

TR#: \_\_\_\_\_

FEE: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

[For DIVISION use only \_\_\_\_\_]

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

RETAIL LIQUOR LICENSE APPLICATION

Action ID Code  
[ ] [ ] [ ] [ ]  
A W D U

DATE APPLICATION FILED:

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
11 / 04 / 2024

CODE TYPE OF LICENSE (CHECK ONE)

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

- 31 \_\_\_\_\_ Club  
32 \_\_\_\_\_ Plenary Retail Consumption  
w/Broad Package Privilege  
33 \_\_\_\_\_ Plenary Retail Consumption  
36 \_\_\_\_\_ Plenary Retail Consumption  
(Hotel/Motel Exception)  
37 \_\_\_\_\_ Plenary Retail Consumption  
(Theatre Exception)  
35 \_\_\_\_\_ Seasonal Retail Consumption  
(November 15 through April 30)  
34 \_\_\_\_\_ Seasonal Retail Consumption  
(May 1 through November 14)  
44 X \_\_\_\_\_ 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)  
X \_\_\_\_\_ Place-to-Place Transfer  
(Including expansion of premises)  
\_\_\_\_\_ Change of Corporate Structure  
\_\_\_\_\_ Extension of License (to Executor,  
Receiver, Administrator, etc.)  
\_\_\_\_\_ Renewal of License  
\_\_\_\_\_ Amendment of Application on File  
\_\_\_\_\_ Other \_\_\_\_\_

This Area is Reserved for Municipal Use

Municipal Fee \$ \_\_\_\_\_

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

State Fee \$ \_\_\_\_\_

Date Denied \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(As Stated in Resolution)

Refund Amount \$ \_\_\_\_\_

Special Conditions Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Signature of Municipal Clerk or ABC Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1215 - 44 - 017 - 005Application is made on behalf of: 7

1 = An Individual  
3 = A Partnership  
5 = Incorporated Club

2 = Business Corporation  
4 = Unincorporated Club  
6 = Limited Partnership

7 = Limited Liability Company

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

Garden State Fine Wine & Spirits, 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 871 US-1  
Municipality Township of North Brunswick NJ Zip 08902  
Telephone Number of Business (    ) TBD -    E-Mail Address legal@totalwine.com  
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 6600 Rockledge Drive, Suite 150  
P.O. Box #    Municipality Bethesda State MD  
Zip 20817 -    Telephone ( 301 ) 795 - 1000

- 2.4 New Jersey Sales Tax Certificate of Authority No.    Document Locator No. I0000973186 Tax Registration No. xxx-xxx-285/000

- 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]:

Total Wine & MoreTotal Wine, Spirits, Beer & More

- 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  
The license is currently at Rutger's Wine & Liquors, Inc. DBA Rutger's Wine & Liquors
- B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING BUSINESS):  
   /    /
- C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?  
   Yes    No

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

- A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?  
   Yes X No
- B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:    / TBD / 2025  
License will be used upon completion of Applicant's premises

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.]

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.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED?  X  Yes   No See Exhibit 1  
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:

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

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

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

Yes X No

37 DOES THE APPLICANT OWN THE BUILDING?        Yes X No

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

DOES THE APPLICANT LEASE THE BUILDING? X Yes        No

### 3.8 MORTGAGEE (HOLDER OF MORTGAGE):

3.9 LANDLORD (HOLDER OF LEASE): North Village Associates

(Last Name, First Name, Middle Initial or Corporate Name)  
 Street Address \_\_\_\_\_ 871 US Highway 1  
 Number \_\_\_\_\_ Street Name \_\_\_\_\_ NJ  
 P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_ North Brunswick Township \_\_\_\_\_ State \_\_\_\_\_  
 Zip 08902 \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1215 - 44 - 017 - 005

- 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? X 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?

X Yes No

IF "YES," DATE FILED 11 / 04 / 2024

- 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:

<u>Restaurant</u>	<u>Applicant</u>	<u>Other</u>
<u>Catering</u>	<u>Applicant</u>	<u>Other</u>
<u>Hotel/Motel</u>	<u>Applicant</u>	<u>Other</u>
<u>Amusements</u>	<u>Applicant</u>	<u>Other</u>
<u>N.J. Lottery</u>	<u>Applicant</u>	<u>Other</u>
<u>Grocery or Delicatessen</u>	<u>Applicant</u>	<u>Other</u>
<u>X - tobacco, tastings, samplings, and food as allowed by law</u>	<u>X</u> Applicant	<u>Other</u>

Other (specify) See Exhibit 2

- 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 \_\_\_\_\_

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. \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1215 - 44 - 017 - 005

## 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 \_\_\_\_\_

Last Name

First Name

Middle Initial

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 \_\_\_\_\_

Last Name

First Name

Middle Initial

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)

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

Street Address \_\_\_\_\_

Number

Street Name

P O. Box # \_\_\_\_\_

Municipality \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_ - \_\_\_\_\_

Type of Business \_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER 1215 - 44 - 017 - 005

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  
\_\_\_\_\_ [amount]  
\_\_\_\_\_ SUSPENDED \_\_\_\_\_ REVOKED \_\_\_\_\_ CANCELLED  
\_\_\_\_\_ (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 ☒ 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}- \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1215 - 44 - 017 - 005

## 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 See Exhibit 3.

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 0722 - 44 - 046 - 009

Name Robert Trone for E.G. Holding Corp.

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

Relationship to Applicant Husband

\*\*\*\*\*  
B. License Number 0252 - 44 - 005 - 004

Name Robert Trone for E. G. Holding Corp.

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

Relationship to Applicant Husband

\*\*\*\*\*  
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, IF AN INDIVIDUAL, THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH. 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1215 - 44 - 017 - 005

## 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 ☒ 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 ☒ 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 ☒ 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 1215 - 44 - 017 - 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:  
 Rutger's Wine & Liquors, Inc. DBA Rutger's Wine & Liquors  
 (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: \_\_\_\_\_  
 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.  
 576 Milltown Road  
 Street Address \_\_\_\_\_  
 Number \_\_\_\_\_ Street Name \_\_\_\_\_  
 Municipality \_\_\_\_\_ North Brunswick \_\_\_\_\_ New Jersey  
 Zip 08902 - \_\_\_\_\_

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 11 / 14 / 2024  
 Date of second notice 11 / 21 / 2024
- 8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE Home News Tribune
- 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 DULY ENFRANCHISED 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 \_\_\_\_\_



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STATE ASSIGNED LICENSE NUMBER 1215 - 44 - 017 - 005

## 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) 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 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) 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 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) 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.

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1215 - 44 - 017 - 005

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 Garden State Fine Wine & Spirits, LLC  
6600 Rockledge Drive, Suite 150
- 10.2 Street address of home office Number Street Name  
Bethesda  
Municipality 20817  
State Maryland Zip 20817  
Document Locator No. I0000973186 Tax Registration No. xxx-xxx-285/000
- 10.3 NJ Sales Tax Certificate of Authority Number
- 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.  
871 US-1  
Street Address Number Street Name  
Municipality Township of North Brunswick New Jersey  
Zip 08902
- 10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? ☒ Yes ☐ No
- 10.6 DATE CHARTERED OR INCORPORATED 11 / 17 / 2023 STATE NJ
- 10.7 CERTIFICATE OF INCORPORATION NUMBER 0451049577
- 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 The Corporation Trust Company  
Street Address 820 Bear Tavern Road  
Number Street Name  
Municipality West Trenton New Jersey  
Zip 08628 Telephone Number (        )        -                
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 1215 - 44 - 017 - 005

## ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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

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

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

Parisi-Trone Anna M.  
 Last Name First Name Middle Initial  
 Home Street Address 9829 Avenel Farm Drive  
 Number Street Name  
 P.O. Box # Potomac State MD  
 Municipality  
 Zip 20854  
 Social Security Number 222 - 52 - 6184 Date of Birth 11 / 18 / 1960  
 Home telephone number ( Area ) Exchange Number  
 Office telephone number ( 301 ) 795 1000  
 Area Exchange Number  
 % of business owned or controlled 100% Number of shares \_\_\_\_\_  
 Check position that applies:    Sole owner    Partner    Stockholder  
   President    Vice-President    Secretary    Treasurer    Director  
   Trustee X Manager    Agent    Executor/Administrator    Receiver  
   Beneficiary    Other (specify) \_\_\_\_\_

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

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1215 - 44 - 017 - 005

AFFIDAVIT

LICENSE PERIOD  
APPLIED FORFROM 2024 TO 2025

DATE:

State of New Jersey )  
 )  
County of Middlesex ) SS:

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

(Check One)

1 The Individual Applicant

2 Members of the Partnership Applicant

3 Anna Parisi-Trone of Garden State Fine Wine & Spirits, LLC  
(President/Vice-President) (Corporation or Club Name)

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

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)

Attestation by Corporate Secretary

(Partnership Name)

(Signature of Partner)

Attest:

Garden State Fine Wine &amp; Spirits, LLC

Corporate Name

(Signature of Partner)

By

(Signature of Corporate President or Vice President)

(Signature of Partner)

Secretary Signature

(Signature of Partner)

Affix Corporate Seal

Sworn to and subscribed before me

this 10<sup>th</sup> day of October 20 24

AFFIDAVIT MUST BE SIGNED HERE

(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)

Deedra Danner  
Deedra Danner - Notary Public  
Montgomery County, MD  
My commission expires on  
March 3, 2025

March 3 2025