



Liquor License Application  
Background Investigation  
Rahway Division of Alcoholic Beverage Control

Case # \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Place: \_\_\_\_\_

Persons Present: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip)

Place of Birth: \_\_\_\_\_ S.S # \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employer Telephone #: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_ Vehicle Registration #: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Name of Applicant/Trade Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip)

License Number: \_\_\_\_\_ Type applied for: \_\_\_\_\_

If applicant is a corporation, state:

Incorporated \_\_\_\_\_ Date: \_\_\_\_\_ State: \_\_\_\_\_

Names and addresses of all officers:

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Names and Addresses of all stockholders and Number of Shares held by each:

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**Attach copies of all shareholder agreements**

If applicant is a partnership, state the names and addresses of all partners attach a copy of the partnership agreement.

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If applicant is a limited partnership, state the names and addresses of all general partners including officers, Directors and shareholders of all corporate general partners. Also, attach a list with the names and addresses of all limited partners. Also, attach a copy of the limited partnership filing and a copy of the limited partnership agreement

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If the applicant is a limited liability corporation, list the names and addresses of all members including the officers, Directors and Shareholders of all corporate members. Attach a copy of the Articles of Organization or the Certificate of Formation filed with the State and an executed copy of the Operating Agreement.

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State the consideration that you paid for your interest in the licensed entity and specifically list the source of the consideration.

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**Purchase Information**

When was the liquor license purchased: \_\_\_\_\_

From Whom: \_\_\_\_\_  
(Name) (Address) (Phone #)

Amount of Purchase: \_\_\_\_\_

**Please Provide a Copy of the Contract**

Deposit: \_\_\_\_\_ How was it paid: \_\_\_\_\_

**Provide Copy of Check**

Is the seller holding a note: Yes: \_\_\_\_ No: \_\_\_\_ If so, how much and terms: \_\_\_\_\_

**Provide Copy of Note**

Are you borrowing from any financial Institution: Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much and terms: \_\_\_\_\_

**Provide Copy of Bank Loan**

Will there be a balance at closing that is coming from a different source other than mentioned above:  
Yes: \_\_\_\_ No: \_\_\_\_ ( For example, bank account)

If yes, how much and where will that come from: \_\_\_\_\_

Where did you obtain the money that you invested in the business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you borrow any money, other than mention above: Yes \_\_\_\_ No \_\_\_\_

If yes, from whom?

\_\_\_\_\_  
(Name) (Address) (Phone #)

\_\_\_\_\_  
(Amount) (Terms) **Please Provide Proof or Note**

\_\_\_\_\_  
\_\_\_\_\_

Do you own any businesses: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list business names and locations:

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Do you have a personal checking account: Yes: \_\_\_\_\_ No: \_\_\_\_\_ **If yes, please provide one (1) year of bank statements**

Do you have a personal savings account: Yes: \_\_\_\_\_ No: \_\_\_\_\_ **If yes, Please provide one (1) year of bank statements**

Do you have any outstanding liabilities? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please list below, to include name and address of creditor, account number, monthly payment and outstanding balance:

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Will you be using an attorney: Yes \_\_\_\_\_ No: \_\_\_\_\_

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(Attorney's Name)	(Address)	(Phone #)
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Will you be using an outside accountant/ bookkeeper for the business: Yes \_\_\_\_\_ No \_\_\_\_\_

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(Name)	(Address)	(Phone #)
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Does anyone owe you money: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the name, address, phone number and amount owed:

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Will all business expenses be paid by check: Yes \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain: \_\_\_\_\_

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How did you learn that the liquor license/ business was for sale: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Who negotiated the purchase: \_\_\_\_\_

Who negotiated for the seller, please include name, address and phone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did the purchase include:

- Only the liquor license: \_\_\_\_\_
- The license and property: \_\_\_\_\_
- The stock: \_\_\_\_\_

Did you assume any liabilities from the previous owner: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state what they are and terms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you own or lease the property: \_\_\_\_\_ If you lease, **please provide a copy of the lease.**

Monthly Rent/Lease: \_\_\_\_\_ Name and address of the lease holder: \_\_\_\_\_  
\_\_\_\_\_

Who are the authorized signatories on the business checking account?

(Name)	(Address)	(Phone #)
_____	_____	_____
(Name)	(Address)	(Phone #)

Will the business have any other bank accounts: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please furnish name, address and account #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Information:**

**Military:**

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
Service # \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Disabled Vet: \_\_\_\_\_

**Education:**

High School: \_\_\_\_\_ Date Graduated/Degree: \_\_\_\_\_  
College: \_\_\_\_\_ Date Graduated/Degree: \_\_\_\_\_  
Other: \_\_\_\_\_ Date Graduated/Degree: \_\_\_\_\_

**Residence: Past Ten (10) years:**

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Own/Rent \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Own/Rent \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Own/Rent \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Own/Rent \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Own/Rent \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Own/Rent \_\_\_\_\_

**Employment: Past Ten (10) Years:**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason left: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Maiden)  
Address (If different): \_\_\_\_\_  
Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

Spouse's driver license # and State: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Occupation \_\_\_\_\_ Deceased: \_\_\_\_\_  
(Where) (When/Where)

Mother: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Occupation \_\_\_\_\_ Deceased: \_\_\_\_\_  
(Where) (When/Where)

<b>Brother(s) &amp; Sister(s)</b>	<b>Address</b>	<b>D.O.B</b>	<b>Occupation</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Spouse's family:**

Father: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation \_\_\_\_\_ Deceased: \_\_\_\_\_  
(Where) (When/Where)

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation \_\_\_\_\_ Deceased: \_\_\_\_\_  
(Where) (When/Where)

<b>Brother(s) &amp; Sister(s)</b>	<b>Address</b>	<b>D.O.B</b>	<b>Occupation</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been divorced: \_\_\_\_\_ If yes, state the name of your former spouse, dates married, date of divorce decree: \_\_\_\_\_

**THE TERM IMMEDIATE FAMILY SHALL MEAN FATHER, MOTHER, BROTHER, SISTER, BROTHER-IN-LAW, SISTER-IN-LAW, CHILDREN AND GRANDCHILDREN AND THEIR SPOUSES.**

Does anyone in your immediate family have any interest in any other liquor license in New Jersey or any other state: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain in detail: \_\_\_\_\_

Are you a member of any law enforcement agency: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, give details: \_\_\_\_\_

Do you have any family members in law enforcement: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, give details: \_\_\_\_\_

Do you, or anyone related to you by blood or marriage, have any past or present interest in any other liquor related business in the State of New Jersey or any other State: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, give details: \_\_\_\_\_

Has your liquor license ever been fined, suspended, or revoked: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please give details: \_\_\_\_\_

Have you or anyone in your immediate family, ever been denied any type of license related to the alcoholic beverage industry: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, give details: \_\_\_\_\_

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Has any member of your immediate family ever been arrested, indicted, charged with or convicted of a criminal or disorderly persons offense in this state or any jurisdiction: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, answer the following:

Name: \_\_\_\_\_ Charge: \_\_\_\_\_ Statute #: \_\_\_\_\_ Date: \_\_\_\_\_  
Jurisdiction: \_\_\_\_\_ Disposition: \_\_\_\_\_

Have you ever been arrested, indicted, charged with or convicted of a criminal or disorderly persons offense in this state or any jurisdiction: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, answer the following:

Name: \_\_\_\_\_ Charge: \_\_\_\_\_ Statute #: \_\_\_\_\_ Date: \_\_\_\_\_  
Jurisdiction: \_\_\_\_\_ Disposition: \_\_\_\_\_

Have you ever been named as an unindicted party or co-conspirator in any criminal proceeding in this State or in any other jurisdiction: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, answer the following:

Agency: \_\_\_\_\_ Type Proceeding: \_\_\_\_\_ Date: \_\_\_\_\_

To the best of your knowledge , have you ever been the subject of an investigation conducted by a governmental investigatory agency for any reason: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, state the name and address of the investigatory agency or agencies, the nature of the investigation and the approximate time period during which the investigation was in progress: \_\_\_\_\_

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Have you ever been cited or charged with or formally accused of any violation of a statute, regulation or code of any state, county, municipal, deferral or national government other than a criminal, disorderly persons or motor vehicle violation: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, complete the details of fact: \_\_\_\_\_

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Have you ever been a party in a Civil Suit: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, complete the details of fact: \_\_\_\_\_

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Do you have any judgment or have you had in the past 5 years any judgment filed or docketed naming you or an immediate family member or any business entity that you had an interest in: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, state the office where the judgment was filed together with the filing or docket number. State the reasons for the judgement, state the amount of judgment. If discharged, state date of discharge: \_\_\_\_\_

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Have you or has any business entity in which you held an ownership, interest or served as an officer or director ever filed a petition for any type of bankruptcy or insolvency, under any bankruptcy or insolvency law: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, complete details to include:

Date filed: \_\_\_\_\_ Court: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Docket #: \_\_\_\_\_

Have your wages, earnings or other income been subject to garnishment, attachment, charging order or the like during the past ten (10) year period: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, state the name and address of the holder of the obligation and the docket number of any litigation involved: \_\_\_\_\_

List the names and addresses of the Executor (trix) and all beneficiaries of your Last Will and Testament:

Do you own any life insurance policies on your life or on the life or lives of any members of your immediate family that name, as beneficiary, persons other than family members:

Have you ever been bonded for any purpose or refused or denied any type bond: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, explain in detail, including the nature of the bond, the reason for it, the name of the party from whom the bond was obtained and whether such bond has ever been called : \_\_\_\_\_

Have you ever maintained or do you now maintain a margin account with any securities or commodities dealer: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, describe the account giving the names and addresses of the dealer and the amount of the margin:

During the last ten (10) year period, have you sold or purchased a discounted promissory note or other commercial paper: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, identify the original obligor, obligee and bearer of said note, the amount of said note and the identity of the factor: \_\_\_\_\_

Have you or any member of your immediate family filled any claims in excess of \$5,000.00 under any fire, theft, automobile or other insurance policies, within the last ten (10) year period:

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, provide for each such claim, the date of claim, the name and address of the insurance carrier with which the claim was filed, the nature of the claim and its disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During the past ten (10) year period, have you or has any member of your immediate family received any gift, whether tangible or intangible, in excess of \$3,000.00 in value: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, provide for each gift, the name of the donor, a description of the gift, its approximate value and the approximate date on which the gift was received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you in the last 10 years received any summons for violations of motor vehicle law of New Jersey or any other state: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, state the date of the violation, the nature of the violation, the town and state where it occurred and the disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever engaged in business as a sole proprietor: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, state:

- (a) Name Under which operated: \_\_\_\_\_
- (b) Principal place of business: \_\_\_\_\_
- (c) Kind of business: \_\_\_\_\_
- (d) Date commenced: \_\_\_\_\_
- (e) Is business active: \_\_\_\_\_
- (f) Where are the books and records located: \_\_\_\_\_

Have you ever owned any interest in any partnership: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If so, give the following:

- (a) Trade Name: \_\_\_\_\_
- (b) Principal place of business: \_\_\_\_\_
- (c) Kind of business: \_\_\_\_\_
- (d) Date partnership was formed: \_\_\_\_\_
- (e) Is partnership active: \_\_\_\_\_
- (f) Names and addresses of all partners: \_\_\_\_\_  
\_\_\_\_\_
- (g) Terms of partnership agreement: \_\_\_\_\_  
\_\_\_\_\_
- (h) Where are the books and records of the partnership: \_\_\_\_\_  
\_\_\_\_\_

Have you ever owned any interest in any corporation, limited partnership or limited liability corporation:

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, give the following information with respect thereto:

(a) Name of corporation, LP or LLC: \_\_\_\_\_

(b) Principal place of business: \_\_\_\_\_

(c) When and where incorporated or formed: \_\_\_\_\_

(d) Kind of business: \_\_\_\_\_

(e) Names and address of all officers: \_\_\_\_\_

(f) Total number of shares of each class of stock issued and outstanding: \_\_\_\_\_

(g) Names and address of stockholders and number of shares owned by each: \_\_\_\_\_

(h) What consideration did you give for the shares of capital stock owned by you: \_\_\_\_\_

Have you or your spouse ever owned any real estate: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Description	Date Acquired	Cost	Date Sold	Selling Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you or your spouse borrowed any money from any bank, individual or firm: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, give specific details including name of lender, address, loan amount and repayment: \_\_\_\_\_

Have you ever submitted a statement of your assets and liabilities to any bank, concern or individual:

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, to whom and when and **attach a copy**: \_\_\_\_\_

Have you or your spouse loaned any money to any person or firm: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, give specific details including name of borrower, address, loan amount and repayment: \_\_\_\_\_

Give the following information with respect to all bank accounts, savings and loans, credit unions maintained by you, your spouse and dependent children:

<b>Name of Bank</b>	<b>Name of Account</b>	<b>Type of Account</b>

What was the source of the funds deposited in the names of your spouse and dependent children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give the following information pertaining to your children:

<b>Name</b>	<b>Sex</b>	<b>D.O.B</b>	<b>Occupation</b>

Give the following information regarding all annuity contracts and life insurance policies issued at any time in the names of or on the lives of yourself, your spouse and your dependent children:

<b>Name of Company</b>	<b>Insured</b>	<b>Face Value</b>	<b>Annual Premium</b>	<b>Type of policy</b>	<b>Date</b>

Have you, your spouse or children ever received any inheritance: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, give details: \_\_\_\_\_

Have you or your spouse ever made application for any type of license or permit, other than a motor vehicle licenses, issued by the State of New Jersey, any other State or the Federal Government in order to engage in professional or business activity: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, state the date applied, type of license applied for, name and address of the issuing authority, date license was granted and license number. If license or permit was denied, state the date of denial and reason for denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this license or permit ever been revoked or suspended: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, state the dates of the suspension, reason for suspension or revocation. **Attach a copy of Order of Suspension and Revocation and Order of Reinstatement:** \_\_\_\_\_

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**License Operation:**

Who is the manager for the proposed Business (Name and Address): \_\_\_\_\_

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Is there a management contract: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, **attach a copy of contract.**

Will profits be shared with partners and/or stockholders: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Will any person associated with the operation of the business receive a bonus, percentage of profits or consultant fee: \_\_\_\_\_ If yes, list each person with the monetary amount and the reason he/she will receive an amount.

<b>Name:</b>	<b>Address:</b>	<b>Phone #</b>	<b>Amount:</b>	<b>Reason:</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are your projected gross receipts: Monthly: \_\_\_\_\_ Yearly: \_\_\_\_\_

Who will hire and fire the help: \_\_\_\_\_

Who will order the supplies, including the liquor: \_\_\_\_\_

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Will you have spotters/ bouncers / internal security: \_\_\_\_\_

Will your books be on a calendar or fiscal year: \_\_\_\_\_

Will partners/stockholders receive a salary? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, how much: \_\_\_\_\_

Have you ever held a public office: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

If current office holder, has a letter or abstention been submitted: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Attach copies of the projected monthly revenues and monthly expenses of the business, specifically setting forth all monthly expenses including taxes, utilities, monthly payments on all loans, salaries.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you lent any money to the business: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, state how much and when also, if any money was returned from the business to you for this loan: \_\_\_\_\_

\_\_\_\_\_

Have any of your partners or stockholders loaned any money to the business: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, how much and when, also if any money was returned from the business to them for this loan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I do hereby authorize the Rahway Police Department and their agents to receive copies of records and or any information concerning my background, character, accounts at banks and businesses , places of employment, schools, and any other source necessary, for the purpose of the obtaining a liquor license in the State of New Jersey.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

Notary Seal

Date: \_\_\_\_\_