

**MINUTES OF THE ABC MEETING OF  
THE MAYOR AND COUNCIL OF THE  
BOROUGH OF LAKE COMO ON  
MAY 2, 2006**

ROLL CALL	PRESENT	ABSENT
WITTE		X
WOLFE	X	
WILTON	X	
McFADDEN-LEE		X
BROWER	X	
RYAN	X	

Also present were Mayor Chiaravallo, Borough Clerk Louise A. Mekosh and Deputy Brorough Clerk Georgine Young.

Louise Mekosh read the application from Payday Inc. 1703 Main St. requesting outside area extended. A place to place application. Requesting are A, fenced in area 12 feet by 22 feet be licensed year round so people may go outside and smoke. No alcohol will be served in this area. Area B fully licensed each year from May 15 each year to September 15.

Mayor asked Captain Hope if they had any problems with that. Captain Hope said the Police Department does not encourage out side drinking.

Councilman Wolfe wanted to know if this was in an enclosed area. Mr. Heaney said it is enclosed.

Mayor Chiaravallo wanted to know if food would be served out there. Mr. Heaney said yes.

Councilman Brower wanted to know the hours of operation. Mr. Heaney said hopefully 11:00 am to the same time as the inside. On the weekends. During the week probably 9:00 pm. They would like to play a radio. No guitars and no amplification of music.

Councilman Wolf said there were no problems with permits for years. Unless there is a problem with the neighbors we would check it out. If there is a problem we would have to control it.

Councilman Ryan would like someone stationed at the back door. He has his reservations but willing to let Mr. Heaney try this.

Mrs. Mekosh wanted to make sure it gets filed properly she had a question about page three. Building number one of two to be licensed, and is the entire building to be licensed and it says no. Does that mean you are going to de-license part of this. Mr. Heaney said no the upstairs is not licensed. The second building is the garage.

Mrs. Mekosh read are any grounds adjacent to the building under license to be included as part of the licensed premises. Mr. Heaney you marked no but don't you intend to check yes. Mr. Heaney said it should be yes. Mrs. Mekosh wanted to know what is the licensed walkway

**Payday Inc.**  
**1705 Main Street**  
**Lake Como, New Jersey 07719**  
**732 449 3442**

April 5, 2006

Louise A. Mekosh, RMC, CMC, CMFO  
Borough Clerk /Administrator  
Borough of Lake Como  
New Jersey, 07719

Re: Place to Place transfer

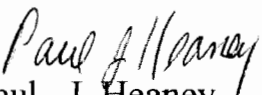
Dear Ms. Mekosh

Attached is my application for a place to place transfer. Exhibit A and B outline the areas we wish to have licensed.

Area A: We are requesting that this fenced in area (12ft. By 22ft. )be licensed year round . This area would be used by patrons who wished to go outdoors, and smoke. In this case they could bring their drinks with them. No alcohol would be served in this area.

Area B: we request that this area be fully licensed from May 15<sup>th</sup> each year to September 15<sup>th</sup>. In effect this would be a seasonal license.

Please let me know the fees connected with this application. I will drop off the necessary checks.

  
Paul J. Heaney  
President of Payday Inc

TR#: \_\_\_\_\_  
FEE: \_\_\_\_\_  
DATE: \_\_\_\_\_

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

STATE ASSIGNED LICENSE NUMBER  
1347 - 33 - 006 - 008

DATE APPLICATION FILED:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

CODE TYPE OF LICENSE (CHECK ONE)  
**CLASS C LICENSES [R.S. 33:1-12]**

THIS APPLICATION IS FOR:

- 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 Nov. 14)
- 44  Plenary Retail Distribution
- 43  Limited Retail Distribution

- A New License
- Person to Person Transfer  
(Incl. Partnership change,  
except Ltd. 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 \_\_\_\_\_

**OTHER**

- 14  Annual State Permit  
(R.S. 33:1-42, NJAC 13:2-52)

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, 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 1347 - 33 - 006 - 008

Application is made on behalf of: \_\_\_\_\_

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

- ② = Business Corporation
- 4 = Unincorporated 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, middle initial), Partnership or Corporation.

PAYDAY INC.

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

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address 1705 MAIN STREET

Number Street Name

Municipality LAKE COMO NT Zip 07719

Telephone number of business (132) 280 - 9411

Area Exchange Number

2.3 If no licensed premises exists or if mailing address is different than the "actual address" given above, provide the mail 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. 222 276 357 000

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]:

PAUL'S TAVERN

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  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:

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:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347-33-006-008

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed or 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 questions 1.1, 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? 2

If more than one building is to be included under this license, a separate page number three 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 2 TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED?  Yes  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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	All of it	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1st floor	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	All of it	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2nd floor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	All of it	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3rd floor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	All of it	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 from unlicensed areas.

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  No

IF 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  No

IF "YES", IS THERE A MORTGAGE ON THE BUILDING?  Yes  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):

\_\_\_\_\_  
 (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): PAYDAY REALTY INC

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

Street Address 1705 MAIN ST  
 Number \_\_\_\_\_ Street Name \_\_\_\_\_

P.O. Box # \_\_\_\_\_ Municipality LAKE COMO State NJ

Zip 07719 - \_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 006 - 008

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 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 TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES?  Yes  No (TRANSIT INSIGNIA IS NECESSARY BEFORE BEVERAGES MAY BE TRANSPORTED.)

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (ATF F 5630.5) WITH THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS?  Yes  No

IF "YES", DATE FILED 6 / 15 / 05

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:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Restaurant   | <input checked="" type="checkbox"/> Applicant | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Catering                | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Hotel/Motel             | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other            |
| <input checked="" type="checkbox"/> Amusements   | <input checked="" type="checkbox"/> Applicant | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> N.J. Lottery            | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Grocery or Delicatessen | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Other (specify)         | <input type="checkbox"/> Applicant            | <input type="checkbox"/> 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 GAMES + JUKE BOX

Name of company/individual RUNYON MUSIC + GAMES  
(Last Name, First Name or Corporate Name)

Street Address 1011 ROUTE 22 EAST  
Number Street Name

Municipality MOUTHWSIDE State NJ

Zip 07092 - 2806 NJ Sales Tax Certificate of Authority No. NOT REQUIRED

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 006 - 008

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 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 TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES?  Yes  No (TRANSIT INSIGNIA IS NECESSARY BEFORE BEVERAGES MAY BE TRANSPORTED.)

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (ATF F 5630.5) WITH THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS?  Yes  No

IF "YES", DATE FILED 6 / 15 / 15

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:

- |  |   |                                |
|--|---|--------------------------------|
| <input checked="" type="checkbox"/> Restaurant   | <input checked="" type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Catering                | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hotel/Motel             | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Amusements   | <input checked="" type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> N.J. Lottery            | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grocery or Delicatessen | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other (specify)         | <input type="checkbox"/> Applicant            | <input type="checkbox"/> 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 SALE OF CIGARETTES

Name of company/individual Monteverdi  
(Last Name, First Name or Corporate Name)

Street Address 501 CENTUR ST  
Number Street Name

Municipality ORANCE NJ State NJ

Zip \_\_\_\_\_ - \_\_\_\_\_ NJ Sales Tax Certificate of Authority No. \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER

1347-33-006-008

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 Last Name First 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 No

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

Name of individual Last Name First 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 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 1347 - 33 - 006 - 008

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

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

Relationship to applicant \_\_\_\_\_

\*\*\*\*\*

B. License number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Relationship to applicant \_\_\_\_\_

\*\*\*\*\*

C. License number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
(Last Name, First, 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, THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

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

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or

NJ Sales Tax Certificate of Authority No. \_\_\_\_\_

Date of birth \_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_

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 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 Middle Initial

DATE OF ACTION \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOCKET NO. \_\_\_\_\_

PENALTY WAS IMPOSED BY: \_\_\_\_\_  
[indicate whether by Div. ABC or Identify Local Issuing Authority]

PENALTY CONSISTED OF:

FINED \$ \_\_\_\_\_ [amount]  NOT RENEWED

SUSPENDED \_\_\_\_\_ [no. 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 HEANEY PAUL J  
Last Name First Middle Initial

Date of blrth 6 / 30 / 36 Conviction date 2 / 15 / 83

State \_\_\_\_\_ Court of jurisdiction FEDERAL

Description of offense (specific charge) TAX EVASION

Disposition (fine, penalty, etc.) 2 years Prm 3 years probetim

Nature of Interest In entity to be licensed ows 50%

B. If applicable, provide the date the Director of N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: 5 / 13 / 98 (No license may be issued without an order from the Director, 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)).

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 006 - 008

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 \_\_\_\_\_

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:

\_\_\_\_\_  
(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.

Street Address 1705 MAIN STREET

Number \_\_\_\_\_ Street Name \_\_\_\_\_  
Municipality LAKE COMO New Jersey

Zip 07718 - \_\_\_\_\_

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 4 / 6 / 06

Date of second notice 4 / 13 / 06

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE COAST STAR

8.9 THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN 1 PER CENT 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

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 006 - 008

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 COMMERCE BANK  
(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 CREDIT LINE + MORTGAGE

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 COMMERCE BANK  
(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 CREDIT LINE + MORTGAGE

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 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 \_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER 1347-33-066-008

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY. ANY CORPORATION 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 SEPARATE PAGE 10 AND 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND 10A FOR EACH CORPORATION.

10.1 Name of corporation PAYDAY INC

10.2 Street address of home office 1705 MAIN ST  
Number Street Name

Municipality LAKE COMO

State NJ Zip 07119

10.3 NJ Sales Tax Certificate of Authority Number 222 276 357 000

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 \_\_\_\_\_ New Jersey

Zip \_\_\_\_\_

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

10.6 DATE CHARTERED OR INCORPORATED 12 / 9 / 79 STATE NJ

10.7 CERTIFICATE OF INCORPORATION NUMBER \_\_\_\_\_

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 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 HEANEY PAUL J  
(Last Name, First Name, Middle Initial or Corporation)

Street Address 424 ESSCX AVE  
Number Street Name

Municipality SPRING LAKE New Jersey

Zip 07762 Telephone Number (732) 449-3442  
Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR 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 1347 - 33 - 006 - 008

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

LIMITED PARTNERSHIP: 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).

PAYDAY INC

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

HERNEY PAUL J  
Last Name First Middle Initial

Home Street Address 424 ESSEX AVE  
Number Street Name

P.O. Box # \_\_\_\_\_ Municipality SPRING LAKE State NEW JERSEY

Zip 07762

Social Security number 142 - 26 - 0224 Date of birth 06 / 30 / 36

Home telephone number (732) 449 - 3442  
Area Exchange Number

Office telephone number (732) 280 - 9411  
Area Exchange Number

% of business owned or controlled 50% Number of shares 35

Check position that applies:  Sole owner  Partner  Stockholder  
 President  Vice-President  Secretary  Treasurer  Director  
 Trustee  Manager  Agent  Executor/Administrator  Receiver  
 Beneficiary  Other (specify) \_\_\_\_\_

Name of individual (last name first):

HEANEY MARGARET K  
Last Name First Middle Initial

Home Street Address 424 ESSEX AVE  
Number Street Name

P.O. Box # \_\_\_\_\_ Municipality SPRING LAKE State NEW JERSEY

Zip 07762

Social Security number \_\_\_\_\_ Date of birth 02 / 19 / 41

Home telephone number (732) 449 - 3442  
Area Exchange Number

Office telephone number (732) 280 - 9411  
Area Exchange Number

% of business owned or controlled 50% Number of shares 35

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 1347 33 - 006 - 008 AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM 7/1/05 TO 6/30/06 DATE:

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

SS:

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

(Check One)

- 1. The Individual Applicant
- 2. Members of the Partnership Applicant

3. PAUL J HEANEY of PAYDAY INC  
(President/Vice President) (Corporation or ~~Partnership~~)

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 fact, and that the contents of this application are true.

\_\_\_\_\_  
(Signature of Individual Applicant / sole proprietor)

(Corporations Only)  
Attestation by Corporate Secretary

\_\_\_\_\_  
(Partnership Name)

\_\_\_\_\_  
(Signature of Partner)

Attest:

PAYDAY INC  
Corporate Name

\_\_\_\_\_  
(Signature of Partner)

Secretary \_\_\_\_\_  
Signature  
Affix Corporate Seal

By Paul J Heaney  
(Signature of Corporate President or Vice President)

\_\_\_\_\_  
(Signature of Partner)

\_\_\_\_\_  
(Signature of Partner)

Sworn to and subscribed before me

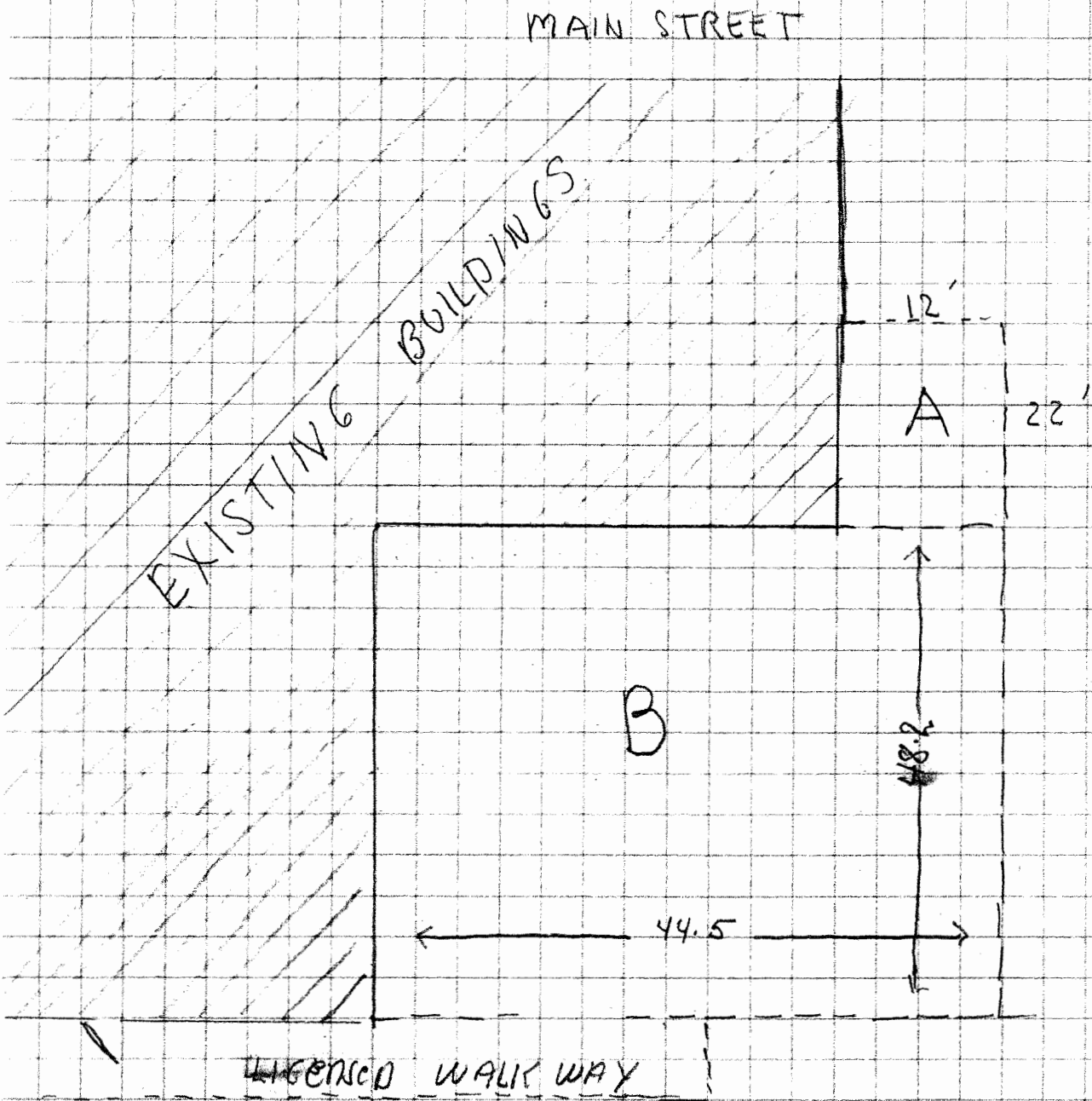
this 5<sup>th</sup> day of APRIL 19 2006

AFFIDAVIT MUST BE SIGNED HERE →  
BY DULY AUTHORIZED NOTARY PUBLIC  
OR AN ATTORNEY AT LAW OF NEW JERSEY

Esther A Kiss  
(Signature of Officer Administering Oath)  
ESTHER A KISS  
(Printed Name of Officer Administering Oath)  
\_\_\_\_\_  
(Title of Officer Administering Oath)

**ESTHER A. KISS**  
Notary Public  
State of New Jersey  
My Commission Expires 3/13/2011  
3/13/2011  
(Date of Expiration of Commission, if applicable)

PAUL TAVERN  
LICENSING REQUEST



WE WANT TO LICENSE AREA A + B + THE WALKWAY

behind section B. Mr. Heaney said as you come out the door that is an area of about 22 feet which in December someone can walk in that area and have a drink. In section A they can walk out there to have a cigarette and carry their drink.

Captain Hope wanted to know if in the winter time is there going to be any bar personnel to make sure that no alcohol is being distributed to anybody on the outside. Mr. Heaney said he hopes not. And hopes not to have an employee out there. Mr. Heaney said there is a fenced in area and the only way to get into that area is a door in the tavern. Captain Hope said you will have people outside drinking and there is no one out there to monitor what is going on.

Councilman Ryan made a motion to open the ABC meeting to the public for comments, seconded by Councilman Ryan.

Public Comments  
None

Councilman Wolfe made a motion to close the public comments portion of the meeting, seconded by Councilman Ryan.

Councilman Wolfe offered into the record Resolution 2006-78, application for a Place to Place Transfer.

### **RESOLUTION 2006-78**

Resolution of the Mayor and Council of the Borough of Lake Como approving the Place to Place Transfer of Payday Inc. T/A Paul's Tavern, License Number 1347-33-006-009

**WHEREAS**, an application has been filed by Paul's Tavern, License No. 1347-33-006-009 of 1705 Main Street, Lake Como; and

**WHEREAS**, the property owner has requested that area A, a fenced in area (12ft. by 22ft.) be licensed year round. This area would be used by patrons who wished to go outdoors and smoke.

**WHEREAS**, area B be fully licensed from May 15<sup>th</sup> each year to September 15<sup>th</sup>. In effect this would be a seasonal license.

**NOW, THEREFORE, BE IT RESOLVED**, by the Mayor and Council of the Borough of Lake Como that License No. 1347-33-006-009 hereby authorize the Place to Place transfer. All restrictions presently on said license shall remain in full force and effect.

A copy of the plan showing areas A & B shall be attached to this Resolution.

Seconded by Councilman Ryan. And approved with the following vote.

Roll Call	YES	NO	ABSTAIN
Wilton	X		
Wolfe	X		
Ryan	X		
Brower	X		

Councilman Ryan made a motion to close the ABC meeting, seconded by Councilman Wolfe.

Councilman Wilton made a motion to re open the Regular meeting for purpose of closure, seconded by Councilman Ryan.

Respectfully Submitted  
Georgine Young  
Deputy Borough Clerk

The minutes of this meeting are not verbatim. Please call Borough Hall at (732) 681-3232 to schedule an appointment to hear the disk(s) of this meeting in its entirety. All disks are subject to being destroyed 80 days after the approval of the minutes.