



LAKE COMO BOROUGH  
1740 MAIN STREET  
P.O. BOX 569  
LAKE COMO, NJ 07719  
(732) 681-3232  
MINUTES

DATE: FEBRUARY 16, 2016  
REGULAR MEETING IMMEDIATELY FOLLOWING WORKSHOP

**MEETING CALLED TO ORDER**

Mayor Wilton called the meeting to order at 10:00pm

**SALUTE TO FLAG AND MOMENT OF SILENT PRAYER**

**SUNSHINE LAW**

INTRODUCTION AS REQUIRED UNDER THE SUNSHINE LAW: ADEQUATE NOTICE OF THE MEETING HAS BEEN PROVIDED BY THE ADOPTION OF A RESOLUTION BY THE MAYOR AND COUNCIL ON THE FIFTH DAY OF JANUARY 2016 IN WHICH RESOLUTION THE TIME AND PLACE OF AGENDA AND REGULAR MEETINGS COMMENCING WITH JANUARY 5, 2016 WERE SET FORTH. NOTICE OF SAME WAS DELIVERED TO THE ASBURY PARK PRESS AND THE COAST STAR AND A COPY OF SAME IS POSTED ON THE BULLETIN BOARD IN THE BOROUGH HALL. ALL MEETINGS ARE OPEN TO THE PUBLIC. NOTICE OF MEETING RELOCATION WAS ADVERTISED IN THE ASBURY PARK PRESS ON FEBRUARY 13, 2016.

**ROLL CALL**

Douglas Witte	Present
Kevin Higgins	Present
Virginia Kropac	Present
John Carvelli	Present
Hawley Scull	Present
Michael Noonan	Excused Absence

**APPROVAL OF MINUTES**

Councilman Higgins made a motion to approve the minutes from the February 2, 2016 Regular Meeting seconded by Councilman Carvelli, all are in favor.

**COMMUNICATIONS**

No communications on the agenda

**REPORTS OF COMMITTEES**

- Councilwoman Scull reported that February 17<sup>th</sup> at Mommy and Me from 9:00am until 11:00am there will be a presentation on the new car seat laws as well as inspections of car seats. Spaces for car seat inspection

are limited and to reserve a spot Councilwoman Scull asked that those interested email her to secure a spot. The BALC Little League Parade will be held on April 9<sup>th</sup>. All other matters are in order.

- Councilman Carvelli reported that all matters are in order.
- Councilwoman Kropac reported that the next meeting for the Community Development Block Grant will be held tomorrow, February 17<sup>th</sup>. All other matters are in order.
- Councilman Higgins reported the following:

**Public Works:**

Over the past two weeks we have had a few snow incidents. The four-man crew from public works was able to handle the plowing, shoveling and salting with little to no incident. Most of the snow was melted within a day or two and had little effect on the town. During the last significant snow incident Belmar was able to brine Main Street, which helped aid, the plowing efforts.

**Water:**

Last week we met with our town engineer about the next phase of the water cleaning and lining project. We have decided it will be more cost effective to change our next phase of cleaning and lining. Instead of doing all three phases, we will be doing only phase 2 and 3. Because the cost will be more conducive to the amount of grant and loans we will have to incur we are going to hold off on phase four for another round of cleaning and lining down the road. Phase 2 encompasses the north-east area of town and phase 3 is the south-west area of town. The fourth and final phase will be done with the next round of cleaning and lining and hopefully will also include the interconnection with Wall Township that will run under the railroad tracks.

- Councilman Witte reported that all matters are in order.
- Mayor Wilton reported that the next parade fundraiser will be held on Sunday the 21<sup>st</sup> at Boat House in Belmar. Parade day is Sunday, March 6, 2016 and Mayor Wilton asked everyone to come out and support the parade. All other matters are in order.

**UNFINISHED BUSINESS**

No unfinished business

**PUBLIC COMMENTS ON NEW BUSINESS**

Councilman Higgins made a motion to open the meeting to the public seconded by Councilwoman Scull, all are in order.

No Public Comments

Councilman Witte made a motion to close the meeting to the public seconded by Councilman Higgins, all are in order.

## **CONSENT AGENDA**

All items listed under this section are considered to be routine by the Borough Council and will be enacted by one motion. There will be no separate discussion on these items. If discussion is desired, that item will be removed from the Consent Agenda and will be considered separately.

Tax Collector End of Year Annual Report

Water/Sewer Monthly Report

Real Estate Tax Monthly Report

Raffle Application 2016-06

Autism NJ 50/50

Raffle Application 2016-07

Autism NJ Gift Auction

Resolution 2016-62

Appropriation Reserve Transfer

Resolution 2016-63

Payment of Bills

Councilman Witte made a motion to approve the items on the Consent Agenda seconded by Councilwoman Scull, all are in favor.

## **NEW BUSINESS**

Resolution 2016-64

Executive Session – Personnel Matters and Contract Negotiations

Offered by Councilman Witte seconded by Councilman Higgins, roll call vote as follows:

Yes: Councilmembers Witte, Higgins, Kropac, Carvelli and Scull

No: None

Abstain: None

Absent: Councilman Noonan

Resolution 2016-65

Authorizing the Municipal Clerk to Publish a

“Notice of Availability of Mail-In Ballots” for a

Special Election in the Local Newspaper

Offered by Councilman Witte seconded by Councilman Higgins, roll call vote as follows:

Yes: Councilmembers Witte, Higgins, Kropac, Carvelli and Scull

No: None

Abstain: None

Absent: Councilman Noonan

Resolution 2016-66

Authorizing the Mayor and Borough Administrator

To file a “Notice of Intent” to Apply for Transitional Aid

For the Calendar Year 2016 Municipal Budget

Offered by Councilman Higgins seconded by Councilwoman Scull, roll call vote as follows:

Yes: Councilmembers Witte, Higgins, Kropac, Carvelli and Scull

No: None

Abstain: None

Absent: Councilman Noonan

Resolution 2016-67

Ratifying the Layoff Plan for the Police Department,

Authorizing Layoff Notices and Directing Implementation of the Plan

Offered by Councilman Higgins seconded by Councilwoman Scull, roll call vote as follows:

Yes: Councilmembers Witte, Higgins, Kropac, Carvelli and Scull

No: None

Abstain: None

Absent: Councilman Noonan

Ordinance 2016-909

Amending Summer Rental Ordinance

Second Reading and Public Hearing

Offered by Councilwoman Kropac seconded by Councilman Witte, roll call vote as follows:

Yes: Councilmembers Witte, Higgins, Kropac, Carvelli and Scull

No: None

Abstain: None

Absent: Councilman Noonan

### **PUBLIC COMMENTS**

Councilman Witte made a motion to open the meeting to the public seconded by Councilman Higgins, all are in favor.

Cindy Dunn, 605 18<sup>th</sup> Avenue, came before the Council to ask what the changes to Ordinance 2016-909 are. Councilwoman Kropac stated that as per Ms. Dunn's previous request the town will be instituting a seasonal inspections as well as self-inspections.

Councilman Higgins made a motion to close the meeting to the public seconded by Councilman Witte, all are in favor.

### **LOCAL ALCOHOLIC BEVERAGE CONTROL BOARD**

Councilman Witte made a motion to open the Alcoholic Beverage Control Board portion of the meeting seconded by Councilman Higgins, all are in favor.

### **ROLL CALL**

Douglas Witte	Present
Kevin Higgins	Present
Virginia Kropac	Present
John Carvelli	Present
Hawley Scull	Present
Michael Noonan	Excused Absence

Resolution 2016-68

Person To Person License Transfer

Yavarone to Karan Two Inc.

Offered by Councilman Higgins seconded by Councilwoman Scull, all are in favor.

Councilman Witte made a motion to open this resolution to the public seconded by Councilman Higgins, all are in favor.

No Public Comments

Councilman Higgins made a motion to close this resolution to the public seconded by Councilman Witte, all are in favor.

One Day Extension of Premises Application

Mac-Tav

Offered by Councilman Higgins seconded by Councilwoman Kropac, all are in favor.

One Day Extension of Premises Application

Pay Day Inc.

Offered by Councilman Higgins seconded by Councilwoman Scull, all are in favor.

One Day Extension of Premises Application

Aleatory Inc.

Offered by Councilman Higgins seconded by Councilwoman Kropac, all are in favor.

Councilman Higgins made a motion to close the Alcoholic Beverage Control Board portion of the meeting seconded by Councilwoman Scull, all are in favor.

At this point in the meeting the Council, as per Resolution 2016-61, entered into executive session and would reconvene for only the purpose of adjournment.

#### **NEXT MEETING**

THE NEXT REGULAR MEETING OF THE MAYOR AND COUNCIL WILL BE HELD ON TUESDAY, MARCH 1, 2016 IMMEDIATELY FOLLOWING THE 7:30PM WORKSHOP MEETING IN THE LAKE COMO MEETING ROOM. ALL MEETINGS ARE OPEN TO THE PUBLIC.

#### **MOTION TO ADJOURN**

Councilman Carvelli made a motion to adjourn seconded by Councilwoman Kropac, all are in favor.

Respectfully Submitted

Amy L. Boney

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 tape(s) of this meeting in its entirety. All tapes are subject to being destroyed 80 days after the approval of the Minutes.

BOROUGH OF LAKE COMO  
ANNUAL TAX COLLECTOR'S REPORT

JANUARY 1, 2015

THROUGH

DECEMBER 31, 2015

BRIAN T. WILTON  
JOHN J. CARVELLI II  
KEVIN G. HIGGINS  
VIRGINIA KROPAC  
MICHAEL S. NOONAN  
HAWLEY G. SCULL  
DOUGLAS E. WITTE  
LOUISE A. MEKOSH

MAYOR  
COUNCILMAN  
COUNCILMAN  
COUNCILWOMAN  
COUNCILMAN  
COUNCILWOMAN  
COUNCILMAN  
CHIEF FINANCIAL OFFICER

PLEASE NOTE:

THE FIGURES IN THIS REPORT HAVE NOT BEEN AUDITED.

Respectfully submitted on this Sixteenth day of February 2016,

Esther A. Kiss, CTC  
Tax Collector

CALCULATION OF TAX COLLECTION PERCENTAGE  
CY2015

Net Billing:

2015 1 <sup>st</sup> /2 <sup>nd</sup> Quarter Billing	\$3,284,211.90	
2015 3 <sup>rd</sup> /4 <sup>th</sup> Quarter Billing	\$3,464,158.53	
Total Net Billing	\$6,748,370.43	\$6,748,370.43

Deductions (Original):

Senior Citizen	\$ 2,000.00	
Disabled	\$ 250.00	
Veteran/Widow of	\$ 10,750.00	
Total Deductions	\$ 13,000.00	\$ 13,000.00

Billing Adjustments:

Added/Omitted Assessments	\$ 25,756.82	
Preliminary Adjustments	\$ - 277.95	
Total Adjustments	\$ 25,478.87	\$ 25,487.87
Total Gross Levy		\$6,786,858.30

Collections/Adjustments (Credits):

Prior Year Receipts (Prepaid)	\$ 30,163.86	
Current Year Receipts	\$ 6,566,009.80	
Homestead Benefit Adj/Receipt	\$ 75,369.78	
Original Deductions	\$ 13,000.00	
Additional Deductions Granted	\$ 750.00	
Total Collections/Adjustments	\$ 6,685,293.44	\$6,685,293.44
Subtotal		\$ 101,564.86

CALCULATION OF TAX COLLECTION PERCENTAGE  
CY2015

Balance Forward		\$ 101,564.86
<u>Collection Adjustments (Debits):</u>		
Deductions Disallowed	\$ 1,871.90	
Overpayments Refunded	\$ 1,449.67	
Overpayments Transferred	\$ 243.38	
Returned Checks	\$ 11,876.92	
	-----	
Total Collections/Adjustments	\$ 15,441.87	\$ 15,441.87
		-----
Balance Uncollected		\$ 117,006.73
Collection Percentage		98.28

TOTAL CASH COLLECTIONS  
CY2015

Collections

Taxes:

13 (Reversion)	\$ .51	
14	\$ 178,884.91	
15	\$6,554,137.11	
16 (Prepaid)	\$ 26,887.48	
	-----	
Total Taxes	\$6,759,910.01	\$6,759,910.01

Interest/Year End Penalty:

Taxes	\$ 29,925.97	
Arrears	\$ 0.00	
Year End Penalty	\$ 2,597.87	
	-----	
Total Interest	\$ 32,523.84	\$ 32,523.84

Miscellaneous Collections:

Water/Sewer Transfers	\$ 22,345.84	
Tax Sale Costs	\$ 5,766.47	
Return Check Fees	\$ 120.00	
Tax Sale Premium	\$ 53,600.00	
Tax Search	\$ 10.00	
	-----	
Total Miscellaneous	\$ 81,842.31	\$ 81,842.31

Total Collected*		----- \$6,874,276.16
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\*Excludes Non-Municipal Lien Redemptions

\*Excludes Homestead Benefit Adjustments/Receipts

MUNICIPAL LIEN TRIAL BALANCE  
CY2015

Balance 1/1/15	\$	0.00
Adjustments	\$	0.00
Collections	\$	0.00
		-----
Balance 12/31/15	\$	0.00

NON-MUNICIPAL LIEN TRIAL BALANCE  
CY2015

Balance 1/1/15	\$112,544.21
Adjustments	\$161,143.92
Collections	\$197,788.69
	-----
Balance 12/31/15	\$ 75,899.44

ARREARS TRIAL BALANCE  
CY2015

Taxes

Balance 1/1/15	\$	0.00
Adjustments	\$	0.00
Payments	\$	0.00
Balance 12/31/15*		----- \$ 0.00

\*Excludes Interest

BANKRUPTCY TRIAL BALANCE  
CY2015

Taxes (Pre-Petition)

Balance 1/1/15*	\$	0.00
Adjustments	\$	0.00
Payments	\$	0.00
Balance 12/31/15*		----- \$ 0.00

\*Excludes Interest

TAX SALE  
APRIL 16, 2015

Liens Available	26
Liens Sold	26

Tax Sale Breakdown

Taxes	14	\$ 13,527.68	
Interest		\$ 1,252.32	
		-----	
Total Tax Portion		\$ 14,780.00	\$ 14,780.00

Water/Sewer	14	\$ 20,726.92	
Interest		\$ 1,187.79	
		-----	
Total Water/Sewer Portion		\$ 21,914.71	\$ 21,914.71

Cost of Sale		\$ 2,067.05	\$ 2,067.05
			-----

Total Sale			\$ 38,761.76
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Premium Collected		\$ 53,600.00	\$ 53,600.00
			-----

Total Collected			\$92,361.76
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2015  
TAX RATE BREAKDOWN  
& RATIO

Per \$100.00 Assessed Value:

County Budget	0.259
County Library Budget	0.017
District School Budget	0.815
Local Municipal Purposes	0.715
County Health Budget	0.005
County Open Space Fund	0.014
	-----
Total Tax Rate	1.825
Total Ratio	105.29

PRIOR YEAR 2014

Per \$100.00 Assessed Value:

County Budget	0.260
County Library Budget	0.017
District School Budget	0.781
Local Municipal Purposes	0.623
County Health Budget	0.005
County Open Space Fund	0.014
	-----
Total Tax Rate	1.700
Total Ratio	106.08



# Borough of Lake Como

1740 Main Street, P.O. Box 569 • Lake Como, New Jersey 07719-0569  
(732) 681-3232 • FAX (732) 681-8981

Brian T. Wilton  
*Mayor*

Louise A. Mekosh  
*Borough Clerk/Administrator*

MEMO

TO: Louise A. Mekosh, RMC, CMC, CMFO

FROM: Esther A. Kiss, CTC *EK*

DATE: February 9, 2016

RE: Water/Sewer Monthly Report

.....  
Attached you will find the January 2016 cash and adjustment reports for the water/sewer utility account.

The total amount deposited into the water/sewer account for January is \$126,933.26.

Please contact me if you have any questions.



# Borough of Lake Como

1740 Main Street, P.O. Box 569 • Lake Como, New Jersey 07719-0569  
(732) 681-3232 • FAX (732) 681-8981

Brian T. Wilton  
Mayor

Louise A. Mekosh  
Borough Clerk/Administrator

MEMO

TO: Louise A. Mekosh, RMC, CMC, CMFO

FROM: Esther A. Kiss, CTC *ELK*

DATE February 9, 2016

RE: Real Estate Tax Monthly Report

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Attached you will find the January 2016 cash & adjustment reports for taxes.

The total amounts deposited for January are as follows:

Current Account:	\$ 238,352.59
Redemption Account	0.00
Grand Total:	\$ 238,352.59

Please contact me if you have any questions.



**Part C - Schedule of Purposes**

1. The specific purpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the manner in which they are to be so devoted, are:

All proceeds will be donated in full to Autism New Jersey, a 501 (c)3 non-profit organization who's mission is to promote awareness and advocate for the autism community.

2. If any part of the net proceeds are to be devoted to a purpose allowed by the Raffles Licensing Law by turning the same over to another organization which is exclusively devoted to such purposes, secure the signature of its president or other executive officer to the following certificate:

"It is hereby certified that \_\_\_\_\_  
Name of organization

will accept from the licensee any part of the net proceeds of the games listed in this application to be turned over to it."

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

Signature: \_\_\_\_\_

**Part D - Schedule of Prizes**

A description of all prizes to be offered and given in all of the games listed in this application is as follows. For merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.

Description of Prize	Donated (Yes or No)	Retail value
50/50 cash prize	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Part E - Officers of Applicant**

(1) Office	Name of officer	Age
President	Genare Valiant	21+

Residence address	Telephone No. (include area code)
14 Antoinette Ct., Jamesburg NJ	Day 732.521.5692 Evening _____

(2) Office	Name of officer	Age
Vice President	Sean Nelson	21+

Residence address	Telephone No. (include area code)
1982 W Broad St., Scotch Plains, NJ	Day 908.228.2462 Evening _____

(3) Office	Name of officer	Age
Secretary	Paul Prior	21+

Residence address	Telephone No. (include area code)
3 Duchess Dr., Monroe NJ 08831	Day 732.656.1921 Evening _____

(4) Office	Name of officer	Age
Treasurer	James Grasselino	21+

Residence address	Telephone No. (include area code)
202 Third St., Apt. #1, Jersey City NJ 07302	Day 201.656.8413 Evening _____

**Part F - Members of Applicant who will be in charge of the games**

Name of member in charge	Residence address	Telephone No. (include area code) Day / Evening	Age
Ellen Schisler	13 Magnolia Court, Lawrenceville, NJ 08643	609.588.8200 / _____	21+
_____	_____	_____ / _____	_____
_____	_____	Lake Como / _____	_____
_____	_____	Autism New Jersey / _____	_____
_____	_____	_____ / _____	_____

**Part G - Members of Applicant who will assist in conducting the games**

Name of member	Residence address	Age
Dawn Panza	99 Station Road Morganville, NJ 07751	21+
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Part H - Names of other organizations whose members will assist in conducting the games**

Name and address of organization	How related	Identification No.
n/a	_____	_____
_____	_____	_____
_____	_____	_____

**If more space is needed in any section of this application, insert extra sheets of paper.**

**Part I - Statement of Applicant and member(s) in charge**

State of New Jersey ) ss.  
County of Mercer

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Raffles Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Raffles Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. No prize may be offered and given in cash, except as otherwise provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). If a cash prize under certain circumstances is permitted by the law, the amount of the cash prize may not exceed the limits prescribed by the Raffles Licensing Law.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this  
11th day of January, 20 16.  
Elizabeth Piston  
 Notary Public (Print name)  
[Signature]  
 Signature of Notary Public

[Signature] SECRETARY  
 Signature of Officer and title  
[Signature]  
 Signature of Member-in-Charge  
 \_\_\_\_\_  
 Signature of Member-in-Charge  
 \_\_\_\_\_  
 Signature of Member-in-Charge  
 \_\_\_\_\_  
 Signature of Member-in-Charge

AFFIX SEAL HERE

**ELIZABETH PISTON**  
**A NOTARY PUBLIC OF NEW JERSEY**  
**COMMISSION #2427970**  
**My Commission Expires 12/17/2017**

If more space is needed in any section of this application, insert extra sheets of paper.

**Applicant's registration slip from the Legalized Games of Chance Control Commission must be presented to the Municipal Clerk with this application.**

Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date: 04/28/2015 Expiration date: 04/28/2017 Registration identification: 138-4-33905

Autism New Jersey Inc  
500 HORIZON DR SUITE 530  
ROBBINSVILLE, NJ 08691



**New Jersey Office of the Attorney General**  
Division of Consumer Affairs  
Legalized Games of Chance Control Commission  
**Registration**

Name of organization on application and license must be the same as it appears on this registration.  
This Registration Certificate may only be utilized by the above-named organization.

Mail to: AUTISM NEW JERSEY INC  
500 HORIZON DR SUITE 530  
ROBBINSVILLE, NJ 08691  
Attn:

*Steven P. Layman*  
Steven P. Layman, Secretary  
Legalized Games of Chance Control Commission





**Part E - Officers of Applicant**

<b>(1) Office</b>	<b>Name of officer</b>	<b>Age</b>
President	Genare Valiant	21+

<b>Residence address</b>	<b>Telephone No. (include area code)</b>	
14 Antoinette Ct., Jamesburg NJ	Day 732.521.5692	Evening _____

<b>(2) Office</b>	<b>Name of officer</b>	<b>Age</b>
Vice President	Sean Nelson	21+

<b>Residence address</b>	<b>Telephone No. (include area code)</b>	
1982 W Broad St., Scotch Plains, NJ	Day 908.228.2462	Evening _____

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Secretary	Paul Prior	21+

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3 Duchess Dr., Monroe NJ 08831	Day 732.656.1921	Evening _____

<b>(4) Office</b>	<b>Name of officer</b>	<b>Age</b>
Treasurer	James Grasselino	21+

<b>Residence address</b>	<b>Telephone No. (include area code)</b>	
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_____	_____	_____ / _____	_____
_____	_____	Lake Como / _____	_____
_____	_____	Autism New Jersey / _____	_____
_____	_____	_____ / _____	_____

**Part G - Members of Applicant who will assist in conducting the games**

Name of member	Residence address	Age
Dawn Panza	99 Station Road Morganville, NJ 07751	21+
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Part H - Names of other organizations whose members will assist in conducting the games**

Name and address of organization	How related	Identification No.
n/a	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed in any section of this application, insert extra sheets of paper.

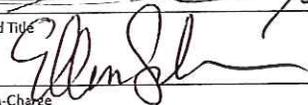
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3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Raffles Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. No prize may be offered and given in cash, except as otherwise provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). If a cash prize under certain circumstances is permitted by the law, the amount of the cash prize may not exceed the limits prescribed by the Raffles Licensing Law.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this  
11<sup>th</sup> day of January, 20 16.  
Elizabeth Piston  
 Notary Public (Print name)  
  
 Signature of Notary Public

  
 Signature of Officer and Title  
  
 Signature of Member-in-Charge  
 \_\_\_\_\_  
 Signature of Member-in-Charge  
 \_\_\_\_\_  
 Signature of Member-in-Charge  
 \_\_\_\_\_  
 Signature of Member-in-Charge



**ELIZABETH PISTON**  
**A NOTARY PUBLIC OF NEW JERSEY**  
**COMMISSION #2427970**  
**My Commission Expires 12/17/2017**

If more space is needed in any section of this application, insert extra sheets of paper.

**Applicant's registration slip from the Legalized Games of Chance Control Commission must be presented to the Municipal Clerk with this application.**

Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date: 04/28/2015      Expiration date: 04/28/2017      Registration identification: 138-4-33905

Autism New Jersey Inc  
500 HORIZON DR SUITE 530  
ROBBINSVILLE, NJ 08691



*New Jersey Office of the Attorney General*  
Division of Consumer Affairs  
Legalized Games of Chance Control Commission  
Registration

Name of organization on application and license must be the same as it appears on this registration.  
This Registration Certificate may only be utilized by the above-named organization.

Mail to:  
AUTISM NEW JERSEY INC  
500 HORIZON DR SUITE 530  
ROBBINSVILLE, NJ 08691  
Attn:

  
Steven P. Layman, Secretary  
Legalized Games of Chance Control Commission

Resolution 2016 – 62

Whereas, it appears that there was a deficit in budget appropriation reserves for the calendar year 2015 and there is a surplus in other appropriation reserves in the same budget;

Now, therefore, be it resolved by the Mayor and Council of the Borough of Lake Como that there be transferred from the following appropriation reserves the amounts hereinafter set forth:

CURRENT ACCOUNT:

From:

Engineering OE	5-10- 010-201	\$ 5,000.00
Telephone	5-10- 400-311	1,300.00
Solid Waste Collection OE	5-10- 019-201	1,200.00
Municipal Clerk S&W	5-10- 001-103	4,000.00
Financial Adm. S&W	5-10- 003-101	1,300.00
Landfill/Solid Waste Disposal	5-10 - 021-201	<u>2,000.00</u>
		\$14,800.00

To:

Legal Services/Fees	5-10- 009-203	\$14,800.00
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Dated: February 16, 2016

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Brian T. Wilton, Mayor

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Louise A. Mekosh, RMC, CMC, CMFO  
Borough Clerk/Administrator

Resolution 2016 – 63

Be it resolved by the Mayor and Council of the Borough of Lake Como that the proper officers be directed and authorized to make payment from the following accounts:

CURRENT ACCOUNT:

	See Attached Bill List		\$738,731.74
	Asbury Park Press		204.50
	CME Associates	Plan Bd-1700 Main St.	542.50
	Siobhan Ryan	Res 15-124	300.00
3706	LC Water/Sewer	GL-Transfer	240.02
3749	LC Traffic Acct.	Due to Traffic	<u>728.40</u>
			\$740,747.16

WATER/SEWER ACCOUNT:

	See Attached Bill List		\$ 50,278.99
	CME Associates	Ord14-896	<u>1,241.00</u>
			\$ 51,519.99

PAYROLL ACCOUNT:

3747	Employee Payroll Dated 1/27/16		\$ 75,349.18
1955	Employee Payroll Dated 1/27/16		4,144.57
1067	Employee Payroll Dated 1/27/16		192.09
1149	Employee Payroll Dated 1/27/16		160.49
3751	Employee Payroll Dated 2/10/16		73,556.12
1957	Employee Payroll Dated 2/10/16		5,266.48
1068	Employee Payroll Dated 2/10/16		825.72
1222	Employee Payroll Dated 2/10/16		122.72
1150	Employee Payroll Dated 2/10/16		160.48
Wire	State of NJ – PFRS		13,000.00
Wire	State of NJ – PERS		<u>6,250.00</u>
			\$179,027.85

TOURISM ACCOUNT:

1222	Lake Como Payroll Account		\$ 122.72
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TRAFFIC ACCOUNT:

1067	Lake Como Traffic Account		\$ 192.09
1068	Lake Como Traffic Account		<u>825.72</u>
			\$ 1,017.81

FIRE PREVENTION:

	National Geomatica	\$ 690.00
1149	Lake Como Payroll Account	160.49
1150	Lake Como Payroll Account	<u>160.48</u>
		\$ 1,010.97

DOG LICENSE ACCOUNT:

1066	State of New Jersey	\$ 81.60
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Dated: February 16, 2016

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Brian T. Wilton, Mayor

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Louise A. Mekosh, RMC, CMC, CMFO  
Borough Clerk/Administrator

CURRENT ACCOUNT

Associated Humane	Police OE	\$ 191.89
AT&T	Telephone	\$ 47.47
Belmar Auto	Police OE	\$ 210.00
	Streets&Roads OE	\$ 100.00
Belmar Auto	Police OE	\$ 160.00
Cablevision/Optimum	Police OE	\$ 135.64
	PB&G	\$ 70.64
Cambria Co.	Solid Waste Coll OE	\$ 50.00
CME Associates	Engineering OE	\$ 717.50
	Engineering OE	\$ 1,166.00
Coast Star	A&E Advertising	\$ 78.92
	Plan Board OE	\$ 78.92
3704 Costco	Police OE	\$ 249.90
	Finance OE	\$ 124.95
	Assessment of Taxes OE	\$ 24.99
	Collection of Taxes OE	\$ 74.97
	Plan Board OE	\$ 74.97
	Const Code OE	\$ 74.97
	PB&G	\$ 87.62
<hr/>		
DeLisa Waste Services	Solid Waste/Landfill	\$ 1,812.90
	Solid Waste Coll OE	\$ 4,750.00
	Recycle OE	\$ 2,000.00
	Recycle OE	\$ 45.00
	Solid Waste/Landfill	\$ 3,022.18
	Solid Waste/Landfill	\$ 2,600.15
Fire Security Tech	PB&G	\$ 396.00
Thomas Hartigan	Legal Services/Fees	\$ 821.27
H. Haushalter	Legal Services/Fees	\$ 135.00
3705 Home Depot	PB&G	\$ 77.95
JCP&L	PB&G	\$ 627.66
	Police OE	\$ 67.22
	PB&G	\$ 43.15
	PB&G	\$ 835.76
	Street Lighting OE	\$ 1,715.80
Jeannette Jimenez	PB&G	\$ 400.00
	PB&G	\$ 320.00
3747 LC Payroll Account	S&W	\$ 70,249.22
	SS	\$ 4,133.30
	Medicare	\$ 966.66
3751 LC Payroll Account	S&W	\$ 68,512.36
	SS	\$ 4,087.74
	Medicare	\$ 956.02
LC Board of Education	School Tax	\$ 251,833.33
Louise Mekosh	Finance OE	\$ 149.00
3752 Monarch Electric	PB&G	\$ 69.00
Wire Monmouth County	County Taxes	\$ 242,583.10

Wire	Monmouth County	Library Taxes	\$ 15,985.90
Wire	Monmouth County	Open Space Taxes	\$ 13,370.15
Wire	Monmouth County	Health Taxes	\$ 4,800.85
	Monmouth Recycling	Recycle OE	\$ 45.60
	MO TCTA	Finance OE	\$ 80.00
		Collection of Taxes OE	\$ 80.00
	Mun Record Service	Court OE	\$ 356.00
	Nat Geomatica	Nat Geomatica	\$ 440.00
	NCO Lock	PB&G	\$ 96.50
	3750 Neofunds by Neopost	Finance OE	\$ 60.00
		Collection of Taxes OE	\$ 60.00
		Assessment of Taxes OE	\$ 60.00
		Plan Board OE	\$ 60.00
		Cons Code OE	\$ 60.00
	3746 Neofunds by Neopost	Finance OE	\$ 200.00
	NJ Nat Gas	PB&G	\$ 351.85
		Fire Dept	\$ 225.80
	NJ Planning Officials	Plan Board OE	\$ 325.00
Wire	NJP&B	Employee Group Ins	\$ 25,221.99
		Due from Payroll	\$ 4,838.78
	NJ League of Mun	Mun Clerk OE	\$ 35.00
	NJ League of Mun	A&E Misc	\$ 297.00
	Northeast Fire Equip.	PB&G	\$ 491.00
	Public Works Assoc	Streets&Roads OE	\$ 50.00
	Quill Corp.	A&E	\$ 19.79
		Finance OE	\$ 398.47
		PB&G	\$ 95.66
		Assessment of Taxes OE	\$ 20.76
		Collection of Taxes OE	\$ 417.72
		Plan Board OE	\$ 139.17
		Police OE	\$ 239.53
	Ricoh USA	Police OE	\$ 193.98
		Collection of Taxes OE	\$ 65.65
		Finance OE	\$ 65.65
		Cons Code OE	\$ 65.65
		Plan Board OE	\$ 65.65
	Scrubber Doctor	PB&G	\$ 271.28
	Sea Breeze Ford	Police OE	\$ 88.08
	3748 Staples	Finance OE	\$ 70.03
	Stavola Asphalt	Streets&Roads OE	\$ 117.60
	Taylor Hardware	PB&G	\$ 97.00
		Streets&Roads OE	\$ 10.98
		Fire Dept	\$ 14.99
	TCTA Membership	Finance OE	\$ 100.00
		Collection of Taxes OE	\$ 100.00
	Trius Inc.	Streets&Roads OE	\$ 336.00
	VanWickle Auto	Fire Dept	\$ 53.97

	Streets&Roads OE	\$ 89.45
	Streets&Roads OE	\$ 327.57
Watchung Spring	PB&G	\$ 48.10
Wintrust Capital	Police OE	\$ 698.47
		<u>\$ 738,731.74</u>

Water/Sewer Account

	Caruso Excavating	OE	\$ 18,427.50
	FedEx	OE	\$ 26.35
	Ferguson Enter.	OE	\$ 27.79
	Garden State Lab	OE	\$ 138.00
1955	LC Payroll Account	S&W	\$ 4,144.57
1957	LC Payroll Account	S&W	\$ 5,266.48
	MGL Printing	OE	\$ 504.00
	NJ Amer Water	OE	\$ 7,771.98
	NJ Water Assoc	OE	\$ 340.00
	Quill Corp.	OE	\$ 26.09
	SMRSA	SMRSA	\$ 13,265.47
	Taylor Hardware	OE	\$ 73.40
1956	US Life Ins	OE	\$ 250.56
	Van Wickle Auto	OE	\$ 16.80
			<u>\$ 50,278.99</u>

**RESOLUTION 2016-64**

**WHEREAS**, the Open Public Meetings Act, P.L. 1975, Chapter 231 permits the exclusion of the public from a meeting in certain circumstances; and

**WHEREAS**, the Mayor and Council is of the opinion that such circumstances presently exist; and

**WHEREAS**, the Governing body wishes to discuss:

**Personnel Matters & Contractual Negotiations**

Minutes will be kept and once the matter involving the confidentiality of the above no longer requires that confidentiality, then the minutes can be made public.

**NOW THEREFORE BE IT RESOLVED** that the public be excluded from this meeting.

Dated: 02/16/2016

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Brian T. Wilton  
Mayor

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Louise A. Mekosh, RMC, CMC, CMFO  
Borough Clerk/Administrator

**RESOLUTION NO. 2016-65**

**RESOLUTION OF THE BOROUGH OF LAKE COMO,**

**COUNTY OF MONMOUTH, STATE OF NEW JERSEY,**

**AUTHORIZING THE MUNICIPAL CLERK TO PUBLISH A "NOTICE OF AVAILABILITY OF MAIL-IN BALLOTS" FOR A SPECIAL ELECTION IN THE LOCAL NEWSPAPER**

**WHEREAS**, the Mayor and Council of the Borough of Lake Como are preparing the CY 2016 Municipal Budget and the Borough may be required to conduct a Special Election for the purpose of a Levy and/or Appropriation Cap Referendum to adjust the allowable tax levy and percentage rate of increase of revenues and appropriations,

**NOW, THEREFORE, BE IT RESOLVED** by the Mayor and Council of the Borough of Lake Como that the Borough Clerk is hereby authorized and directed to publish a "Notice of Availability of Mail-In Ballots" for a Special Election which may be held on April 19, 2016; and

**BE IT FURTHER RESOLVED** that a copy of this Resolution be forwarded to the Division of Local Government Services and the Board Secretary of the Lake Como Board of Education.

**Dated:**

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**Brian T. Wilton**  
Mayor

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**Louise A. Mekosh, RMC, CMC, CMFO**  
Borough Clerk/Administrator

**RESOLUTION NO. 2016-66**

**RESOLUTION OF THE BOROUGH OF LAKE COMO,  
COUNTY OF MONMOUTH, STATE OF NEW JERSEY,**

**AUTHORIZING THE MAYOR AND BOROUGH ADMINISTRATOR TO FILE A  
"NOTICE OF INTENT" TO APPLY FOR TRANSITIONAL AID FOR THE  
CALENDAR YEAR 2016 MUNICIPAL BUDGET**

**WHEREAS**, the Mayor and Council of the Borough of Lake Como are preparing the CY 2016 Municipal Budget and the Borough may be applying for Transitional Aid from the State for the Municipal Budget; and

**WHEREAS**, any municipality operating on a calendar year basis budget who may wish to apply for CY 2016 Transitional Aid to Localities must notify the Division of Local Government Services no later than February 19, 2016, which notice is non-binding and for informational and planning purposes only; and

**WHEREAS**, the Mayor and Governing Body are exploring all sources of revenue and aid to deal with the anticipated budget gap for 2016;

**NOW, THEREFORE, BE IT RESOLVED** that the Governing Body hereby authorizes the Mayor and Borough Administrator to file the notice of intent to apply for Transitional Aid.

**Dated:**

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**Brian T. Wilton**  
Mayor

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**Louise A. Mekosh, RMC, CMC, CMFO**  
Borough Clerk/Administrator

**RESOLUTION NO. 2016-67**

**RESOLUTION OF THE BOROUGH OF LAKE COMO,  
COUNTY OF MONMOUTH, STATE OF NEW JERSEY,**

**RATIFYING THE LAYOFF PLAN FOR THE POLICE DEPARTMENT,  
AUTHORIZING LAYOFF NOTICES AND DIRECTING IMPLEMENTATION OF THE  
PLAN**

**WHEREAS**, the Borough Council of the Borough of Lake Como continues to believe that the cost of providing police services to the Borough is likely to result in a Budget Deficit for the current year and in the future; and

**WHEREAS**, in particular, the Governing Body finds that the Police Department's budget, which, for the 2016-2017 budget year, is projected to be \$1.9 million, over one-half of the projected overall municipal budget of \$3.4 million, is unsustainable for the Borough's taxpayers; and

**WHEREAS**, accordingly, the Mayor and Borough Council authorized and directed the Borough Attorney and Borough Clerk to prepare and advertise a Request for Proposals for police services in an effort to exhaustively explore alternatives to minimize the impact on Lake Como taxpayers; and

**WHEREAS**, the Borough Clerk prepared a layoff plan for the police department; and

**WHEREAS**, the New Jersey Civil Service Commission has reviewed and found that the Borough's Layoff Plan for the Police Department complies with the requirements of N.J.A.C. § 4A:81-1, et seq.;

**NOW, THEREFORE, BE IT RESOLVED** by the Mayor and Council of the Borough of Lake Como that the Layoff Plan approved by the Commission is hereby ratified; and

**BE IT FURTHER RESOLVED** that the Borough Clerk is hereby authorized and directed to send notices of layoff to the affected employees.

**Dated:**

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**Brian T. Wilton**  
Mayor

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**Louise A. Mekosh, RMC, CMC, CMFO**  
Borough Clerk/Administrator

**BOROUGH OF LAKE COMO, MONMOUTH COUNTY, STATE OF NEW JERSEY**

**ORDINANCE NO. 2016-909**

**ORDINANCE OF THE BOROUGH OF LAKE COMO  
AMENDING CHAPTER IX OF THE BOROUGH  
MUNICIPAL CODE, BUILDING AND HOUSING,  
AND CHAPTER XI OF THE BOROUGH  
CODE, RENTAL HOUSING**

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**WHEREAS**, the Borough Code Official has recommended certain changes to the Certificate of Inspection and Summer Rental License provisions of the Borough's ordinances in order to ensure that the inspections required under the ordinances are necessary and cost-effective and the premises are free of health, safety, or fire hazards; and

**WHEREAS**, the Borough Council has learned that some of the inspections required under the current ordinances are unnecessary and others are not being conducted on a regular basis; and

**WHEREAS**, the Borough Code Official has advised that some re-inspections required on re-sales used as an alternative to licensed home inspectors; and

**WHEREAS**, the Council has also considered recommendations from members of the Borough's Tourism Committee; and

**WHEREAS**, the Borough has reviewed the fees charged by neighboring communities for similar inspections and re-inspections; and

**WHEREAS**, the Borough Council believes it to be in the best interests of the citizens of Lake Como to increase certain fees and provide a self-inspection option for summer rental licensees;

**NOW, THEREFORE, BE IT ORDAINED** by the Borough Council of the Borough of Lake Como, County of Monmouth, and State of New Jersey as follows:

§ 9-4.8(b): Add "plus any applicable tourism fee for rental".

§ 9-4.8(c) shall be repealed and replaced with the following: The fee for the required inspection includes one re-inspection to ensure compliance with this subsection, however, if a complete re-inspection is required, the fee for the second inspection shall be \$250.00 for each dwelling house or unit.

§ 9-4.8(d) shall be repealed and replaced with the following: Any re-inspection required after the first and second inspection shall be \$500.00 for each dwelling house or unit.

§ 11-2.14(a) shall be repealed and replaced with the following: For applications for Certificates of Inspection including Summer Rental Licenses\* pursuant to 9-4.1.....\$120.00 per dwelling house or unit, plus a \$50.00 tourism fee.

§11-2.14(b) shall be repealed and replaced with the following: For applications for Certificates of Inspection for each change in the occupancy of a summer rental.....\$75.00 per dwelling house or unit, plus a \$25 tourism fee.

§11-2.14(c) shall be repealed and replaced with the following: Annual Self-Inspection fee option: A Summer Rental licensee, having obtained its Summer Rental License and received a satisfactory Certificate of Inspection may, on or before May 1st: pay an annual Self-Inspection fee of \$150 per dwelling house or unit, plus a \$50 tourism fee. Upon any change in occupancy, the licensee shall complete and file the Certificate of Self-Inspection form [See Exhibit A, attached hereto]. No further re-inspection fees are required during the summer rental period of May 15 through September 15.

§11-2.14(d) shall be deleted in its entirety.

**SO ORDAINED**, as aforesaid.

ADOPTED ON FIRST READING  
DATED:

\_\_\_\_\_  
LOUISE A. MEKOSH,  
Borough Clerk

ADOPTED ON SECOND READING  
DATED:

\_\_\_\_\_  
LOUISE A. MEKOSH,  
Borough Clerk

APPROVAL BY THE MAYOR ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 2015

\_\_\_\_\_  
BRIAN WILTON,  
Mayor

Note: Certificate of Inspection fees for a title transfer are included in Chapter IX.  
Note: The fees that were in 11-2.14 are different than the fees for the same thing that was in Chapter IX.

**RESOLUTION NO. 2016-68**

**PERSON-TO-PERSON TRANSFER OF  
PLENARY RETAIL CONSUMPTION LICENSE  
FROM YAVARONE, JAMES A. TO KARAN TWO INC.**

**WHEREAS**, Karan Two Inc. has applied for a Person-to-Person transfer of the Plenary Retail Consumption License No. 1347-44-008-003 presently held by Yavarone, James A.; and

**WHEREAS**, a consent form has been received from Yavarone, James A. consenting to the transfer; and

**WHEREAS**, the principals in the application have been investigated by the proper authorities; and

**WHEREAS**, the pending transfer was advertised in the Asbury Park Press on December 19, 2015 and December 26, 2015; and

**WHEREAS**, a Tax Clearance Certificate has been received from the NJ Division of Taxation evidencing all taxes have been paid and the above license is now eligible to be transferred.

**NOW, THEREFORE, BE IT RESOLVED** that the above-mentioned Person-to-Person transfer is hereby approved effective immediately.

**BE IT FURTHER RESOLVED** that a certified copy of this resolution be forwarded to the Director of the New Jersey Division of Alcoholic Beverage Control.

**Dated: 02/16/16**

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**Brian T. Wilton**  
Mayor

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**Louise A. Mekosh, RMC, CMC, CMFO**  
Borough Clerk/Administrator

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

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

Action ID Code

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

[ ] [ ] [ ] [ ]  
A W D U

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

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

1347 - 44 - 008 - 004

DATE APPLICATION FILED:

03 / 24 / 2015

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

CODE TYPE OF LICENSE (CHECK ONE)

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

THIS APPLICATION IS FOR:

- |    |                                     |   |                                     |   |
|----|-------------------------------------|---|-------------------------------------|---|
| 31 | <input type="checkbox"/>            | Club  | <input type="checkbox"/>            | A New License   |
| 32 | <input type="checkbox"/>            | Plenary Retail Consumption<br>w/Broad Package Privilege       | <input checked="" type="checkbox"/> | Person to Person Transfer<br>(incl. Partnership change,<br>except Ltd. Partnership) |
| 33 | <input type="checkbox"/>            | Plenary Retail Consumption                                    | <input type="checkbox"/>            | Place to Place Transfer<br>(including expansion of premises)                        |
| 36 | <input type="checkbox"/>            | Plenary Retail Consumption<br>(Hotel/Motel Exception)         | <input type="checkbox"/>            | Change of Corporate Structure   |
| 37 | <input type="checkbox"/>            | Plenary Retail Consumption<br>(Theatre Exception)             | <input type="checkbox"/>            | Extension of License (To Executor,<br>Receiver, Administrator. etc.)                |
| 35 | <input type="checkbox"/>            | Seasonal Retail Consumption<br>(November 15 through April 30) | <input type="checkbox"/>            | Renewal of License  |
| 34 | <input type="checkbox"/>            | Seasonal Retail Consumption<br>(May 1 through Nov. 14)        | <input type="checkbox"/>            | Amendment of Application on File  |
| 44 | <input checked="" type="checkbox"/> | Plenary Retail Distribution                                   | <input type="checkbox"/>            | Other _____   |
| 43 | <input type="checkbox"/>            | Limited Retail Distribution                                   | <input type="checkbox"/>            | _____   |

OTHER

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

\_\_\_\_\_  
This Area is Reserved for Municipal Use

Municipal Fee \$ 360<sup>00</sup>  
 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

STATE ASSIGNED LICENSE NUMBER: 1347 - 44 - 008 - 004

Application is made on behalf of: 2

- 1 = An Individual
- 2 = Business Corporation
- 3 = A Partnership
- 4 = Unincorporated Club
- 5 = Incorporated 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 held by individual (last name, first, middle Initial), partnership or Corporation.

KARAN TWO, INC.

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

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES) N/A

Street Address 508 18<sup>TH</sup> AVENUE

Number Street Name

Municipality LAKECOMO NEW JERSEY Zip 07719

Telephone number of business (732) 919 2026  
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 NOT APPLICABLE

Number Street Name

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

Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2.4 New Jersey Sales Tax Certificate of Authority No. 471-520-690/000

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]:

COLONY MARKET

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

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 X 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 N/A

B. NO. PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:

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

STATE ASSIGNED LICENSE NUMBER: 1347 - 44 - 008 - 004

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 31 only, entering N/A for "not applicab?" [If you use N/A as a response to questions 3.1, 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? N/A

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 1 TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? \_\_\_ Yes X No

If the answer to question 3.3 is "No", specify which floors are to be under license and wch ones are not by answering the following questions:

3.4	Basement	___ Yes	___ No	All of It	___ Yes	___ No
	1st floor	<u>X</u> Yes	___ No	All of It	<u>X</u> Yes	___ No
	2nd floor	___ Yes	<u>X</u> No	All of It	___ Yes	___ No
	3rd floor	___ Yes	___ No	All of It	___ Yes	___ 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 X No

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

\_\_\_ Yes X 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 X No

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

DOES THE APPLICANT LEASE THE BUILDING? X 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):

**INDUS AMERICAN BANK**

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

Street Address 10 **SCHALKS CROSSING ROAD SUITE # 102**

Number Street Name

P.O. Box # \_\_\_\_\_ Municipality PLAINSBORO State NEW JERSEY

Zip 08563 - \_\_\_\_\_

3.9 LANDLORD (HOLDER OF LEASE):

**KARAN TWO REALTY LLC**

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

Street Address 22 **RUSSET LANE**

Number Street Name

P.O. Box # \_\_\_\_\_ Municipality FARMIGDALE State NJ







STATE ASSIGNED LICENSE NUMBER: 1347 - 44 - 008 - 004

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 11-115 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) AS NEEDED.

A. License number 1529 - 44 - 001 - 004

Name KARAN ONE INC.  
(Last Name, First, Middle Initial or Corporate Name)

Relationship to applicant SELF

B. License number 1529 - 44 - 001 - 004

Name KARAN ONE INC.  
(Last Name, First, Middle Initial or Corporate Name)

Relationship to applicant SPOUSE

B. 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) AS NEEDED.

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

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

N.J Sales Tax Certificate of Authority No. \_\_\_\_\_

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

STATE ASSIGNED LICENSE NUMBER: 1347 - 44 - 008 - 004

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 MOTEL/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 1347 - 44 - 008 - 004

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:

**YAVARONE JAMES A**

(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: N/A

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 N/A  
Municipality \_\_\_\_\_ Number \_\_\_\_\_ Street Name \_\_\_\_\_  
New Jersey Zip \_\_\_\_\_ - \_\_\_\_\_

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 04 / 02 / 2015 Date of Second notice 04 / 09 / 2015

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE \_\_\_\_\_

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 NOT APPLICABLE

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 - 44 - 008 - 004

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

INDUS AMERICAN BANK

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

Street Address 10 SCHALKS CROSSING ROAD SUITE # 102  
Number Street Name

P.O. Box # \_\_\_\_\_ Municipality PLAINSBORO State NEW JERSEY

Zip 08536 - \_\_\_\_\_

Describe Nature of Interest STOCK PLEDGFE TO SECURE NOTE

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 8 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

SMALL BUSINESS ADMINISTRATION, INDUS AMERICAN BANK

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

Street Address \_\_\_\_\_  
Number Street Name

P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_

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

Describe Nature of Interest TO SECURE THE MORTGAGE NOTE

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 Name, Middle Initial or Corporate Name)

Street Address \_\_\_\_\_  
Number Street Name

P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_

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

Describe Nature of Interest \_\_\_\_\_

APPLICANTS THAT ARE SOLE PROPRIETORS OP PARTNERSHIPS GO TO PAGE 10A  
CORPORATIONS COMPLETE PAGE 1

STATE ASSIGNED LICENSE NUMBER: 1347 - 44 - 008 - 004

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 KARAN TWO INC A NEW JERSEY CORPORATION
- 10.2 Street address of home office 22 RUSET LANE  
 Number Street Name  
 Municipality FARMINGDALE State NJ Zip 07727-1134
- 10.3 NJ Sales Tax Certificate of Authority Number 471-520-690/000
- 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 08 / 06 / 2014 STATE NJ
- 10.7 CERTIFICATE OF INCORPORATION NUMBER 0400-6785-02
- 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 ate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- 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 PATEL PINAL  
 (Last Name, First Name, Middle Initial or Corporation)  
 Street Address 22 RUSET LANE  
 Number Street Name  
 Municipality FARMINGDALE State: NJ  
 Zip 07727 - 1134 Telephone number of business (732) 604 - 0292  
 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 - 44 - 008 - 004

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).

KARAN TWO INC. T/A COLONY MARKET

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

PATEL PINAL P.  
Last Name First Middle Initial

Home Street Address 22 RUSET LANE  
Number Street Name

P.O. Box # \_\_\_\_\_ Municipality FARMINGDALE State NJ

Zip 07727 - 1134

Social Security number 145 -94 -5962 Date of birth 06 / 27 / 1974

Home telephone number (732) 919 - 2026  
Area Exchange Number

Office telephone number (732) - 604 - 0292  
Area Exchange Number

% of business owned or controlled 100% Number of shares 100

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)

Last Name First Middle Initial

Home Street Address \_\_\_\_\_  
Number Street Name

P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_

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

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home telephone number ( ) - \_\_\_\_\_  
Area Exchange Number

Office telephone 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) \_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER: : 1347 - 44 - 008 - 004

LICENSE PERIOD APPLIED FOR

FROM 07 / 01 / 2015 TO 06 / 30 / 2016

DATE: 03 / 24 / 2015

State of NEW JERSEY )  
County of MONMOUTH )

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

(Check One

- 1. The Individual Applicant:  \_\_\_\_\_
- 2. Members of the Partnership Applicant
- 3. PINAL P. PATEL of KARAN TWO INC. T/A COLONY MARKET

(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 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 signatory 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)

NAME:

(Corporations Only)

Attestation by Corporate Secretary

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

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

Attest:

P

KARAN TWO INC.

Corporate Name)

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

By: Pinal P. Patel  
(Signature of Corporate President or Vice President)

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

Secretary P  
Signature

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

Affix Corporate Seal

Sworn to and subscribed before me  
this 24TH day of MARCH, 2015

AFFIDAVIT MUST BE SIGNED HERE

→

Rupam B. Patel  
(Signature of Officer Administering Oath)

BY DULY AUTHORIZED  
NOTARY PUBLIC

RUPAM B. PATEL  
(Print Name of Officer Administering Oath)

OR AN ATTORNEY AT LAW  
OF NEW JERSEY

\_\_\_\_\_  
(Title of Officer Administering Oath)

RUPAM B. PATEL  
Notary Public, State of New Jersey  
Qualified in Middlesex County  
Commission Expires ~~7-19-2011~~

7-28-2016

**AFFIDAVIT OF PUBLICATION**

**Publisher's Fee \$49.50 Affidavit \$35.00**

**State of New Jersey } SS.  
Monmouth/Ocean Counties**

Personally appeared *[Signature]*

Of the **Asbury Park Press**, a newspaper printed in Freehold, New Jersey and published in Neptune, in said County and State, and of general circulation in said county, who being duly sworn, deposes and saith that the advertisement of which the annexed is a true copy, has been published in the said newspaper 2 times, once in each issue as follows:

04/02/15 04/09/15 A.D 2015

*Melanie Calt*

Ad Number: 0000377732

*[Signature]*  
Sworn and subscribed before me, this 23 day of April 2015

**MELANIE C. ALTZ  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 11/19/2019**



STATE OF NEW JERSEY  
 DEPARTMENT OF LAW AND PUBLIC SAFETY  
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
 P.O. BOX 087, 140 EAST FRONT STREET  
 TRENTON, NJ 08625-0087

**PETITION TO EXTEND LICENSED PREMISES [EP]**

**APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT**

Petition must be accompanied by a \$75.00 fee per day for New Jersey licensees in the form of a check or money order payable to the Division of Alcoholic Beverage Control.

**Licensee Information**

- License name: MAC-TAV d/b/a: McCann's Tavern
- Address of Licensed Premises: 1704 Main Street
- Petitioner is holder of Retail License No: 1347 - 33 - 005 - 007
- Contact Name: Thomas McCann Phone 732 - 861 - 7725  
 E-mail Address: \_\_\_\_\_

**Event Information**

- Specific event petitioner is holding? St. Pats Parade Day
- What adjoining property does the petitioner intend to include for this extension?  
Driveway
- Does licensee own property? Yes  No  If no, state owner \_\_\_\_\_
- What date(s) will affair be held and between what hours alcoholic beverages will be dispensed (Dates must be consecutive to be on one application)

MM/DD/YY	START	END
3 106 12016	11:00 am <input checked="" type="checkbox"/> pm <input type="checkbox"/>	5:00 am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
1 1	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
1 1	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>

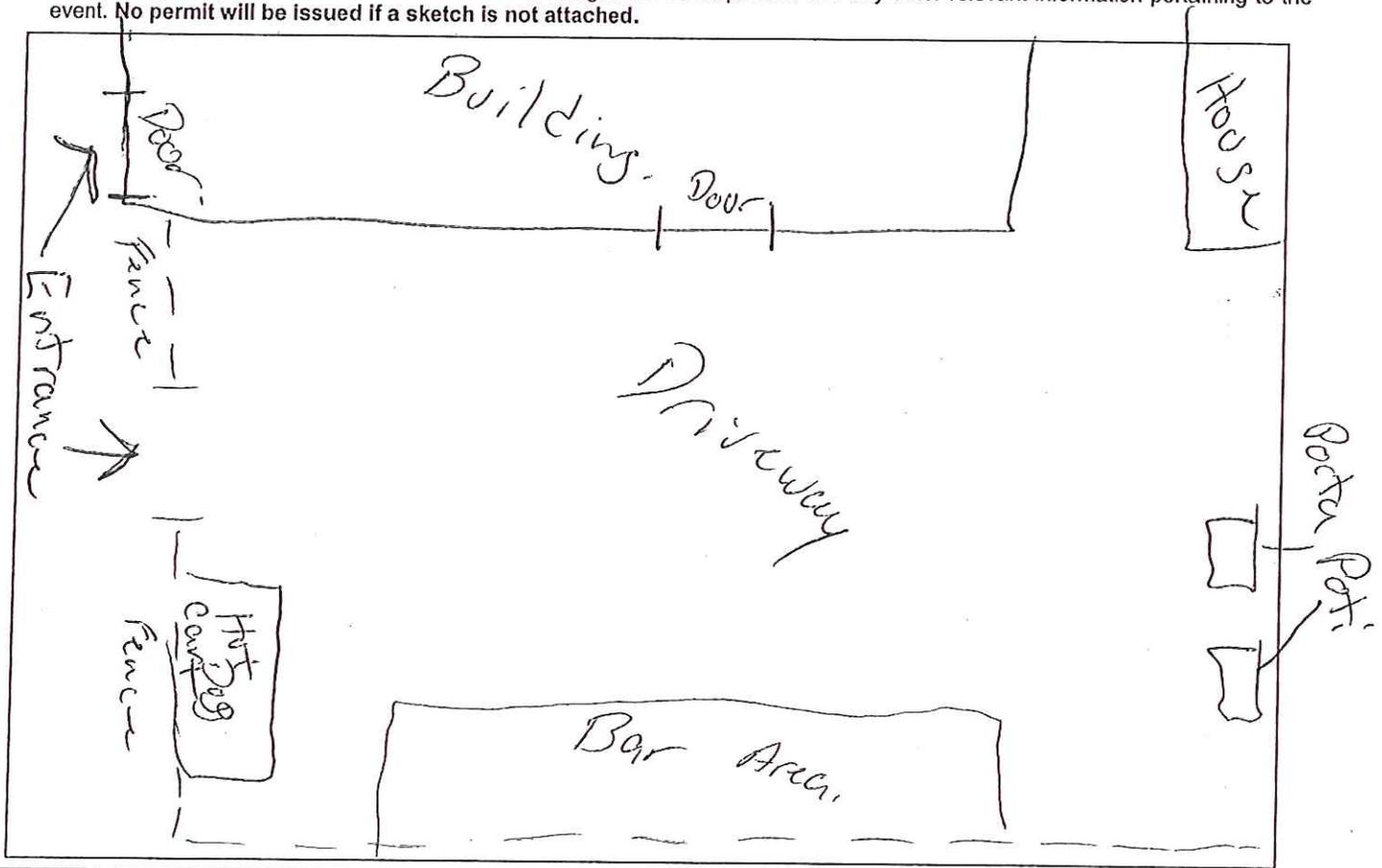
Rain Date: \_\_\_\_\_ (One rain date)

- How will a charge be assessed? Ticket  Contribution  Other: 05 Cover  
(SPECIFY OTHER)
- Will there be a cash bar? Yes  No  If No, how will the event be paid for? \_\_\_\_\_
- Check the type of alcoholic beverages to be dispensed if permit is granted:  
 Wine  Distilled Spirits  Malt Alcoholic Beverages
- What are cup sizes for alcoholic beverages? Wine 8oz Beer 16oz Spirits 10oz
- How many people are expected to attend your event on a daily basis? \_\_\_\_\_
- What is the approximate age group of the attendees? 40
- Will persons under the legal age to consume alcohol be in attendance? Yes  No

16. Explain in detail the security plans for the event. The plan should include the number of people check for ID's, plans to prevent pass-offs to minors, the type of security at the event, the limit of alcoholic beverages per transaction, and any other relevant information pertaining to the event. *Please attach another sheet if necessary.*

Security 2 at entry  
 2 ID check at Bar, side & back, 6' Stockade Fence  
 4 Security personnel along fence, 3 Floating security personnel in and out of Building.

17. Please use the space below or attach a detailed sketch of the area to be licensed. The sketch should include entrances and exits, ID checking area(s), location of where alcoholic beverages will be dispensed and any other relevant information pertaining to the event. *No permit will be issued if a sketch is not attached.*



**Client Information**

Identify client utilizing services: \_\_\_\_\_  
 Client contact: Thomas M'cann Phone 732 -- 861 - 7725  
 E-mail address: mmccann1956@optonline.net

**Event Organizer Information**

Is the event being handled by a promoter, Production Company, or other entities? Yes  No  If yes, attach contract.  
 If yes, company name: \_\_\_\_\_  
 Company contact: \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**NO PERMIT WILL BE GRANTED UNLESS WRITTEN MUNICIPAL APPROVALS PROVIDED FOR BELOW ARE FIRST OBTAINED.**  
**ORIGINAL SIGNATURES ONLY**

**AUTHORIZED SIGNATURE OF APPLICANT:** This application must be filed by an official of the company which holds the Retail Consumption License who has full authority to act on behalf of the company and who is disclosed in the applicant's most recent full license application filed with the Division of Alcoholic Beverage Control (i.e., corporate president or vice president, general or managing partner, individual proprietor).

The applicant represents that if a Special Permit is issued, the permittee will fully abide by all provisions of the New Jersey Alcoholic Beverage Law, State Rules and Regulations, and Municipal Ordinances and Regulations, the same as if the sale and service were occurring upon the applicant's licensed premises.

Thomas M McCann  
Printed Name

[Signature]  
Signature

Owner  
Title of Signatory

The following is to be signed, if applicant does not own property, by the person so authorized for the premises in which the license is going to extend. Including property under the control of a unit of government, municipality, county or State.

I certify that I am the person authorized to permit the sale and service of alcoholic beverages on the premises described in the application form, and I certify that there is no objection to the sale and service of alcoholic beverages as herein specified.

Thomas M McCann  
Printed Name and Title of Signatory

\_\_\_\_\_  
Date

[Signature]  
Signature

This is to certify that there are no objections to the issuance of the Permit applied for herein and that NOT MORE THAN 25 SPECIAL PERMITS HAVE BEEN AUTHORIZED FOR THESE PREMISES DURING THIS CALENDAR YEAR.

Chief Fred W Hope  
Police Chief (Printed Name)

Louise A Meekosh  
Municipal Clerk (Printed Name)

[Signature]  
Signature

[Signature]  
Signature

Lake Como Borough  
Name of Municipality

Lake Como Borough  
Name of Municipality

2/16/16  
Date

2/16/16  
Date

**NOTE: THE DIVISION MUST BE NOTIFIED FOR CANCELLATION OR RESCHEDULING PRIOR TO THE DATE OF THE EVENT.**

<b>TYPE OR PRINT NAME AND ADDRESS OF PERSON TO WHOM PERMIT IS TO BE MAILED/E-MAILED:</b>	
NAME	_____
E-MAIL	_____
ADDRESS	_____
_____	
TELEPHONE: _____	
IF NO ADDRESS OR E-MAIL IS SUPPLIED IT WILL BE SENT TO THE LICENSED PREMISES.	



STATE OF NEW JERSEY  
 DEPARTMENT OF LAW AND PUBLIC SAFETY  
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
 P.O. BOX 087, 140 EAST FRONT STREET  
 TRENTON, NJ 08625-0087

**PETITION TO EXTEND LICENSED PREMISES [EP]**

**APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT**

Petition must be accompanied by a \$75.00 fee per day for New Jersey licensees in the form of a check or money order payable to the Division of Alcoholic Beverage Control.

**Licensee Information**

- License name: PAYDAY TN db/a: PAULS TAVERN
- Address of Licensed Premises: 1705 MAIN ST  
LAKE COMO NJ
- Petitioner is holder of Retail License No: 1347-33-006-012
- Contact Name: PAUL J HEARNEY Phone 732-915-8788  
E-mail Address: PJHEARNEY36@GMAIL.COM

**Event Information**

- Specific event petitioner is holding? AUC REASONS LICENSED AREA FROM PATRONS FROM PARADISE
- What adjoining property does the petitioner intend to include for this extension?  
FENCED IN AREA AT SOUTH WEST PORTION OF OUR PROPERTY
- Does licensee own property? Yes  No  If no, state owner \_\_\_\_\_
- What date(s) will affair be held and between what hours alcoholic beverages will be dispensed (Dates must be consecutive to be on one application)

MM/DD/YY	START	END
3 / 18 / 16	10 am <input type="checkbox"/> pm <input type="checkbox"/>	11:30 am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>

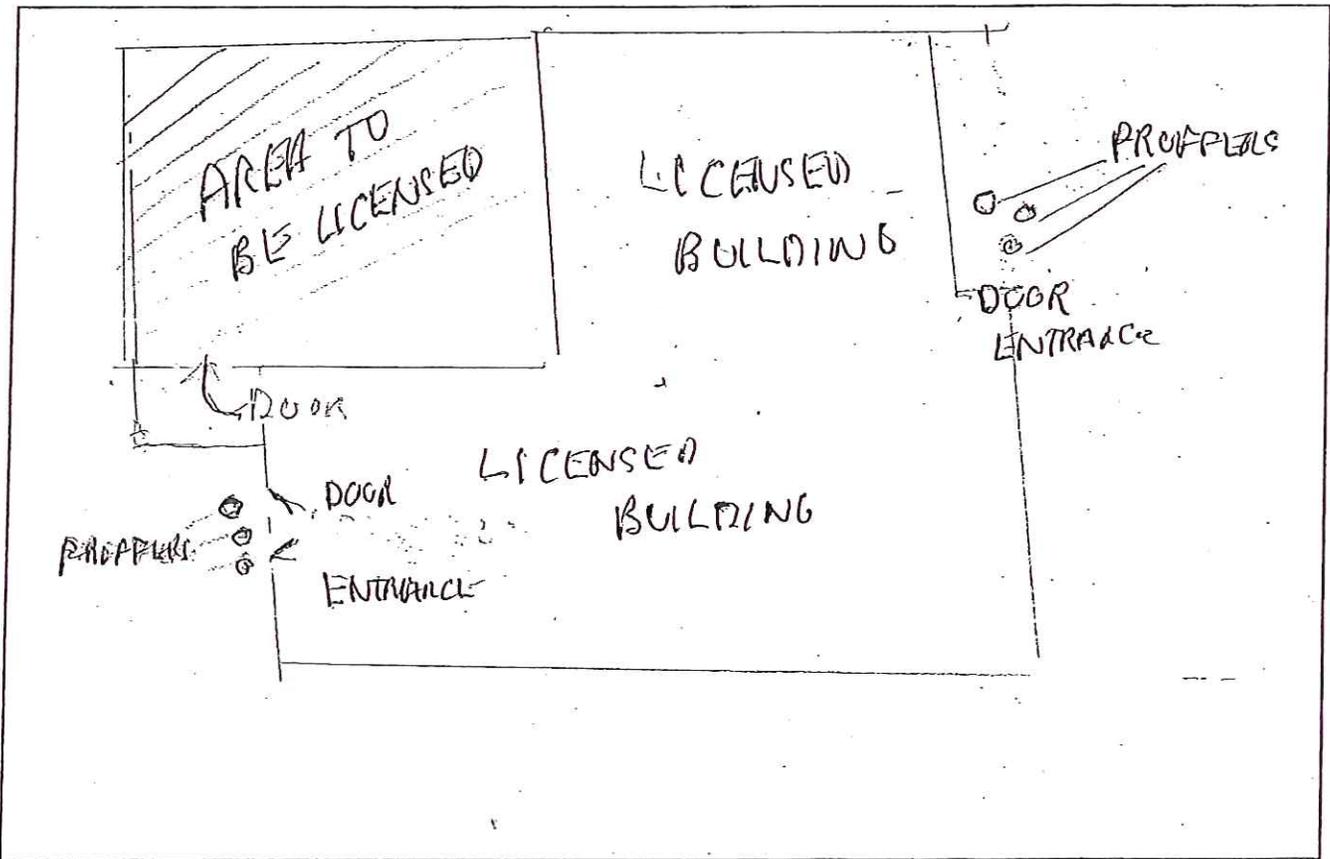
Rain Date: NONE (One rain date)

- How will a charge be assessed? Ticket  Contribution  Other: 10 TO GET IN (SPECIFY OTHER)
- Will there be a cash bar? Yes  No  If No, how will the event be paid for? \_\_\_\_\_
- Check the type of alcoholic beverages to be dispensed if permit is granted:  
Wine  Distilled Spirits  Malt Alcoholic Beverages
- What are cup sizes for alcoholic beverages? Wine 8 OZ Beer 12 OZ Spirits 10 OZ
- How many people are expected to attend your event on a daily basis? 200 IN THE NEWLY LICENSED AREA
- What is the approximate age group of the attendees? 25 and up
- Will persons under the legal age to consume alcohol be in attendance? Yes  No

16. Explain in detail the security plans for the event. The plan should include the number of people check for ID's, plans to prevent pass-offs to minors, the type of security at the event, the limit of alcoholic beverages per transaction, and any other relevant information pertaining to the event. Please attach another sheet if necessary.

THE LICENSED AREA IS LICENSED FROM 4/15 TO 10/15  
 EACH YEAR. THE ENTRANCE TO AREA IS FROM THE MAIN  
 BUILDING. 6 PEOPLE CHECK IDs AT THE 2 ENTRANCES TO THE  
 MAIN BUILDING THERE WILL BE 4 FLOOR PEOPLE AT THE  
 NEW AREA ONE BEVERAGE PER PERSON

17. Please use the space below or attach a detailed sketch of the area to be licensed. The sketch should include entrances and exits, ID checking area(s), location of where alcoholic beverages will be dispensed and any other relevant information pertaining to the event. No permit will be issued if a sketch is not attached.



**Client Information**

- Identify client utilizing services: EVENT IS RUN AS PART OF PAULS TAVERN
- Client contact: \_\_\_\_\_ Phone: \_\_\_\_\_
- E-mail address: \_\_\_\_\_

**Event Organizer Information**

- Is the event being handled by a promoter, Production Company, or other entities? Yes  No  If yes, attach contract.
- If yes, company name: \_\_\_\_\_
- Company contact: \_\_\_\_\_ Phone: \_\_\_\_\_
- E-mail address: \_\_\_\_\_

**NO PERMIT WILL BE GRANTED UNLESS WRITTEN MUNICIPAL APPROVALS PROVIDED FOR BELOW ARE FIRST OBTAINED.**  
**ORIGINAL SIGNATURES ONLY**

**AUTHORIZED SIGNATURE OF APPLICANT:** This application must be filed by an official of the company which holds the Retail Consumption License who has full authority to act on behalf of the company and who is disclosed in the applicant's most recent full license application filed with the Division of Alcoholic Beverage Control (i.e., corporate president or vice president, general or managing partner, individual proprietor).

The applicant represents that if a Special Permit is issued, the permittee will fully abide by all provisions of the New Jersey Alcoholic Beverage Law, State Rules and Regulations, and Municipal Ordinances and Regulations, the same as if the sale and service were occurring upon the applicant's licensed premises.

PAUL J HEANEY

Printed Name

PRESIDENT PAYDAY INC

Title of Signatory

Paul J Heaney

Signature

The following is to be signed, if applicant does not own property, by the person so authorized for the premises in which the license is going to extend. Including property under the control of a unit of government, municipality, county or State.

I certify that I am the person authorized to permit the sale and service of alcoholic beverages on the premises described in the application form, and I certify that there is no objection to the sale and service of alcoholic beverages as herein specified.

\_\_\_\_\_  
Printed Name and Title of Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

This is to certify that there are no objections to the issuance of the Permit applied for herein and that NOT MORE THAN 25 SPECIAL PERMITS HAVE BEEN AUTHORIZED FOR THESE PREMISES DURING THIS CALENDAR YEAR.

Chief Fred W Hope  
Police Chief (Printed Name)

Louise A Melkos  
Municipal Clerk (Printed Name)

Chief Fred W Hope  
Signature

Louise A Melkos  
Signature

Lake Como Borough  
Name of Municipality

Lake Como Borough  
Name of Municipality

2/16/16  
Date

2/16/16  
Date

**NOTE: THE DIVISION MUST BE NOTIFIED FOR CANCELLATION OR RESCHEDULING PRIOR TO THE DATE OF THE EVENT.**

TYPE OR PRINT NAME AND ADDRESS OF PERSON TO WHOM PERMIT IS TO	
NAME	<u>PAUL J HEANEY</u> <b>BE MAILED/E-MAILED:</b> <u>@PAYDAY INC</u>
E-MAIL	<u>PJHEANEY36@GMAIL.COM</u>
ADDRESS	<u>1705 MAIN ST LAKE COMO NEW JERSEY</u>
TELEPHONE: <u>732- - 915 - 8788</u>	
IF NO ADDRESS OR E-MAIL IS SUPPLIED IT WILL BE SENT TO THE LICENSED PREMISES.	



STATE OF NEW JERSEY  
 DEPARTMENT OF LAW AND PUBLIC SAFETY  
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
 P.O. BOX 087, 140 EAST FRONT STREET  
 TRENTON, NJ 08625-0087

**PETITION TO EXTEND LICENSED PREMISES [EP]**

**APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT**

Petition must be accompanied by a \$75.00 fee per day for New Jersey licensees in the form of a check or money order payable to the Division of Alcoholic Beverage Control.

**Licensee Information**

- License name: ALEATORY, INC d/b/a: BAR ANTICIPATION
- Address of Licensed Premises: 703 16TH AVENUE, LAKE COMO, NJ 07719
- Petitioner is holder of Retail License No: 134 33 009 005
- Contact Name: R. REGINALD HYDE II Phone 732 539 1672  
 E-mail Address: REGGIE@BAR-A.COM

**Event Information**

- Specific event petitioner is holding? SAINT PATRICK'S DAY PARADE PARTY
- What adjoining property does the petitioner intend to include for this extension?  
THE VOLLEYBALL COURT AREA
- Does licensee own property? Yes  No  If no, state owner ZEROS ENTERPRISES, INC.
- What date(s) will affair be held and between what hours alcoholic beverages will be dispensed (Dates **must be consecutive** to be on one application)

MM/DD/YY	START	END
03 / 06 / 2016	10 am <input checked="" type="checkbox"/> pm <input type="checkbox"/>	9 am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>

Rain Date: WHATEVER DATE THE PARDE WOULD BE RESCHEDULED FOR (One rain date)

- How will a charge be assessed? Ticket  Contribution  Other: DOOR COVER CHARGE  
 (SPECIFY OTHER)
- Will there be a cash bar? Yes  No  If No, how will the event be paid for? \_\_\_\_\_
- Check the type of alcoholic beverages to be dispensed if permit is granted:  
 Wine  Distilled Spirits  Malt Alcoholic Beverages
- What are cup sizes for alcoholic beverages? Wine 9 oz Beer 12 & 16 oz Spirits 9 oz
- How many people are expected to attend your event on a daily basis? Unknown (300 people approx)
- What is the approximate age group of the attendees? 21 - 75
- Will persons under the legal age to consume alcohol be in attendance? Yes  No

16. Explain in detail the security plans for the event. The plan should include the number of people check for ID's, plans to prevent pass-offs to minors, the type of security at the event, the limit of alcoholic beverages per transaction, and any other relevant information pertaining to the event. *Please attach another sheet if necessary.*

The entire area will be enclosed with tall metal fencing. There will be four exits and three entrances to the area including ingress and egress from Bar Anticipation which is adjoining. There will be no less than four highly trained ID checkers manning the entrances and no less than five trained security professionals (more if busy) to monitor the crowd. Trained bartenders will man three service areas as well as a coffee bar.

17. Please use the space below or attach a detailed sketch of the area to be licensed. The sketch should include entrances and exits, ID checking area(s), location of where alcoholic beverages will be dispensed and any other relevant information pertaining to the event. **No permit will be issued if a sketch is not attached.**

see attached.

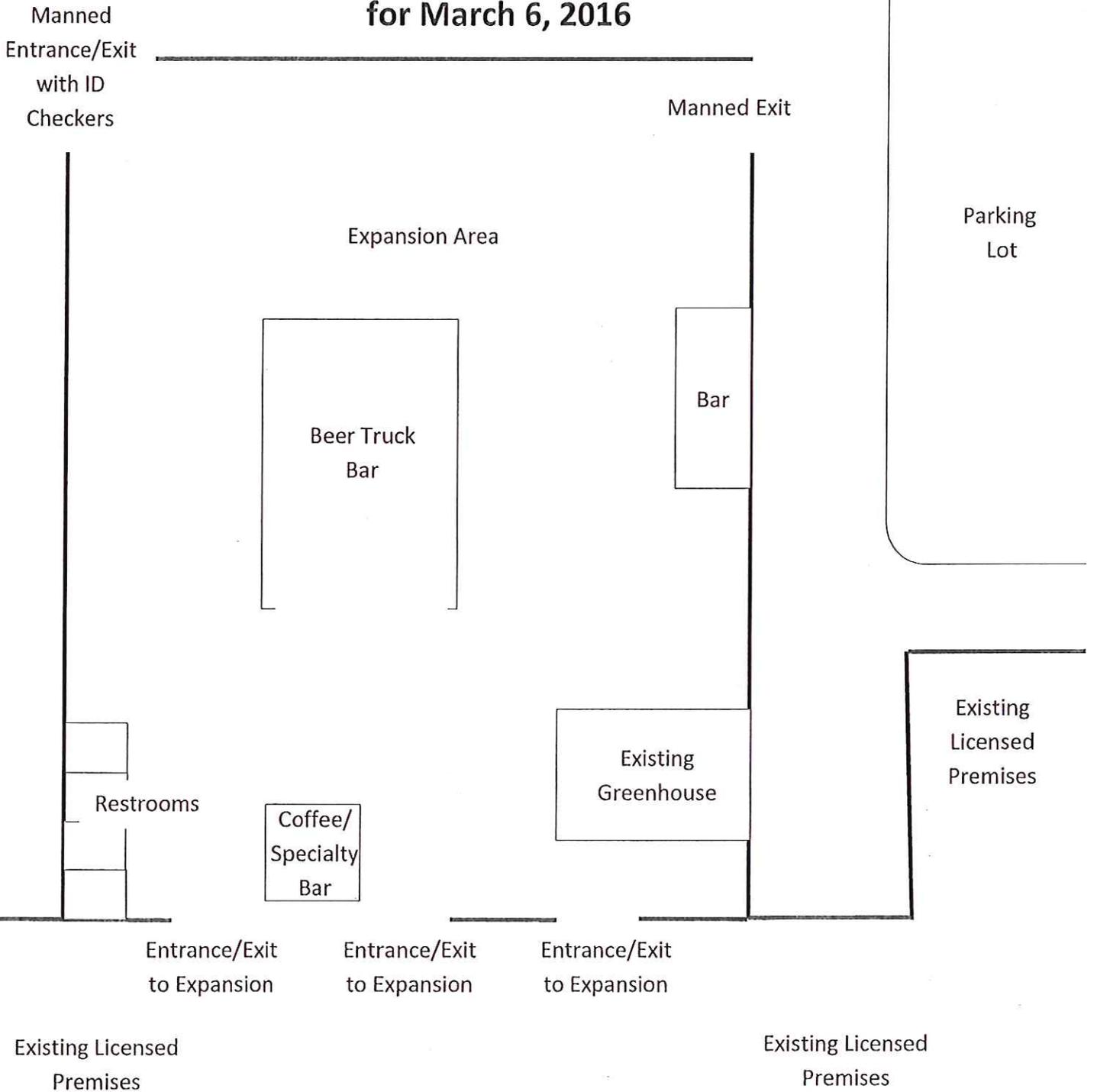
**Client Information**

- Identify client utilizing services: NA
- Client contact: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- E-mail address: \_\_\_\_\_

**Event Organizer Information**

- Is the event being handled by a promoter, Production Company, or other entities? Yes  No  If yes, attach contract.
- If yes, company name: \_\_\_\_\_
- Company contact: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- E-mail address: \_\_\_\_\_

# Diagram for Expansion of Premises for March 6, 2016



**Aleatory, Inc. t/a Bar Anticipation**  
**703 16<sup>th</sup> Ave., Lake Como, NJ 07719**

