

**PROPOSAL FOR PURCHASE OF
PLENARY RETAIL CONSUMPTION LIQUOR LICENSE**

TOWNSHIP OF MEDFORD

49 UNION STREET

MEDFORD, NJ 08055

PHONE: (609)654-2608

TO BE FILED WITH MEDFORD TOWNSHIP CLERK, TARA WICKER

COMPLETE ALL QUESTIONS

1. Proposed Licensee name (last, first), corporate name or limited liability company (LLC) name
(As it will read on your liquor license)

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

2. Has the Licensee or any who will hold any ownership interest in the proposed license to be sold
ever been convicted of a felony?

YES ☐ NO ☐

If yes, please set forth details: _____

3. Does the Proposed Licensee presently hold any interest in any other N.J. liquor license?

YES ☐ NO ☐

If, yes, please provide name of licensee, license number, location of license and percentage of
ownership interest in license: _____

4. Location where the proposed license will be held; name and address

BUILDING/LOCATION NAME: _____

ADDRESS: _____ **CITY:** _____

ZIP: _____ **LOT/BLOCK NO:** _____

ZONING DISTRICT DESIGNATION: _____

a. Is this location within the Township of Medford limits? YES ☐ NO ☐

b. Is this location within the 200 of church, school, hospital or home for aged/indigent?
YES ☐ NO ☐

5. Will the Proposed Licensee actually be utilizing the proposed license to be issued? If so, please describe the details and manner in which the license will be utilized by the Proposed Licensee. If not, please describe in detail who will be utilizing the license and under what circumstance some other party or entity pursuant to a lease or other form of agreement will be utilizing the license.

YES ☐ NO ☐

6. If immediately available, provide a description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ X _____

Outdoor area dimensions of area to be covered **IN FEET** _____ X _____

Parking area dimensions that will support license use: _____ parking spots

INCLUDE SKETCH IF OUTDOOR AREA

If outdoor area, how will premises be enclosed? _____

7. If awarded a license, will the license be utilized in a full service restaurant?

YES ☐ NO ☐

8. If yes to Question No. 7, please describe in detail the proposed restaurant and hours of operation, to the extent the Proposed Licensee will actually be utilizing the license to be issued. If not, provide the date when this information will be made available: _____

9. Provide the name and telephone number/cell phone number of immediate supervisor for the proposed restaurant identified in Question No. 8, to the extent the Proposed Licensee will actually be utilizing the license to be issued. If not, provide the date when this information will be made available: _____

10. Type of alcohol to be served and/or consumed: Beer ☐ Wine ☐ Distilled Spirits ☐
11. If the Proposed Licensee is selected by the Medford Township Council to purchase a Plenary Retail Consumption Liquor License, what amount of financial consideration is the Licensee prepared to pay the Township of Medford upon the issuance of said license? It should be understood that the payment of such consideration is an express condition to the Township's issuance of said license and further understood that the Township will not entertain any proposal to purchase any single license for less than \$400,000.

\$ _____
12. In conjunction with the amount of financial consideration being proposed as a license purchase price by the proposed Licensee in Question 10 above, the Township is requesting that a \$100,000 good faith deposit be paid upon the submittal of this proposal for each license proposed to be purchased. In the event the proposed Licensee is successful in purchasing a license, the \$100,000 good faith deposit will be credit against the ultimate purchase price. In the event the proposed Licensee is the highest bidder, but is not awarded the license by the Township of Medford, the Township will return the \$100,000 good faith deposit within thirty (30) days of the Township's denial of said application. In the event the proposed Licensee is awarded the license, but fails to deliver the balance of the purchase price, the \$100,000 deposit shall be surrendered as liquidated damages.

13. I declare that I am the authorized representative of the above named applicant and that the statements made on this proposal are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Township of Medford and the N.J. Alcoholic Beverage Commission or any other individual releasing said information.

**Sign
Here**

Authorized Representative/Applicant

Title

Date

Print Name

**AFFIDAVIT OF QUALIFICATION FOR
OWNERSHIP INTEREST IN OR ASSOCIATION WITH
A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE OR PERMIT**

_____))
STATE OF _____))
_____))
COUNTY OF _____))
_____))
_____)

I, _____, residing at

of full age, being duly sworn according to law, upon my oath
depose and say:

1. I am a _____ [shareholder/member/
partner/sole proprietor] of _____ [corporate or
partnership entity, if any] holding the office or title
of _____ and am duly authorized to make this
affidavit.

2. An application for a New Jersey _____
_____ [specify type of license or permit] by
_____ [name of applicant] has been filed with the
New Jersey Division of Alcoholic Beverage Control.

3. This affidavit is submitted in support of my qualification to
have an ownership interest in or association with a New Jersey
Alcoholic Beverage license or permit issued pursuant to the laws of
the State of New Jersey, including Title 33, New Jersey Revised
Statutes, entitled "*Intoxicating Liquors*."

4. I represent that pursuant to **N.J.S.A.** 33:1-25, I am qualified
to hold an interest in or associate with a New Jersey alcoholic
beverage license or permit according to all standards established by
Title 33 of the New Jersey Statutes, regulations promulgated
thereunder and any pertinent local ordinances and conditions imposed
consistent with Title 33.

5. I represent that I meet all New Jersey mandated qualifications
including that:

- a. I am 18 years of age or older;
- b. I have not been convicted of a crime of moral turpitude;
- c. I am a reputable person who will operate the licensed
business in a reputable manner;
- d. I have fully and completely disclosed all beneficial
interests in the entity to be licensed;

- e. I have no ownership in nor am I an officer or director of any corporation that is an alcoholic beverage retail licensee;
- f. I am not ineligible for licensure for 2 years or more because of prior revocation; and
- g. I am not a peace or police officer or any other person whose powers and duties include the enforcement of the New Jersey Alcoholic Beverage Control laws or regulations, or hold an interest in or am I an officer in a for-profit corporation in which any peace or police officer has a direct or indirect interest in.

6. I understand that if I do not meet with the qualification requirements of Title 33 of the New Jersey Statutes and regulations promulgated thereunder, after a criminal background investigation is conducted on me, I cannot hold an interest in any New Jersey liquor license or permit. I also understand that if I am disqualified, I must divest myself of any interest in or association with any New Jersey liquor license or permit within a time frame specified by the Director.

7. I make the foregoing statements realizing that the Division of Alcoholic Beverage Control will rely on them. I am also aware that any misstatements or omissions of material facts that is made by me are grounds for suspension or revocation of any New Jersey Alcoholic Beverage license or permit that I may have an interest in or association with.

8. I make the foregoing statements and represent that under penalty of perjury, the foregoing statements are true and correct.

By: _____

Name: _____

Title: _____

Signed and Sworn to before me on this

_____ day of _____, 20____.
