

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

TOWNSHIP OF WILLINGBORO
Township Municipal/Police Building
1 Rev. Martin Luther, Jr. Drive,
Willingboro, NJ 08046
Website: www.Willingboro.nj.us

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: B-1 in Town Center

- a. Is this location within the Township of Willingboro 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 in detail 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 located in the Township's B-1 Zoning District located in the Town Center.
 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 Willingboro Township Council to purchase a Plenary Retail Consumption Liquor License, what amount of financial consideration is the Licensee prepared to pay the Township of Willingboro 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 \$15,000.00.

12. In conjunction with the amount of financial consideration being proposed as a license purchase price by the proposed Licensee in Question 11 above, the Township is requesting that a \$5,000.00 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 good faith deposit will be credit against the ultimate purchase price. In the event the proposed Licensee is unsuccessful in purchasing a license, the Township will return the good faith deposit within thirty (30) days of the Township's denial of said application.

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 Willingboro and the N.J. Alcoholic Beverage Commission or any other individual releasing said information.

SIGN HERE:

PRINTED NAME:

Authorized Representative/Applicant

Title: _____

Date: _____