other (specify)
STATE ASSIGNED LICENSE NUMBER 1111-32-041-009

LICENSE PERIOD
APPLIED FOR FROM _____ TO _____ DATE:

State of _____ NEW JERSEY _____)
County of _____ MERCER _____)

SS:

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

1. The Individual Applicant

2. Members of the Partnership Applicant

3. RAMON REYES of R & R PREMIUM LIQUORS, LLC (President/Executive- President) (Corporation or Club Name)

consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Director of the Division of Alcoholic Beverage Control, his or her duly authorized deputies, inspectors or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), deprecate(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application, that in instance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of the fact, and that the contents of this application are true.

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)
Attestation by Corporate Secretary

Attest: R & R PREMIUM LIQUORS, LLC

Corporate Name

By (Signature of Corporate President or Vice President)

Secretary Signature

Affix Corporate Seal

Sworn to and subscribed before me this _____ day of July _____ 2022

(Signature of Officer Administering Oath)

AFFIDAVIT MUST BE SIGNED HERE

BY DULY AUTHORIZED NOTARY PUBLIC

(Title of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW OF NEW JERSEY

(Date of Expiration of Commission, if applicable)
R & R PREMIUM LIQUORS, LLC
JOSE RODRIGUEZ, ESQ.
206 W. STATE ST
TRENTON NJ 08608

ALCOHOLIC BEVERAGE RETAIL LICENSEE
CLEARANCE CERTIFICATE
(TRANSFER)

LIQUOR LICENSE NUMBER: 1111-32-041-008
SALES TAX REGISTRATION NUMBER: B 205-533-803/000

The Director of the Division of Taxation, in accordance with Chapter 161 Laws of N.J. 1995 and other laws regarding the transfer of liquor licenses as related to the tax statutes of the State of New Jersey, has reviewed the records of the above holder of a retail alcoholic beverage license. This review shows that the licensee is eligible to have the above listed license transferred, hence this certificate for the transfer of the liquor license from CHIKARA TOMI, INC. to R & R PREMIUM LIQUORS LLC is issued.

This certificate does not constitute a waiver of authority to demand resolution of any deficiencies and delinquencies and shall not prevent further audit or the assessment of additional taxes, penalties, interest or fees as may be provided by law.

NOT TO BE USED FOR RENEWAL

Municipal Clerk: R & R PREMIUM LIQUORS LLC must match line 2.1 of application.

John J Picara
Acting Director

2810001959205533803000043011 ABC-7

ABC-7 (7102) New Jersey is an Equal Opportunity Employer
TO: Director Steve Wilson

THRU: Captain James Slack

THRU: Acting Detective Captain Darren Zappley

THRU: Acting Detective Lieutenant Nathan Bolognini

FROM: Detective Cathiria Santiago

SUBJECT: ABC License Background Application

Sir:

Miguel Rodriguez of FRONTERA LIQUORS & BAR, LLC has filed a license application for a person-to-person transfer of Plenary Retail Consumption license # 1111-32-019-006. Background investigation of the applicant shows no disqualifiers as per ABC guidelines. Applicant has met all requirements as set forth, and it is recommended that the person-to-person transfer be cleared for license processing by the City Clerk’s Office.

Current Corporation: Ransome Group, LLC
T/A Championship Sports Bar & Grill
931 Chambers Street

Applicant: Miguel Rodriguez, Date of Birth 10/26/1964
30 Ridgewood Avenue
Bordentown, NJ 08505

New Corporation Name: FRONTERA LIQUORS & BAR LLC

Respectfully Submitted

Detective Cathiria Santiago
Detective Cathiria Santiago #294/6036

RECEIVING SUPERVISOR: 1/8/21

Date/Time Received/Reviewed: 12-3-2021 / 12:15 PM
PD#196
State of New Jersey, as
County of Middlesex)
Lisa Arrington being duly sworn, deposes that he/she is principal clerk of NJ Advances Media; that Times of Trenton is a public newspaper, with general circulation in Burlington, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, and Somerset Counties, and this notice is an accurate and true copy of this notice as printed in said newspaper, was printed and published in the regular edition and
issue of said newspaper on the following date(s):
Times of Trenton 08/05, 08/12/2022.

Principal Clerk of the Publisher

Sworn to and subscribed before me this 15th day of August 2022

Notary Public

NOTICE

PLEASE TAKE NOTICE that an application has
been made to the City of Trenton, New Jersey,
Mercer County, New Jersey, for the person-to-
person transfer of Plenary Retail Consumption
License No. 1111-32-019-006, from: Ransom
Group, LLC, trading as Championship Sports
Bar and Grill/Liquors, to Frontiers Liquors and
Bar, LLC, for premises located 931 Chambers
Street, Trenton, New Jersey 08611.
The person(s) who will hold an interest in this
license is/are:
Miguel Rodriguez
30 Ridgewood Drive
Bordentown, New Jersey 08505-4738
Objections, if any, should be made immediately
in writing to: Brandon Garcia, Trenton City
Clerk, 319 East State Street, Trenton, New Jer-
sey 08608-1766
8/5, 12/22
THE TIMES $22.68
STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER
1111-32-019-006

[For DIVISION use only ________]

CODE    TYPE OF LICENSE (CHECK ONE)

CLASS C LICENSES [R.S. 33:1-12]

31 ______ Club
32 ______ Plenary Retail Consumption
        with Retail Package Privilege
33 ______ X Plenary Retail Consumption
38 ______ Plenary Retail Consumption
        (Hotel/Motel Exception)
37 ______ Plenary Retail Consumption
        (Theatre Exception)
35 ______ Seasonal Retail Consumption
        (November 15 through April 30)
34 ______ Seasonal Retail Consumption
        (May 1 through November 14)
44 ______ Plenary Retail Distribution
43 ______ Limited Retail Distribution

OTHER
14 ______ Annual State Permit
        (R.S. 33:1-42, NJAC 13:2-52)
40 ______ Special Permit for a Golf Facility
        (NJAC 13:2-5:3)

THIS APPLICATION IS FOR:

X ______ A New License

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

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

______ Change of Corporate Structure

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

______ Renewal of License

______ Amendment of Application on File

______ Other ______________________

FRONTERA LIQUORS & BAR,
LLC
t/a FRONTERA LIQUORS & BAR
931 Chambers Street
Trenton, NJ 08611

This Area is Reserved for Municipal Use

Municipal Fee $ __________________

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

State Fee $ __________________

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

Refund Amount $ __________________

Special Conditions Attached: ________ Yes ________ No

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

Signature of Municipal Clerk or ABC Secretary
STATE ASSIGNED LICENSE NUMBER 1111-32-019-006

Application is made on behalf of: 7

1 = An Individual  2 = Business Corporation  7 = Limited Liability Company
3 = A Partnership  4 = Unincorporated Club
5 = Incorporated Club  6 = Limited Partnership

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT “TRADE” NAME):
License may be held by Individual (Last Name, First Name, Middle Initial), Partnership or Corporation.
FRONTERA LIQUORS & BAR, LLC
(Last Name, First Name, Middle Initial or Corporate Name)

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):
Street Address 629 Whittaker Avenue
Number Street Name
Municipality Trenton, New Jersey
Zip 08611

2.3 Telephone number of business (609) 498-8738
Area Exchange Number
If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing address (insert N/A if not applicable):
Street Address N/A
Number Street Name
P.O. Box # Municipality State
Zip Telephone (____) _____ - ___

2.4 New Jersey Sales Tax Certificate of Authority No. 863914987

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

2.6 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS OTHER THAN APPLICANTS FOR A NEW LICENSE:
A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?
   X Yes No
B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING BUSINESS):
   /__/__/____
C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?
   Yes No N/A

2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE:
A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?
   Yes No
B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:
   /__/__/____ /  ____
STATE ASSIGNED LICENSE NUMBER 1111-32-019-006

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for "not applicable." [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? __1__

If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building. An up-to-date sketch of the entire licensed premises should be submitted for inclusion in the State ABC license file.

3.2 BUILDING NO. __1__ OF __1__ TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? __X__ Yes __N/A__ No __R__ M

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

3.4 Basement __X__ Yes __No__  All of it __X__ Yes __No__

1st floor __X__ Yes __No__  All of it __X__ Yes __No__

2nd floor __Yes__ X __No__  All of it ______ Yes ______ No

3rd floor ______ Yes ______ X ______ No

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

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

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? ______ Yes ______ X No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? ______ Yes ______ X No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? ______ X Yes ______ No

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

DOES THE APPLICANT LEASE THE BUILDING? ______ Yes ______ X No

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

________________________
__________________________________________________________
________________________
__________________________________________________________

EASTERN FUNDING, LLC

________________________
__________________________________________________________

Street Address 213 WEST 35TH STREET, 10TH FLOOR

________________________
__________________________________________________________

P.O. Box # 10001

________________________
__________________________________________________________

Municipality NEW YORK

________________________
__________________________________________________________

State NY

3.9 LANDLORD (HOLDER OF LEASE):

________________________
__________________________________________________________

Street Address ____________________________________________

________________________
__________________________________________________________

P.O. Box # ____________

________________________
__________________________________________________________

Municipality ___________________________ State ________

________________________
__________________________________________________________

Zip ____________ - ____________
STATE ASSIGNED LICENSE NUMBER  1111-32-019-006

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

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

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

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

_____ Yes  _____ No  REPEALED

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

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

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

_____ Restaurant  _____ Catering  _____ Hotel/Motel  _____ Amusements

_____ Applicant  _____ Applicant  _____ Applicant  _____ Applicant

_____ Other  _____ Other  _____ Other  _____ Other

_____ N.J. Lottery  _____ Grocery or Delicatessen

_____ Applicant  _____ Applicant

_____ Other  _____ Other

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

Business to be operated  ATM AND LOTTERY MACHINE

Name of company/individual  CAPITOL VENDING CO.  

(Last Name, First Name or Corporate Name)

Street Address  23 S. CLINTON AVE.

Number  Street Name

Municipality  TRENTON  State  NJ

Zip:  08610  NJ Sales Tax Certificate of Authority No.  222374778
ALL APPLICANTS ANSWER THE FOLLOWING

5.1 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

_____ Yes  __X__ No

If the answer is "Yes," complete the following:

Name of individual ____________________________

Title of position held ____________________________

Name of Employing Agency ____________________________

5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? _____ Yes  __X__ No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING:

Name of Individual ____________________________

Title of Office ____________________________

Municipality ____________________________

5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLERY, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE OR OTHERWISE?

_____ Yes  __X__ No

IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING:

A. New Jersey license number, if applicable ___________________

B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

Name of entity conducting business (Corporation, Partnership or Individual)

_____ N/A ________________________________________

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

Street Address ____________________________

Number __________________________________

Street Name ____________________________

P.O. Box # __________ Municipality ____________________________ State _________

Zip __________ Type of Business ____________________________
ALL APPLICANTS ANSWER THE FOLLOWING

6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY? _____ Yes _____ No

IF THE ANSWER TO THIS QUESTION IS "YES," ANSWER THE FOLLOWING:

Type of License or Permit Denied: _____ Retail _____ Wholesale _____ Transportation

_____ Warehouse _____ Manufacturer

Unit of Government which denied License or Permit:

Date of Denial (approximate if not known) ________ / ________ / ________

Reason for Denial

6.2 HAS ANY CORPORATION, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT? _____ Yes _____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Entity

Last Name First Name Middle Initial

Type of License or Permit Denied: _____ Retail _____ Wholesale _____ Transportation

_____ Warehouse _____ Manufacturer

Unit of Government which denied License or Permit:

Date of Denial (approximate if not known) ________ / ________ / ________

Reason for Denial

6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION? _____ Yes _____ No

IF THE ANSWER IS "YES," PROVIDE DETAILS OF EACH BELOW [Complete a separate Page 6 for each action]:

Name of Individual

Last Name First Name Middle Initial

DATE OF ACTION ________ DOCKET NO. ________

PENALTY WAS IMPOSED BY: [Indicate whether by Division of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

_____ FINED ________ [amount] ________ NOT RENEWED

_____ SUSPENDED ________ (number of days) ________ REVOKED ________ CANCELLED

_____ OTHER [explain]

6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? _____ Yes _____ No

A. IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Individual

Last Name First Name Middle Initial

Date of Birth ________ / ________ / ________ Conviction Date ________ / ________ / ________

State ________ Court of Jurisdiction ________

Description of offense (specific charge) ________

Disposition (fine, penalty, etc.) ________

Nature of interest in entity to be licensed ________

B. If applicable, provide the date the Director of the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: ________ / ________ / ________ (No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No. [NN]- ________
STATE ASSIGNED LICENSE NUMBER 1111-32-019-006

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS) OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

___ Yes ___ No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S) AND THE NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License Number 1111-33-068-009 MEM LIQUORS

Name ARELIS RODRIGUEZ

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

Relationship to Applicant WIFE

B. License Number

Name

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

Relationship to Applicant

C. License Number

Name

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

Relationship to Applicant

7.2 WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTERESTS IN OTHER LICENSES?

___ Yes ___ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION AND THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH, IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

Name

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

Name) Social Security Number ______ - _______ - ______ OR

NJ Sales Tax Certificate of Authority No.

Date of Birth _______ / _______ / _______
ALL APPLICANTS ANSWER THE FOLLOWING

8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWNE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW OR ANY OTHER NEW JERSEY OR FEDERAL LAW?
   Yes  X No

8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, FOR A HOTEL/MOTEL AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF R.S. 33:1-12.20?
   Yes  X No

   IF THE ANSWER IS "YES," IS IT FOR A HOTEL/MOTEL FACILITY OF 50 OR 100 ROOMS? CHECK ONE:  50 ROOMS  100 ROOMS

8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (R.S. 33:1-12.32) FOR A HOTEL/MOTEL, RESTAURANT, BOWLING ALLEY OR INTERNATIONAL AIRPORT?
   Yes  X No

   IF THE ANSWER IS "YES," CHECK ONE OF THE FOLLOWING:  HOTEL/MOTEL  RESTAURANT  BOWLING ALLEY  INTERNATIONAL AIRPORT  THE FOLLOWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER.

8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED  1111 - 32 - 019 - 005

8.5 IF THIS IS A REQUEST FOR A PERSON-TO-PERSON TRANSFER, INSERT NAME(S) OF PERSON (Last Name First), PARTNERSHIP OR CORPORATION CURRENTLY HOLDING THE LICENSE:

   RANSOME GROUP, LLC.

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

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

   blank

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

   Street Address

   Municipality  Number  Street Name  New Jersey Zip

   blank

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

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

   Date of first notice  /  /   (As instructed by the City of Trenton)

   Date of second notice  /  /   

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE  The Trenton Times

8.9 THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN 1 PERCENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED).

   Date of notice  /  /   

   Name of newspaper publishing notice

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

8.10 HAS THE CLUB BEEN IN ACTIVE OPERATION IN THE STATE OF NEW JERSEY FOR AT LEAST THREE YEARS CONTINUOUSLY IMMEDIATELY PRIOR TO THE SUBMISSION OF ITS APPLICATION FOR A LICENSE?
   Yes  No

8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULLY ENFRANCISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?
   Yes  No

8.12 HAS THE CLUB HAD EXCLUSIVE POSSESSION AND USE OF CLUB QUARTERS FOR THREE CONTINUOUS YEARS?
   Yes  No

8.13 DOES THE CLUB HAVE AT LEAST 50 VOTING MEMBERS?
   Yes  No
PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1111-32-019-006

ALL APPLICANTS ANSWER THE FOLLOWING

9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY? ______ Yes _____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

__________________________
(Last Name, First Name, Middle Initial or Corporate Name) Social Security Number ___________ - _________ - _____ OR
NJ Sales Tax Certificate of Authority Number ______________________________________

__________________________
Street Address ____________________________ Number ____________________________ Street Name
P.O. Box # __________ Municipality ____________________________ State ____________
Zip __________ - __________

Describe Nature of Interest __________________________

9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR? ______ Yes _____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

__________________________
(Last Name, First Name, Middle Initial or Corporate Name) Social Security Number ___________ - _________ - _____ OR
NJ Sales Tax Certificate of Authority Number ______________________________________

__________________________
Street Address ____________________________ Number ____________________________ Street Name
P.O. Box # __________ Municipality ____________________________ State ____________
Zip __________ - __________

Describe Nature of Interest __________________________

9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR? ______ Yes _____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

__________________________
Last Name First Name Middle Initial Social Security Number ___________ - _________ - _____ OR

NJ Sales Tax Certificate of Authority Number ______________________________________

__________________________
Street Address ____________________________ Number ____________________________ Street Name
P.O. Box # __________ Municipality ____________________________ State ____________
Zip __________ - __________

Describe Nature of Interest __________________________

APPLICANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10A. CORPORATIONS AND LIMITED LIABILITY COMPANIES COMPLETE PAGE 10.
STATE ASSIGNED LICENSE NUMBER 1111-32-019-006

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation FRONTERA LIQUORS & BAR, LLC.

10.2 Street address of home office 30 RIDGEWOOD AVE.

Municipality BORDENTOWN

State NEW JERSEY

10.3 NJ Sales Tax Certificate of Authority Number 863914987

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address

Municipality Number Street Name

New Jersey

Zip ________ - ________

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? X Yes ___ No

10.6 DATE CHARTERED OR INCORPORATED May 5, 2021 STATE New Jersey

10.7 CERTIFICATE OF INCORPORATION NUMBER 0450646911

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

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? Yes ___ No

IF THE ANSWER IS “YES,” INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ________ / ________ / ________

Beginning date ________ / ________ / ________

Ending date ________ / ________ / ________

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name MIGUEL RODRIGUEZ

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

Street Address 30 RIDGEWOOD DRIVE

Municipality BORDENTOWN

Zip 08505

Telephone Number (609) 498-8738

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).
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):

**FRONTERA LIQUORS & BAR, LLC.**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<tbody>
<tr>
<td>RODRIGUEZ</td>
<td>MIGUEL</td>
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<tr>
<th>Home Street Address</th>
<th>Number</th>
<th>Municipality</th>
<th>Street Name</th>
<th>State</th>
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<td>30 RIDGEWOOD DRIVE</td>
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<td>BORDENTOWN</td>
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<td>New Jersey</td>
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<tr>
<th>Zip</th>
<th>Social Security Number</th>
<th>Home telephone number</th>
<th>Office telephone number</th>
<th>Percentage of business owned or controlled</th>
<th>Number of shares</th>
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<tr>
<td>08505-0000</td>
<td>995-80-7977</td>
<td>(509) 498-6738</td>
<td>(<strong><strong><strong><strong>)</strong></strong></strong></strong>___</td>
<td>100%</td>
<td>n/a</td>
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</tbody>
</table>

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

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

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<th>Last Name</th>
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<th>Home Street Address</th>
<th>Number</th>
<th>Municipality</th>
<th>Street Name</th>
<th>State</th>
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<td>New Jersey</td>
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<tr>
<th>P.O. Box #</th>
<th>Municipality</th>
<th>State</th>
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<tr>
<th>Zip</th>
<th>Social Security Number</th>
<th>Home telephone number</th>
<th>Office telephone number</th>
<th>Percentage of business owned or controlled</th>
<th>Number of shares</th>
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<td>(<strong><strong><strong><strong>)</strong></strong></strong></strong>___</td>
<td>(<strong><strong><strong><strong>)</strong></strong></strong></strong>___</td>
<td>100%</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Check position that applies:
- [X] Sole owner
- [ ] Partner
- [ ] Stockholder
- [ ] President
- [ ] Vice-President
- [ ] Secretary
- [ ] Treasurer
- [ ] Trustee
- [ ] Manager
- [ ] Agent
- [ ] Executor/Administrator
- [ ] Director
- [ ] Receiver
- [ ] Beneficiary  
- [ ] Other (specify)
STATE ASSIGNED LICENSE NUMBER 1111-32-019-006

LICENSE PERIOD APPLIED FOR FROM _________ TO _________

State of New Jersey
County of Mercer

As provided by law (R.S. 33:1-36), (Check One)
1. The Individual Applicant
2. Members of the Partnership Applicant

3. MIQUEL RODRIGUEZ
(President/Vice-President)
of FRONTERA LIQUORS & BAR, LLC
(Corporation or Club Name)

Consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Director of the Division of Alcoholic Beverage Control, his or her duty authorized deputies, inspectors or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application, that in instance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of the fact, and that the contents of this application are true.

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)
Attestation by Corporate Secretary

Attest: 
FRONTERA LIQUORS & BAR, LLC
Corporate Name

By MIQUEL RODRIGUEZ
(Signature of Corporate President or Vice President)

Secretary
Signature
Affix Corporate Seal

Sworn to and subscribed before me this 17th day of February 2021

(Signature of Officer Administering Oath)

BY DULY AUTHORIZED NOTARY PUBLIC

(Title of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW OF NEW JERSEY

(Date of Expiration of Commission, if applicable)
Dear Taxpayer:

Please be advised that, with respect to the bulk transfer of the business assets of CARIDAD'S LLC, the Division will not assert liability against the transferee, nor require an escrow pursuant to the bulk transfer provisions of the New Jersey tax statutes.

Very truly yours,

Marie-Alana J. Murdza
Division of Taxation

IN REPLY REFER TO:
KAYODE OLUWAGBEMI
NJ DIVISION OF TAXATION
ABC LICENSING
P O BOX 245
TRENTON NJ 08695-0245
609-922-6585
TO: Police Director Steve Wilson
THRU: Detective Captain James Slack, Chief of Staff
THRU: Detective Captain Peter Szpakowski
THRU: Detective Lieutenant Bethesda Stokes
THRU: Detective Sergeant Rosemarie Addar
FROM: Detective Cathiria Santiago

SUBJECT: License Number: 1111-33-092-011
SBM Enterprises, LLC
725-729 South Broad Street
Trenton, New Jersey

Sir:

Javier Moreno of SBM Enterprises, LLC has filed a license application for a person to person Plenary Retail Consumption with Broad Package Privilege. Background investigation of the applicant shows no disqualifiers as per ABC guidelines. Applicant has met all requirements as set forth, and has satisfied tax clearance with the New Jersey Division of Taxation. It is recommended that he be cleared for license processing by the City Clerk’s Office.

Current Corporation: Caridad’s LLC
New Corporation: SBM Enterprises, LLC
Applicant: Javier Moreno, Date of Birth: 10/30/1975
435 Ward Avenue
Hamilton, NJ 08619

Respectfully Submitted,

Detective Cathiria Santiago #294/6036
Print Name & Badge #

Detective Cathiria Santiago
Signature

RECEIVING SUPERVISOR: Rosemarie Addar
SIGNATURE: [signature]
RANK/TITLE: Detective Sergeant
Badge #: 84/10155

TIME/DATE/RECEIVED/REVIEWED: 8/22/22, 07:55
State of New Jersey, ss
County of Middlesex

Lisa Arrington being duly sworn, deposes that he/she is principal clerk of NJ Advance Media; that Times of Trenton is a public newspaper, with general circulation in Burlington, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, and Somerset Counties, and this notice is an accurate and true copy of this notice as printed in said newspaper, was printed and published in the regular edition and issue of said newspaper on the following date(s):

Times of Trenton 08/05, 08/12/2022

__________________________
Principal Clerk of the Publisher

Sworn to and subscribed before me this 15th day of August 2022

__________________________
Notary Public

NOTICE

PLEASE TAKE NOTICE that an application has been made to the City of Trenton, New Jersey, Mercer County, New Jersey for the person-to-person transfer of Plenary Retail Consumption License No. 1111-33-092-010, from: CARIDADS, LLC to SMB ENTERPRISES, LLC, for premises located at 725-729 South Broad Street, Trenton, New Jersey 08611.

The person(s) who will hold an interest in this license is/are:

Javier Moreno
435 Ward Avenue
Hamilton, New Jersey 08619

Objections, if any, should be made immediately in writing to: Brandon Garcia, Trenton City Clerk, 319 East State Street, Trenton, New Jersey 08618-1766

8/5/22 THE TIMES $21.60

Dariah N. Alexander
Notary Public
New Jersey
My Commission Expires November 13, 2022
No. 50071877
STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

1111-33-092-011

[For DIVISION use only _______]

CODE  TYPE OF LICENSE (CHECK ONE)

CLASS C LICENSES [R.S. 33:1-12]

31      _____ Club
32      _____ Plenary Retail Consumption
        with/without Package Privilege
33      _____ Plenary Retail Consumption
36      _____ Plenary Retail Consumption
        (Hotel/Motel Exception)
37      _____ Plenary Retail Consumption
        (Theater Exception)
35      _____ Seasonal Retail Consumption
        (November 15 through April 30)
34      _____ Seasonal Retail Consumption
        (May 1 through November 14)
44      _____ Plenary Retail Distribution
43      _____ Limited Retail Distribution

OTHER

14      _____ Annual State Permit
        (R.S. 33:1-42, NJAC 13:2-52)
40      _____ Special Permit for a Golf Facility
        (NJAC 13:2-5.3)

THIS APPLICATION IS FOR:

___ A New License
X  Person-to-Person Transfer
    (Including Partnership change,
    except Limited Partnership)
    ___ Place-to-Place Transfer
    (Including expansion of premises)
    ___ Change of Corporate Structure
    ___ Extension of License to Executor,
        Receiver, Administrator, etc.
    ___ Renewal of License
    ___ Amendment of Application on File
    ___ Other _______________________

SBM ENTERPRISES, LLC
T/A TBD
725-729 South Broad St.
Trenton, NJ 08611

Municipal Fee $ 24 11.80

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

State Fee $ 200.00

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

Refund Amount $ _____________________

Special Conditions Attached: _____ Yes _____ No

HARRIS, Dewayne M.

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

Signature of Municipal Clerk or ABC Secretary
STATE ASSIGNED LICENSE NUMBER 1111-33-092-011

Application is made on behalf of: 

1 = An Individual  2 = Business Corporation  7 = Limited Liability Company
3 = A Partnership  4 = Unincorporated Club
5 = Incorporated Club  6 = Limited Partnership

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):
License may be held by Individual (Last Name, First Name, Middle Initial), Partnership or Corporation.

SBM ENTERPRISES, LLC

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

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):
Street Address 725, 727-729 SOUTH BROAD STREET

Number  
Street Name  
Municipality TRENTON  
State: NJ  
Zip 08611

Telephone number of business (609) 977-1486
Area  
Exchange  
Number

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

Number  
Street Name  
P.O. Box #  
Municipality  
State  
Zip  
Telephone

2.4 New Jersey Sales Tax Certificate of Authority No. 61-1950793

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

TBD

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

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?

   Yes  X  No

B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING BUSINESS):

   9 / 5 / 1994  N/A

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?

   X  Yes  No  N/A

2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE: N/A

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?

   X  Yes  No

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:

   /    /    /  
STATE ASSIGNED LICENSE NUMBER 1111-33-092-011

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for “not applicable.” [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 3

If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building. An up-to-date sketch of the entire licensed premises should be submitted for inclusion in the State ABC license file.

3.2 BUILDING NO. 1 OF 3 TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? Yes X No

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

3.4 Basement   Yes X No
1st floor       X Yes No
2nd floor       Yes X No
3rd floor       Yes X No

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

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

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

Yes X No

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

Yes X No

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

3.7 DOES THE APPLICANT OWN THE BUILDING?

Yes X No

IF “YES,” IS THERE A MORTGAGE ON THE BUILDING?

Yes X No

DOES THE APPLICANT LEASE THE BUILDING?

Yes X No

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

N/A

Street Address ____________________________

Name ____________________________

Number ____________________________

Municipality ____________________________

State ____________________________

Zip ____________________________

3.9 LANDLORD (HOLDER OF LEASE):

N/A

Street Address ____________________________

Name ____________________________

Number ____________________________

Municipality ____________________________

State ____________________________

Zip ____________________________
STATE ASSIGNED LICENSE NUMBER 1111-33-092-011

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for “not applicable.” [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.3 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 3

If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building. An up-to-date sketch of the entire licensed premises should be submitted for inclusion in the State ABC license file.

3.4 BUILDING NO. 2 OF 3 TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? Yes X No

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

3.4 Basement Yes X No

1st floor X Yes No

2nd floor Yes X No

3rd floor Yes X No

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

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

3.7 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? Yes X No

3.8 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? Yes X No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? X Yes No

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

DOES THE APPLICANT LEASE THE BUILDING? Yes X No

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

N/A

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

Street Address ____________________________

Number Street Name ________________________

P.O. Box # __________ Municipality State Zip: __________

3.9 LANDLORD (HOLDER OF LEASE):

N/A

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

Street Address ____________________________

Number Street Name ________________________

P.O. Box # __________ Municipality State Zip: __________
STATE ASSIGNED LICENSE NUMBER **1111-33-092-011**

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for "not applicable." [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.5 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? ____

If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building. An up-to-date sketch of the entire licensed premises should be submitted for inclusion in the State ABC license file.

3.6 BUILDING NO. ____ OF ____ TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ________ Yes __X__ No

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

3.4 Basement ____ Yes __X__ No

1st floor ____ X ___ Yes ___ No

2nd floor ____ Yes ___ X ___ No

3rd floor ____ Yes ___ X ___ No

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

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

3.9 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? ________ Yes __X__ No

3.10 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? ________ Yes __X__ No

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

3.7 DOES THE APPLICANT OWN THE BUILDING? ____ X ___ Yes ___ No

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

DOES THE APPLICANT LEASE THE BUILDING? ____ Yes __X__ No

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

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

 N/A

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

Street Address ____________________________________________

Number __________________________ Street Name __________________________

P.O. Box # ________ Municipality __________________________ State ________

Zip ___________ - ___________

3.9 LANDLORD (HOLDER OF LEASE):

 N/A

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

Street Address ____________________________________________

Number __________________________ Street Name __________________________

P.O. Box # ________ Municipality __________________________ State ________

Zip ___________ - ___________
STATE ASSIGNED LICENSE NUMBER 1111-33-092-011

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

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

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

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB F 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU? _____ Yes X No REPEALED

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

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

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

_____ Restaurant _____ Applicant _____ Other

_____ Catering _____ Applicant _____ Other

_____ Hotel/Motel _____ Applicant _____ Other

_____ Amusements _____ Applicant _____ Other

_____ N.J. Lottery _____ Applicant _____ Other

_____ Grocery or Delicatessen _____ Applicant _____ Other

_____ Other (specify) ATM _____ Applicant _____ Other

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

Business to be operated ____________________________

Name of company/individual ____________________________

(Last Name, First Name or Corporate Name)

Street Address ____________________________ Number Street Name ____________________________

Municipality ____________________________ State ____________________________

Zip _________ - _________ NJ Sales Tax Certificate of Authority No. ____________________________
STATE ASSIGNED LICENSE NUMBER 1111-33-092-011

ALL APPLICANTS ANSWER THE FOLLOWING

5.1 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

Yes  ☒ No

If the answer is "Yes," complete the following:

Name of individual

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

Title of position held

Name of Employing Agency

5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE?

Yes ☒ No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING:

Name of Individual

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

Title of Office

Municipality

5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLERY, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE OR OTHERWISE?

Yes ☒ No

IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING:

A. New Jersey license number, if applicable __________ - __________ - __________

B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

Name of entity conducting business (Corporation, Partnership or Individual)

<table>
<thead>
<tr>
<th>Last Name, First Name, Middle Initial or Corporate Name</th>
</tr>
</thead>
</table>

Street Address _____________________________________________

Number Street Name _________________________________________

P.O. Box # __________ Municipality __________________________ State __________

Zip __________ - __________

Type of Business _________________________________________
6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY?  
_____ Yes  __X____ No

IF THE ANSWER TO THIS QUESTION IS "YES," ANSWER THE FOLLOWING:

Type of License or Permit Denied:  
_____ Retail  
_____ Wholesale  
_____ Transportation
_____ Warehouse  
_____ Manufacturer

Unit of Government which denied License or Permit:  

Date of Denial (approximate if not known)  

Reason for Denial:

6.2 HAS ANY CORPORATION, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT?  
_____ Yes  __X____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Entity:

Last Name  First Name  Middle Initial

Type of License or Permit Denied:  
_____ Retail  
_____ Wholesale  
_____ Transportation
_____ Warehouse  
_____ Manufacturer

Unit of Government which denied License or Permit:

Date of Denial (approximate if not known)  

Reason for Denial:

6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION?  
_____ Yes  __X____ No

IF THE ANSWER IS "YES," PROVIDE DETAILS OF EACH BELOW: Complete a separate Page 5 for each action:

Name of Individual:

Last Name  First Name  Middle Initial

DATE OF ACTION  /  /  
DOCKET NO.  

PENALTY WAS IMPOSED BY:  

[Indicate whether by Division of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

_____ FINED $  

_____ NOT RENEWED  

_____ SUSPENDED [amount]  

_____ REVOKED  

_____ CANCELED [number of days]  

_____ OTHER [explain]

6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?  
_____ Yes  __X____ No

A. IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Individual:

Last Name  First Name  Middle Initial

Date of Birth  /  /  

State  Court of Jurisdiction  

Conviction Date  /  /  

Description of offense (specific charge)

Disposition (fine, penalty, etc.)

Nature of interest in entity to be licensed

B. If applicable, provide the date the Director of the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal:

/  /  . (No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No.:  [NN]-
STATE ASSIGNED LICENSE NUMBER 1111-33-092-011

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS) OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

   Yes   X   No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S) AND THE NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License Number _______ - _______ - _______ - _______

   Name ____________________________

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

   Relationship to Applicant ____________________________

B. License Number _______ - _______ - _______ - _______

   Name ____________________________

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

   Relationship to Applicant ____________________________

C. License Number _______ - _______ - _______ - _______

   Name ____________________________

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

   Relationship to Applicant ____________________________

7.2 WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTERESTS IN OTHER LICENSES?

   Yes   X   No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION AND THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH, IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

   Name ____________________________

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

   Social Security Number _______ - _______ - _______ OR

   NJ Sales Tax Certificate of Authority No. ____________________________

   Date of Birth _______ / _______ / _______
STATE ASSIGNED LICENSE NUMBER 1111-33-092-011

ALL APPLICANTS ANSWER THE FOLLOWING

8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW OR ANY OTHER NEW JERSEY OR FEDERAL LAW?

_____ Yes  X  No

8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, FOR A HOTEL/MOTEL AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF R.S. 3:31-12.20?

_____ Yes  X  No

IF THE ANSWER IS "YES," IS IT FOR A HOTEL/MOTEL FACILITY OF 50 OR 100 ROOMS?
CHECK ONE: 50 ROOMS  100 ROOMS

8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (R.S. 3:31-12.32) FOR A HOTEL/MOTEL, RESTAURANT, BOWLING ALLEY OR INTERNATIONAL AIRPORT?

_____ Yes  X  No

IF THE ANSWER IS "YES," CHECK ONE OF THE FOLLOWING: HOTEL/MOTEL  RESTAURANT  BOWLING ALLEY  INTERNATIONAL AIRPORT

THE FOLLOWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER.

8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED  1111-33-092-010

8.5 IF THIS IS A REQUEST FOR A PERSON-TO-PERSON TRANSFER, INSERT NAME(S) OF PERSON (Last Name First), PARTNERSHIP OR CORPORATION CURRENTLY HOLDING THE LICENSE:

CARIDADS, LLC

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

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

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

Street Address

Municipality  Street Name  New Jersey Zip  __________ - __________

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

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

Date of first notice  /  /  (AS DIRECTED BY THE CITY OF TRENTON)

Date of second notice  /  /  

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE  __________  Trenton Times

8.9 THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN 1 PERCENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED). N/A

Date of notice  /  /  

Name of newspaper publishing notice

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY: N/A

8.10 HAS THE CLUB BEEN IN ACTIVE OPERATION IN THE STATE OF NEW JERSEY FOR AT LEAST THREE YEARS CONTINUOUSLY IMMEDIATELY PRIOR TO THE SUBMISSION OF ITS APPLICATION FOR A LICENSE?

_____ Yes  _____ No

8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?

_____ Yes  _____ No

8.12 HAS THE CLUB HAD EXCLUSIVE POSSESSION AND USE OF CLUB QUARTERS FOR THREE CONTINUOUS YEARS?

_____ Yes  _____ No

8.13 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?

_____ Yes  _____ No
ALL APPLICANTS ANSWER THE FOLLOWING

9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY? Yes X No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First Name Middle Initial or Corporate)

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

Name) Social Security Number - - - - - - - - OR

NJ Sales Tax Certificate of Authority Number

Street Address

Number Street Name

P.O. Box # Municipality State

Zip - - - - - - - -

Describe Nature of Interest

9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR? Yes X No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First Name Middle Initial or Corporate)

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

Name) Social Security Number - - - - - - - - OR

NJ Sales Tax Certificate of Authority Number

Street Address

Number Street Name

P.O. Box # Municipality State

Zip - - - - - - - -

Describe Nature of Interest

9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREE TO PAY ANYONE (BY WAY OF RENT, SALARY OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR? Yes X No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First Name Middle Initial or Corporate)

Last Name First Name Middle Initial Social Security Number - - - - - - - - OR

NJ Sales Tax Certificate of Authority Number

Street Address

Number Street Name

P.O. Box # Municipality State

Zip - - - - - - - -

Describe Nature of Interest

APPLICANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10A. CORPORATIONS AND LIMITED LIABILITY COMPANIES COMPLETE PAGE 10.
STATE ASSIGNED LICENSE NUMBER 1111-33-092-011

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation ____________________ SBM ENTERPRISES, LLC

10.2 Street address of home office ___435 WARD AVE__

Number ____________________ Street Name ____________________

Municipality ____________ HAMILTON __________________________________________

State ____________ NJ ____________ Zip __08619__ - ____________

10.3 NJ Sales Tax Certificate of Authority Number __61-1950793__

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address ______________________________________________________________________

Number ____________________ Street Name ____________________

Municipality ____________________ Number ____________________ State ____________________

Zip ____________ - ____________

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? ___X___ Yes ___ No

10.6 DATE CHARTERED OR INCORPORATED ___10/28/19__ STATE: ___NJ___

10.7 CERTIFICATE OF INCORPORATION NUMBER ____________ 0600464061 ____________

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ___Yes ___ No ___N/A___

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? ___Yes ___ X___ No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____________ / ____________ / ____________

Beginning date ____________ / ____________ / ____________

Ending date ____________ / ____________ / ____________

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name ____________________ MORENO, JAVIER ____________________

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

Street Address __435 WARD AVE__

Number ____________________ Street Name ____________________

Municipality ____________ HAMILTON __________________________________________

State ____________ NJ ____________ Zip __08619__ - ____________

Telephone Number ( ___609___ ) 977 - 1436 ______

Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).
STATE ASSIGNED LICENSE NUMBER 1111-33-092-011

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

*******************************************************************************

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

SBM ENTERPRISES, LLC

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

MORENO, JAVIER

Last Name

First Name

Middle Initial

Home Street Address 435 WARD AVE.

Number

Street Name

P.O. Box #

Municipality HAMILTON

State NJ

Zip 08619

Social Security Number 137-17-2116

Date of Birth 10/30/1975

Home telephone number (609 ) 588-0861

Area

Exchange

Number

Office telephone number (609) 588-0861

Area

Exchange

Number

% of business owned or controlled 100%

Number of shares N/A

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

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

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

___ Beneficiary ___ Other (specify) MANAGING MEMBER

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

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 1111-33-092-011

LICENSE PERIOD
APPLIED FOR FROM TO DATE:

State of NEW JERSEY
County of MERCER

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

(Check One)

1. The Individual Applicant
2. Members of the Partnership Applicant
3. JAVIER MORENO of SBM ENTERPRISES, LLC

(President/Vice-President) (Corporation or Club Name)

consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Director of the Division of Alcoholic Beverage Control, his or her duly authorized deputies, inspectors or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), deposes(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application, that in instance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of the fact, and that the contents of this application are true.

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)

Attestation by Corporate Secretary

Attest: SBM ENTERPRISES, LLC

Corporate Name (Signature of Corporate President or Vice President)

By (Signature of Partner)

Secretary Signature (Signature of Partner)

Affix Corporate Seal

Sworn to and subscribed before me this day of , 20

(Signature of Officer Administering Oath)

BY DULY AUTHORIZED NOTARY PUBLIC

(Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW OF NEW JERSEY

(Title of Officer Administering Oath)

(Date of Expiration of Commission, if applicable)
ALCOHOLIC BEVERAGE RETAIL LICENSEE
CLEARANCE CERTIFICATE
(TRANSFER)

LIQUOR LICENSE NUMBER: 1111-33-092-010
SALES TAX REGISTRATION NUMBER: B 020-626-259/000

The Director of the Division of Taxation, in accordance with Chapter 161 Laws of N.J. 1995 and other laws regarding the transfer of liquor licenses as related to the tax statutes of the State of New Jersey, has reviewed the records of the above holder of a retail alcoholic beverage license. This review shows that the licensee is eligible to have the above listed license transferred, hence this certificate for the transfer of the liquor license from CARIDAD'S LLC to SBM ENTERPRISES LLC is issued.

This certificate does not constitute a waiver of authority to demand resolution of any deficiencies and delinquencies and shall not prevent further audit or the assessment of additional taxes, penalties, interest or fees as may be provided by law.

NOT TO BE USED FOR RENEWAL

Municipal Clerk: SBM ENTERPRISES LLC must match line 2.1 of application.

John J Picara
Acting Director

2810001355020626259000002011 ABC-7

ABC-7 (7/02) New Jersey is an Equal Opportunity Employer