**DATE: MAY 17, 2022 7:30 PM WORKSHOP** 

# **DISCUSSION ITEMS**

- GovPilot Presentation
- Community Development Block Grant Application Public Presentation

# **PUBLIC COMMENTS ON WORKSHOP ITEMS**



LAKE COMO BOROUGH 1740 MAIN STREET LAKE COMO, NJ 07719 (732) 681-3232 AGENDA

DATE: MAY 17, 2022 REGULAR MEETING IMMEDIATELY FOLLOWING THE WORKSHOP

MEETING CALLED TO ORDER

#### SALUTE TO FLAG AND MOMENT OF SILENT REFLECTION

#### **SUNSHINE LAW**

Introduction as required under the Sunshine Law: Adequate notice of this meeting has been provided by the adoption of a Resolution by the Mayor and Council on the fourth day of January 2022 in which Resolution the time and place of Agenda and Regular Meetings commencing with January 4, 2022 were set forth. Notice of same was delivered to the Asbury Park Press the Coast Star and TAPinto and a copy of the notice was posted on the borough website at <a href="https://www.lakecomonj.org">www.lakecomonj.org</a> and on the bulletin board in Borough Hall. All meetings are open to the public.

### **ROLL CALL**

Douglas Witte
Hawley Scull
Christopher D'Antuono
Nick DeMauro
Peter Ventrice
Heather Albala-Doyle

#### APPROVAL OF MINUTES

Minutes from the May 3, 2022 Meeting

COMMUNICATIONS

REPORTS OF COMMITTEES

**UNFINISHED BUSINESS** 

PUBLIC COMMENTS ON NEW BUSINESS & CONSENT AGENDA

#### **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.

Raffle License 2022-05 Rocknrecovery Gift Auction

Raffle License 2022-06 Rocknrecovery 50/50

Special Events Permit Application NJFMBA Fallen Heroes Run

Resolution 2022-101 Executive Session

#### **NEW BUSINESS**

Resolution 2022-99
Payment of Bills
Offered by Councilwoman Scull

Resolution 2022-100 Shared Services Agreement for EMS Services Offered by Councilwoman Albala-Doyle

Resolution 2022-102 Purchase of a Public Works Vehicle Offered by Councilman DeMauro

Ordinance 2022-972 Second Reading and Public Hearing Creating and Funding the Position of Public Works Supervisor Offered by Councilman D'Antuono

Ordinance 2022-973
Second Reading and Public Hearing
Amending Stop Intersections Ordinance
Offered by Councilman Witte

Ordinance 2022-974
Second Reading and Public Hearing
Municipal Occupancy Ordinance
Offered by Councilman Ventrice

#### **PUBLIC COMMENTS**

# ALCOHOLIC BEVERAGE CONTROL BOARD

Person to Person Transfer
Payday, Inc. to Salty's Beach Bar Belmar LLC

# **NEXT MEETING**

The next regular meeting of the Mayor and Council will be held on Tuesday, June 21, 2022, immediately following the 7:30 PM Workshop meeting. All meetings are open to the public.

# **MOTION TO ADJOURN**



### New Jersey Office of the Attorney General

Division of Consumer Affairs
Legalized Games of Chance Control Commission
124 Halsey Street, 6th Floor, P.O. Box 46000
Newark, New Jersey 07101
(973) 273-8000

# **Application for a Raffle License**

Application No. *RA* <u>2022-65</u> Identification No. <u>557-5-42301</u>

Rev. 4/16

| Submit four (4) copies of this applica  | tion to the Municipal Clerk's of                          | fice in the municipality where the g | ames will be conducted.  |
|---|---|--------------------------------------|--------------------------|
| ease print clearly.   |   |                                      |                          |
| Name of municipality:   | Como  |                                      |                          |
| art A - General   |   |                                      |                          |
| Name of applying organization:  | POCKNECCOVERY   |                                      |                          |
| a. Street address of headquarters:  | il willey ST. V   | NOODBRIDGE , NJ 07                   | 1095                     |
| b. Mailing address (if different):  |   |                                      |                          |
| A license is requested to conduction (use a separate application for experience). | t raffles of the kind stated on t<br>ach type of raffle). | he date, or on each of the dates, a  | and during the hours lis |
| Date  | Hours   | Date                                 | Hours                    |
| June 24, 2028   | 12-9 pm   |                                      | 10                       |
| gift auction  |   |                                      |                          |
|   |   |                                      |                          |
|   | 72  |                                      | -                        |
|   |   |                                      |                          |
| a. Address of place where raffles w<br>Bar Anticipation:                          | rill be played:   | Lake Como NJ.                        | 07719                    |
| b. Does the applicant own the prer  | mises or regularly occupy the                             | m for its general purposes?          | Yes ☑ No                 |
| 5. If raffles equipment is to be rente  | ed, attach a statement by the                             | raffles equipment lessor to this ap  | oplication on Form 13.   |
| art B - Schedule of Expenses  |   |                                      |                          |
| e items of expense intended to be in  | ncurred or paid in connection                             | n with the games listed in this ap   | oplication, the names a  |
| dresses of the persons to whom each   | n item is to be paid, and the p<br><b>Name and addres</b> |                                      | Purpose                  |
| Item of Expense   | Name and addres   | s or supplier                        | r at pose                |
|   |   |                                      |                          |
|   |   |                                      |                          |
|   |   |                                      |                          |
|   |   |                                      |                          |
|   |   |                                      |                          |

| Part C - Schedule of Purposes   |                                   |                             |  |
|---|-----------------------------------|-----------------------------|--|
| 1. The specific purpose(s) to which the entire net proceeds of manner in which they are to be so devoted, are:  Charity event: rockn recover                            |                                   |                             |  |
| ZNATITY EVENT : POCKNIECOVE   | cry four                          | Para into                   | 1  |
| assisting musician's E mung   | sic prof                          | CSGIUN                      | AC'S   |
| in time of need   |                                   |                             |  |
| 2. If any part of the net proceeds are to be devoted to a pur over to another organization which is exclusively devoted executive officer to the following certificate: | d to such purpose                 | the Raffles Les, secure the | icensing Law by turning the same signature of its president or other |
| "It is hereby certified that  |                                   |                             |  |
|   |                                   |                             |  |
| will accept from the licensee any part of the net proceeds  | of the games list                 | ed in this app              | olication to be turned over to it."                                  |
| Date:   | Signature:                        |                             | <del></del> :  |
| Part D - Schedule of Prizes   |                                   |                             |  |
| describe the article and state the retail value; if prizes are to be sible the information requested below.  Description of Prize                                       |                                   | Yes or No)                  | Retail value   |
| Valiano dana tod ail to   | ☐ Yes                             | □ No                        |  |
| Various donated gifts   | ☐ Yes                             |                             |  |
|   | ☐ Yes                             | □ No                        |  |
|   |                                   | □ No                        |  |
|   |                                   | □ No                        |  |
|   | <b></b>                           | □ No                        |  |
|   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | □ No                        |  |
|   | Pes                               | □ No                        |  |
|   | ☐ Yes                             | □ No                        | (  |
|   | Yes                               | □ No                        |  |
|   | Yes                               | □ No                        |  |
|   | Yes                               | □ No                        |  |
|   | \ \ \ \ \ \ \ \ \ \ Yes           | □ No                        |  |
|   | Yes                               | □ No                        |  |
|   | Yes                               | □ No                        | ,———   |
|   | Yes                               | □ No                        | : <del></del>  |

☐ Yes ☐ No

□ No

☐ No

□ No

☐ No

☐ Yes

☐ Yes

☐ Yes

☐ Yes☐ Yes

| Part E - Officers of Applicant   |   |           |
|--|---|-----------|
| (1) Office<br>President  | Name of officer Geri Fasano   | Age<br>50 |
| Residence address 91 Willey St Woodbridge NJ   | Telephone No. (include area code)  Day 1323061072 Evening 13230610      | 70        |
| 07095<br>(2) Office<br>treasurer / secretary   | Name of officer Melody Magera   | Age<br>51 |
| Residence address 171 MQST Id. BridENJ 08783   | Telephone No. (include area code)  Day 908 705 354-3 Evening 908 705 35 | 43        |
| (3) Office<br>Trustee  | Name of officer Nancy Deluca  | Age       |
| Residence address 9 ba hia court Brick NJ 08783  | Telephone No. (include area code)  Day 732 735 8652 Evening 732 735 86  | 50        |
| (4) Office   | Name of officer Tom Lamb  | Age<br>US |
| Residence address U Fergola St Jamesourg 08931   | Telephone No. (include area code)  Day 1209 847 0235 Evening 409 8470   | 235       |
| Part F - Members of Applicant who will be in charge of the Name of member in charge Reside | Telephone No. (include area code) nce address Day / Evening             | Age       |
| Steve Prectup 275 prospect Geri Fasano 91 Willry St  | wolfg. 322 300 10721 same   | 56        |
|  |   |           |
| Part G - Members of Applicant who will assist in conduc                                    |   | A         |
| Name of member   | Residence address Wia court brick NJ 08723                              | Age<br>62 |
| . 5  | ergola st. Jamesburg NJ 08831   | 68        |
|  |   |           |
| Part H - Names of other organizations whose members v<br>Name and address of organization  | vill assist in conducting the games  How related Identification         | No.       |
| Traine and address of organization   |   |           |
| none   |   |           |
| ; <del></del>  |   |           |

#### Part I - Statement of Applicant and member(s) in charge State of New Jersey } 55. County of \_\_\_ We do hereby each make the following statement, under oath, with respect to the foregoing application: For each occasion for which a license is sought, one or more of The applicant (is) (is not) limited in its activities to the 5. the members listed who are familiar with the Raffles Licensing furtherance of one or more authorized purposes as defined Law and the Rules and Regulations, will be in full charge of, in the Raffles Licensing Law. and primarily responsible for, the conduct of the games. Prior to the issuance of any license to it to conduct games No commission, salary, compensation, reward or recompense of chance, the applicant was actively engaged in serving 6. will be paid to any person for holding, operating or conducting one or more "authorized purposes." or assisting in the holding, operation or conducting, of the The applicant has received and used, and in good faith games, except to bookkeepers or accountants for professional expects to continue to receive and use, to further one or services not exceeding the amounts fixed by the Schedule more authorized purposes, funds from sources other than of Fees, as well as the compensation for the Licensed games of chance. Compensated Workers pursuant to N.J.A.C. 13:47-6A. No The conduct of the games on the occasion or occasions for prize may be offered and given in cash, except as otherwise which this application is made will be to raise and devote provided by the Raffles Licensing Law (N.I.S.A. 5:8-50 et seq.). the entire net proceeds to the authorized purpose described If a cash prize under certain circumstances is permitted by the in the application. 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 Notary Public (Print name) Signature of Member-in-Charge

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

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Notary Public

AMY L BONEY

MOTARY PUBLIC STATE OF NEW JARSEY MY COMMISSION EXPIRED AUGUST 22, 2023



# New Jersey Office of the Attorney General Division of Consumer Affairs

Division of Consumer Affairs Legalized Games of Chance Control Commission 124 Halsey Street, 6th Floor, P.O. Box 46000 Newark, New Jersey 07101 (973) 273-8000

# **Application for a Raffle License**

Application No. *RA* <u>3033-64</u>

Rev. 4/16

| Submit four (4) copies of this applica  | tion to the Municipal Clerk's                               | office in the municipality where the   | games will be conducted.                       |
|---|---|--|--|
| Please print clearly.   | 0   |  |  |
| Name of municipality:   | Cama  |  |  |
| Part A - General  |   |  |  |
| Name of applying organization:  | ROCKNEGCOVERY   |  | 7.0/   |
| 2a. Street address of headquarters:   | 11 WILLRY ST.   | WOODBRIDGE, NJ D   | 7095   |
| b. Mailing address (if different):  |   |  |  |
| A license is requested to conduction for experience and the conductio | t raffles of the kind stated o<br>ach type of raffle).      | n the date, or on each of the dates,   | , and during the hours listed                  |
| Date  | Hours   | Date   | Hours  |
| June 24, 2022   | 12-9 pm   |  |  |
| 50/50   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  | -  |
| 4a. Address of place where raffles w  Bur Anticipation:  b. Does the applicant own the prer  5. If raffles equipment is to be rentered.   | 703 ICH AVE.  | LAKE COMO N.J.  hem for its general purposes?  ne raffles equipment lessor to this | ○7719  ☐ Yes ☑ No application on Form 13.      |
| Part B - Schedule of Expenses   |   |  |  |
| The items of expense intended to be in addresses of the persons to whom each  | ncurred or paid in connect<br>n item is to be paid, and the | ion with the games listed in this a<br>e purpose for which each item is t          | application, the names and<br>to be paid, are: |
| Item of Expense   | Name and add  |  | Purpose  |
|   |   |  | 120  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |

| Part C - Schedule of Purposes   |  |                               |   |
|---|--|-------------------------------|---|
| 1. The specific purpose(s) to which the entire net procee manner in which they are to be so devoted, are:   |  |                               | ation are to be devoted, and the                                  |
| charity event: rockneco   |  |                               |   |
| assisting musician's & m  | nsic profe                                       | sciona                        | L'S   |
| in time of need   | ,  |                               |   |
| <ol> <li>If any part of the net proceeds are to be devoted to a<br/>over to another organization which is exclusively deve<br/>executive officer to the following certificate:</li> </ol> | oted to such purposes,                           | e Raffles Lic<br>secure the s | ensing Law by turning the same ignature of its president or other |
| "It is hereby certified that  | Name of organiz                                  | ation                         |   |
| will accept from the licensee any part of the net proce   |  |                               | cation to be turned over to it."                                  |
| Date:   | _  |                               |   |
| art D - Schedule of Prizes  |  |                               |   |
| description of all prizes to be offered and given in all of escribe the article and state the retail value; if prizes are ble the information requested below.                            | the games listed in this to be donated, indicate | e that fact an                | d estimate as accurately as pos-                                  |
| Description of Prize  | Donated (Ye                                      | s or No)                      | Retail value  |
| 50% of cash raised  |  | J No _                        |   |
|   | □ v <sub>**</sub>                                | □ No a                        |   |
|   |  | □ No                          |   |
|   |  | □ No =                        |   |
|   |  | J No ∈                        |   |
|   | Pes [  | J No ₃_                       |   |
|   |  | □ No -                        |   |
|   |  | □ No ==                       |   |
|   | Pes [  | □ No =                        |   |
|   |  | □ No                          |   |
|   | Pes [  | □ No                          |   |
|   |  | J No ∈                        |   |
|   | Yes [  | □ No -                        |   |
|   | 🗀 Yes [  | J No □                        |   |
|   | \textbf{\texts} Yes \texts                       | □ No                          |   |
|   | Pes [  | J No □                        |   |
|   |  | □ No -                        |   |
|   |  | □ No                          |   |
|   | □ Yes I  | T No                          |   |

☐ Yes

☐ Yes

☐ Yes

☐ No

□ No

| Part E - Officers of Applicant                             |  |           |
|--|--|-----------|
| (1) Office<br>President                                    | Name of officer Geri Fasano  | Age<br>50 |
| Residence address 91 Willry St Woodbridge NJ               | Telephone No. (include area code)  Day 132 30(e 1072 Evening 132 30% 10                            | 78        |
| 07095<br>(2) Office<br>treasurer / secretary               | Name of officer Melody Magera  | Age<br>51 |
| Residence address 171 MQST Pd. BridENJ                     | Telephone No. (include area code)  Day 908 705 3543 Evening 908 705 35                             | 43        |
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| (4) Office   | Name of officer Tom Lamb   | Age<br>US |
| Residence address U Pergola St James Durg 08031            | Telephone No. (include area code)  Day Let 9847 0235 Evening 409 84702                             | 235       |
| Part F - Members of Applicant who will be in charge of t   |  |           |
| Name of member in charge Reside Steve Prectup 275 prospect | Telephone No. (include area code) nce address each Day / Evening St. 17 b olaroe 8t37184631 / Same | Age       |
| Geri Fasano 91 Willry St                                   | Weba. 122 300 10727 came   | 50        |
|  |  |           |
|  |  |           |
|  |  |           |
| Part G - Members of Applicant who will assist in conduc    | ting the games   |           |
| Name of member   | Residence address  | Age       |
|  | ma court brick NJ 08723  | 62        |
| tom Lamb 6P  | ergola st. Jamesburg NJ 08831  | 10g       |
|  |  |           |
| Part H - Names of other organizations whose members v      |  |           |
| Name and address of organization                           | How related Identification   | No.       |
| nore   |  |           |
| »—————————————————————————————————————                     |  |           |

#### Part I - Statement of Applicant and member(s) in charge State of New Jersey } ss. County of \_ We do hereby each make the following statement, under oath, with respect to the foregoing application: For each occasion for which a license is sought, one or more of The applicant (is) (is not) limited in its activities to the 5. the members listed who are familiar with the Raffles Licensing furtherance of one or more authorized purposes as defined Law and the Rules and Regulations, will be in full charge of, in the Raffles Licensing Law. and primarily responsible for, the conduct of the games. 2. Prior to the issuance of any license to it to conduct games No commission, salary, compensation, reward or recompense of chance, the applicant was actively engaged in serving 6. will be paid to any person for holding, operating or conducting one or more "authorized purposes." or assisting in the holding, operation or conducting, of the 3. The applicant has received and used, and in good faith games, except to bookkeepers or accountants for professional expects to continue to receive and use, to further one or services not exceeding the amounts fixed by the Schedule more authorized purposes, funds from sources other than of Fees, as well as the compensation for the Licensed games of chance. Compensated Workers pursuant to N.I.A.C. 13:47-6A. No The conduct of the games on the occasion or occasions for prize may be offered and given in cash, except as otherwise which this application is made will be to raise and devote provided by the Raffles Licensing Law (N.I.S.A. 5:8-50 et seq.). the entire net proceeds to the authorized purpose described If a cash prize under certain circumstances is permitted by the in the application. 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 Signature of Member-in-Charge Signature of Member-in-Charge

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

AMY BONEY
NOTAR PUBLIC
ASTAFE OF NEW JERSEY
MY COMMISSION EXPRES AUGUST 22, 2023

Signature of Member-in-Charge



# Borough of Lake Como

1740 Main Street • Lake Como, New Jersey 07719 (732) 681-3232 • FAX (732) 681-8981

Kevin G. Higgins Mayor

IF NO, WHY?

Louise A. Mekosh Borough Clerk/Administrator

#### \*\*\*MUST BE TYPED OR PRINTED NEATLY\*\*\*

### **SPECIAL EVENTS PERMIT APPLICATION**

PLEASE COMPLETE THE FOLLOWING INFORMATION, AS REQUIRED BY BOROUGH ORDINANCE NO. 93-576. **EVENT NAME:** DATE OF EVENT: TIME OF EVENT: Events must begin by 9:00am APPLICANT/ORGANIZATION: APPLICANT ADDRESS: 9750 **TELEPHONE NUMBER:** DAY OF EVENT CONTACT INFORMATION PERSON RESPONSIBLE FOR EVENT: NUMBER OF VOLUNTEERS FOR EVENT: (Volunteers must be over the age of 18 and must be wearing safety vests at all times) ADDRESS: PHONE NUMBER: NO WILL THERE BE AN ADMISSION CHARGE TO ATTEND?: IF YES. HOW MUCH?: NO LIABILITY INSURANCE COVERAGE? YES 000,000 AMOUNT OF COVERAGE: HAVE YOU APPLIED TO BELMAR & SPRING LAKE?

EVENTS WITH MORE THAN 500 PARTICIPANTS MUST APPLY TO WALL TWP.



# Borough of Lake Como 1740 Main Street • Lake Como, New Jersey 07719

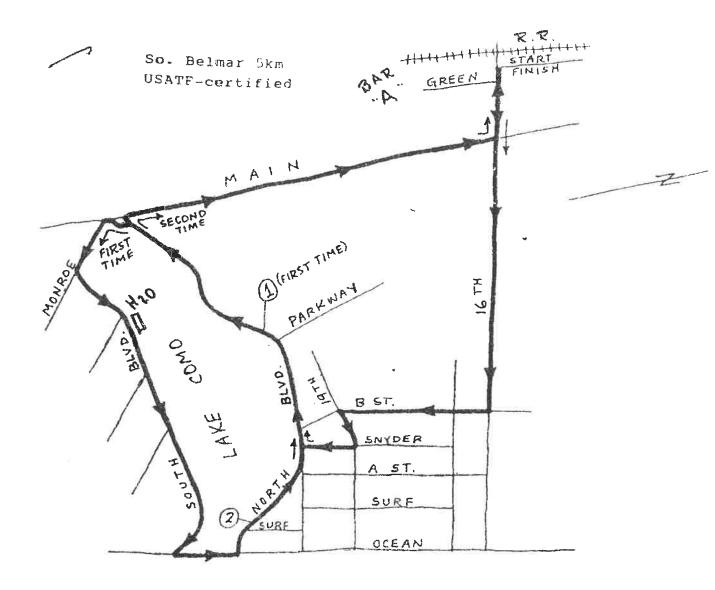
(732) 681-3232 • FAX (732) 681-8981

Kevin G. Higgins Mayor

Louise A. Mekosh Borough Clerk/Administrator

# **SPECIAL EVENTS PERMIT APPLICATION**

| LOCATION OF EVENTS AND COMPLETE DETAILS APPLICANT INTENDS TO PROVIDE FOR SECURIT CONTROL. EVENTS WITH OVER 500 PARTICIPAN VOLUNTEERS:    Bar A Start Certified 5 K C | Y AND TRAFFIC<br>TS CANNOT USE         |
|--|--|
| DESCRIBE ALL BOROUGH RESOURCES AND/OR REQUIRED TO BE PROVIDED IN CONNECTION WILL PD FRAFFIC (CONTROL AL GEOLAGY LOC  | ITH THE EVENT:                         |
| APPROXIMATE NUMBER OF CONTESTANTS, PAR AND/OR OTHER PEOPLE THAT COULD RESONAB ATTEND THE EVENT:  | RIGHT TO CANCEL ANY EYOND ITS CONTROL, |
| SUCH AS STORMS OR ANY NATURA   | L DISASTER.<br>ビルーとて                   |
| SIGNATURE OF APPLICANT   | DATE                                   |
| FOR OFFICE USE ONLY  | =1,0100                                |
| Date Application Received  | 5/12/22                                |
| Received by Date Application Reviewed & Approved by DPW  |  |
| Reveiwed by  |  |
| Date Application Reviewed & Approved by Police Reviewed by   |  |
| Price from Police Department   |  |
| Date Approved by Mayor & Council   |  |



START: On 16th St. between Green St. & railroad tracks;

13' E of util pole BT323BL, which is on S side.

FINISH: Same as START.

The following marks are described relative to running direct

1 MILE: On North Blvd. (first time), just past Parkway; 19 past lamppost #4551, which is on Left side.

2 MILL: On North Blvd., after Left turn off Ocean Ave.; jus past Surf; @ driveway to house #110, which is on Right side.

#### RESOLUTION OF THE BOROUGH OF LAKE COMO,

#### RESOLUTION NO. 2022-101

#### COUNTY OF MONMOUTH, STATE OF NEW JERSEY,

# RESOLUTION OF THE BOROUGH COUNCIL AUTHORIZING CLOSED PORTION OF PUBLIC MEETING

WHEREAS, the Open Public Meetings Act N.J.S.A. 10:4-12b(6) permits the Borough Council to exclude the public from a meeting, or any portion thereof, at which the Council wishes to discuss personnel and contractual matters; and

WHEREAS, minutes will be kept and once the matter involving the confidentiality of the above no longer requires that confidentiality, then the minutes shall be made public;

**NOW, THEREFORE, BE IT RESOLVED** that the Borough Council shall exclude the public from that portion of its May 17, 2022 meeting which pertains to the aforementioned matter, and that such matters that are not covered by the attorney-client privilege will be disclosed to the public if and when confidentiality is no longer required.

**BE IT FURTHER RESOLVED** by the Borough Council of the Borough of Lake Como, that the public portion of this meeting is hereby closed.

Dated: 5/17/2022

Kevin G. Higgins, Mayor

#### CERTIFICATION

I hereby certify the foregoing Resolution to be a true and exact copy of a Resolution adopted by the Lake Como Borough Council at its meeting held on May 17, 2022.

Amy L. Boney Acting Borough Clerk

# Resolution 2022 – 99

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: Per Attached Bill List  | \$532,965.05  |
|--|---|
| WATER/SEWER ACCOUNT: Per Attached Bill List  | \$ 26,740.70  |
| PAYROLL ACCOUNT: 5423 Employee Payroll Dated 5/11/22 2466 Employee Payroll Dated 5/11/22 1499 Employee Payroll Dated 5/11/22 | \$32,789.31<br>\$ 267.45<br><u>\$ 136.71</u><br>\$33,193.47 |
| Dated May 17 <sup>th</sup> , 2022  | Kevin G. Higgins, Mayor                                     |
|  | Amy L. Boney, Acting Borough Clerk                          |

### **Current Account**

| Amazon                   | Streets & Roads     | \$<br>250.98     |
|--------------------------|---------------------|------------------|
| CME Associates           | Engineering OE      | \$<br>982.00     |
| CME Associates           | Engineering OE      | \$<br>1,330.00   |
| Delisa                   | Solid Waste         | \$<br>2,390.82   |
| Fernandes Construction   | Grant DOT 17th Ave  | \$<br>166,673.26 |
| Garden State Highway     | Streets & Roads     | \$               |
| Home Depot               | Streets & Roads     | \$<br>813.97     |
| Jeanette Jimenez         | PB&G                | \$               |
| Koder, Matthew           | Animal House Refund | \$<br>2,000.00   |
| Kepwel Spring Water      | PB&G                | \$<br>78.25      |
| Lake Como Payroll        | S&W                 | \$               |
| Marco Tech               | A&E Misc.           | \$<br>97.52      |
| Marco Tech               | A&E Misc.           | \$<br>38.75      |
| Marco Tech               | A&E Misc.           | \$<br>16.51      |
| Marco Tech               | A&E Misc.           | \$<br>1,760.17   |
| Mon. County Treasurer    | County Taxes        | \$<br>261,824.22 |
| Mon. County Treasurer    | County Taxes        | \$<br>19,652.03  |
| Mon. County Treasurer    | County Taxes        | \$<br>31,470.86  |
| Mon. County Treasurer    | County Taxes        | \$<br>5,360.44   |
| NJ Dept of Health        | Dog Licenses        | \$<br>4.80       |
| Northeast Fire Equipment | PB&G                | \$<br>133.00     |
| Optimum                  | Telephone           | \$<br>842.93     |
| Pollard Water            | PB&G                | \$<br>114.31     |
| Quadient                 | Tax Collector       | \$<br>500.00     |
| Quill                    | Mun Clerk           | \$<br>34.99      |
|                          | A&E Misc.           | \$<br>146.01     |
|                          | PB&G                | \$<br>548.03     |
| Quill                    | Mun Clerk           | \$<br>24.79      |
|                          | Mayor & Council     | \$<br>74.97      |
|                          | Fin OE              | \$<br>39.28      |
|                          | Plan Bd             | \$<br>9.59       |
|                          | A&E Misc.           | \$<br>11.98      |
| Shain Schaffer           | Borough Attorney    | \$<br>2,125.00   |
| Verizon                  | Public Health       | \$<br>77.28      |

### Water and Sewer Account

Lake Como PayrollS&W\$ 267.45NJ American WaterPurchase of Water\$ 26,473.25

\$ 26,740.70

#### **RESOLUTION NO. 2022-100**

### RESOLUTION AUTHORIZING THE MAYOR AND MUNICIPAL CLERK TO EXECUTE AN AGREEMENT WITH THE BOROUGHS OF BELMAR, SEA GIRT AND MANASQUAN FOR THE PROVISION OF BASIC LIFE SUPPORT EMERGENCY SERVICES

WHEREAS, the Borough of Lake Como has been receiving Basic Life Support Emergency Medical Services ("BLSEMS") from the Borough of Belmar; and

WHEREAS, the Boroughs of Belmar and Lake Como believe the interests of its citizens would be better served by regionalizing the provision of BLSEMS services; and

WHEREAS, to that end, Belmar and Lake Como have negotiated a Shared Services Agreement with the Boroughs of Sea Girt and Manasquan pursuant to the Uniform Shared Services and Consolidation Act in the form attached as "Exhibit A"; and

WHEREAS, the Business Administrator has reviewed and recommends that Counsel approve the terms of the Agreement; and

WHEREAS, Counsel has reviewed and approved the form of the Agreement.

**NOW, THEREFORE, BE IT RESOLVED** that the Mayor and Municipal Clerk are hereby authorized and directed to execute the Shared Services Agreement attached hereto as "Exhibit A."

| Dated: 05/17/2022 |                           |  |
|-------------------|---------------------------|--|
|                   | Kevin G. Higgins<br>Mayor |  |
|                   |                           |  |
|                   | Amy L. Boney              |  |
|                   | Acting Borough Clerk      |  |

#### SHARED SERVICES AGREEMENT BY AND BETWEEN

# THE BOROUGH OF BELMAR, THE BOROUGH OF LAKE COMO, THE BOROUGH OF SEA GIRT AND THE BOROUGH OF MANASQUAN

# MONMOUTH COUNTY, NEW JERSEY

# FOR THE PROVISION OF BASIC LIFE SUPPORT EMERGENCY MEDICAL SERVICES

**DATED:** July 1, 2022

THIS SHARED SERVICES AGREEMENT ("Agreement") is made this \_\_\_\_\_ day of \_\_\_\_\_, 2022, by and between the Borough of Belmar ("Belmar"), a municipal corporation of the State of New Jersey, County of Monmouth, with offices located at 601 Main Street, Belmar, New Jersey 07719; the Borough of Lake Como ("Lake Como"), a municipal corporation of the State of New Jersey, County of Monmouth, with offices located at 1740 Main Street, Lake Como, New Jersey 07719; the Borough of Sea Girt ("Sea Girt"), a municipal corporation of the State of New Jersey, County of Monmouth, with offices located at 321 Baltimore Boulevard, Sea Girt, New Jersey 08750; and the Borough of Manasquan ("Manasquan"), a municipal corporation of the State of New Jersey, County of Monmouth, with offices located at 201 East Main Street, Manasquan, New Jersey 08736. Collectively, Belmar, Lake Como, Sea Girt and Manasquan shall be referred to collectively as the "Parties" herein.

**WHEREAS**, the Uniform Shared Services and Consolidation Act, <u>N.J.S.A.</u> 40A:65-1, *et seq.* (the "Act") was enacted to encourage municipalities to reduce waste and duplicative services; and

WHEREAS, Belmar currently provides Basic Life Support ("BLS") Emergency Medical Services ("EMS") services not only within its own municipal borders but also to Lake Como; and

WHEREAS, Belmar currently provides EMS services utilizing Belmar equipment and personnel; and

WHEREAS, in order to increase efficiency, reduce waste and duplicative services, increase economy of scale and to increase operational effectiveness, the Parties believe it is in the best interest of regionalize the provision of BLS EMS services for those municipalities recognized as the Parties herein; and

WHEREAS, the Parties have developed a plan for the provision of regionalized BLS EMS services for those municipalities recognized as the Parties herein; and

WHEREAS, the Parties believe that the provision of regionalized BLS EMS services as provided for herein presents as a better option for the Parties than seeking for the provision of such services through the hiring or contracting with a private entity for the provision of such services; and

WHEREAS, the Parties believe and recognize the difficulties faced by municipalities statewide in providing BLS EMS entities through the exclusive utilization of volunteer EMS providers; and

WHEREAS, the Parties recognize the need to assist their local volunteer EMS entities (in those municipalities where such entities remain active) to ensure that this essential public safety function is provided to their residents and visitors; and

WHEREAS, Belmar will serve as the lead entity pursuant to this Agreement; and

WHEREAS, the parties desire to enter into this Agreement and for services to be provided pursuant to the terms and conditions set forth and outlined herein:

**NOW, THEREFORE**, in consideration of the mutual promises and agreements, Belmar, Lake Como, Sea Girt and Manasquan hereby agree as follows:

#### **AGREEMENT**

#### A. DESCRIPTION OF THE PROJECT

The objective of this regional shared service agreement is to provide cost-effective and reliable primary Basic Life Support (BLS) Emergency Medical Services (EMS) to the municipalities of Belmar, Lake Como, Sea Girt and Manasquan.

For the municipalities of Sea Girt and Manasquan, this shared service would augment and work in conjunction with the existing volunteer First Aid Squads so that Sea Girt and Manasquan can continue to utilize the services of their existing volunteer First Aid Squads when the availability of those volunteer entities permits. This arrangement is designed with the purpose of facilitating a timely EMS response, including during those periods when the EMS system is experiencing increased call volume, or when the volunteer First Aid Squads are unable to provide availability to their municipalities. Furthermore, the volunteer First Aid Squads will continue to be utilized for calls for service in their respective jurisdictions, mutual aid to the surrounding communities and to provide standby EMS at community events as their availability permits.

#### **B. DESCRIPTION AND SCOPE OF SERVICES**

The regional shared services will include, but not necessarily be limited to the following:

- 1. Provision, on a 24 hour, 7 days a week basis, of BLS EMS to the parties.
- 2. The BLS EMS to be provided shall be as defined in N.J.A.C. 8:40-1.1 et seq. and shall be provided utilizing fully trained personnel who have a current license with the New Jersey Department of Health & Senior Services (NJDOH), Office of EMS. Services shall include all incidents classified as Basic Life Support (BLS), and incidents which require a tiered response with a Mobile Intensive Care Unit (MICU) and which are classified as Advanced Life Support (ALS) incidents.
- 3. Overall operations and general regional response guidelines have been developed in the form of a Standard Operating Procedure and incorporated as Addendum 1 as part of this Shared Services Agreement. Specific policies and procedures shall be in accordance with the standards, policies, response protocols and medical direction utilized in the provision of services by the Borough of Belmar.
- 4. Said services shall be in accordance with the standards, level, quality, and scope of performance required by municipalities and the Laws of the State of New Jersey in general, and in particular the technical requirements and operational standards set

forth in N.J.A.C. 8:40.

5. The Parties agree to allow that the South Monmouth EMS Steering Committee, as established in Section G below to pursue and implement mutual aid agreements with surrounding professional EMS services as required in order to ensure redundancy and continuity of EMS coverage.

#### C. USE OF PROPERTY OF THE PARTIES

- 1. The Borough of Belmar agrees to utilize all existing equipment, ambulances, command vehicle, quarters and ancillary supplies and equipment at no cost to the other participating municipalities. The Borough of Belmar furthermore agrees to undertake the re-lettering of vehicles and equipment to include the following statement in order to reflect the purpose of this Agreement: "serving the communities of Belmar, Lake Como, Sea Girt and Manasquan" to reflect this regional shared services agreement. The cost of such relettering will be included in the shared initial startup budget.
- 2. Sea Girt agrees to allow use of the county dispatching frequency 166.250 and transmit frequency of 153.950 through use of the existing repeater system at no cost to the other participating municipalities.
- 3. The Parties agree to permit use of their existing EMS radio frequencies, communications centers and equipment for dispatch and communication purposes.
- 4. The Parties agree that any assignment of dispatch and communications frequencies shall be automatically revoked if this Agreement is terminated and that such frequencies shall be retained by their respective municipalities.
- 5. All parties hereto agree to explore existing municipal locations for a second facility to operate from within their respective jurisdictions, including within the New Jersey National Guard Training Center, and to present said locations to the Steering Committee for consideration.

#### D. THIRD PARTY BILLING FOR EMS SERVICES

- All parties hereto agree to allow Belmar to bill those requesting EMS services in accordance with the Ordinances, Regulations and Law governing the billing of EMS Services.
- 2. Residents residing within the municipal boundaries of the Parties, Property Owners who own property located within the municipal boundaries of the Parties, and/or the immediate family of such residents or property owners, shall be "soft billed" only. That is such residents, property owners and their immediate families with insurance are to be billed for services in accordance with the fee schedule adopted by the South Monmouth EMS Steering Committee. Belmar will accept the insurance payment, regardless of the type of insurance from all residents, property owners and/or their immediate families without balance billing. Residents without insurance will not be

billed for services provided by Belmar. All others will be billed in accordance with the rate schedule and may be subject to balance billing for the provision of services by Belmar.

- 3. For the purposes of this Agreement, a resident shall be defined as an occupant who is legally domiciled in a member municipality (Party) for the current tax year, or who maintains a residence within a member municipality (Party) and utilizes that residence as a permanent residence for 183 calendar days during the current tax year.
- 4. For the purposes of this Agreement, to be eligible for "soft billing" a property owner's "immediate family" shall include only those persons who reside with the property owner.
- 5. For the purposes of this Agreement, to be eligible for "soft billing" a resident's "immediate family" shall include only those persons who reside with the resident pursuant to those conditions set forth in Paragraph 3 herein above.
- 6. The Parties recognize and acknowledge Belmar shall receive all revenue generated from all billing as outlined above from the provision of services by Belmar to the Parties. This revenue shall solely be utilized to offset the annual operating budget of Belmar Emergency Medical Services.

#### E. USE OF THE PERSONNEL OF THE PARTIES

- 1. Certified Financial Officer (CFO): Belmar agrees to provide the services of Belmar's CFO to provide budget preparation and review and billing for the provision of EMS services pursuant to this Agreement in accordance with the rate schedule as outlined in the annual budget.
- 2. Qualified Purchasing Agent (QPA): Belmar agrees to provide the services of Belmar's QPA to provide purchasing services for the provision of EMS services pursuant to this Agreement in accordance with the rate schedule as outlined in the annual budget.
- 3. Human Resources Manager: Belmar agrees to provide the services of Belmar's Human Resources (HR) Manager to provide HR services for the provision of EMS services pursuant to this Agreement in accordance with the rate schedule as outlined in the annual budget.
- 4. Recording Secretary: Belmar agrees to provide the services of Belmar's recording secretary for the provision of EMS services pursuant to this Agreement in accordance with the rate schedule as outlined in the annual budget.
- 5. As is established herein, Belmar shall hire (with oversight from the Steering Committee) an EMS Coordinator and Emergency Medical Technicians (EMTs). The EMS Coordinator and EMTs will provide BLS EMS services to the Parties. It

is understood by all Parties that all such employees are employees of the Borough of Belmar.

#### F. OPERATING BUDGET

- 1. The budget should run from January 1 to December 31 each year in order to accommodate the municipal budget cycle.
- 2. The annual operating budget for the next calendar year shall be prepared by the EMS Coordinator in consultation and coordination with the CFO and must be presented to the EMS Steering Committee for consideration by November 1st of each year. The annual operating budget shall account for deficits or surpluses accrued in the previous fiscal year, including grants and revenue generated from billing and shall be adjusted accordingly.
- 3. The EMS Steering committee shall present a proposed budget to each of the member municipalities no later than January 1<sup>st</sup> of each year for consideration in the annual municipal budget.
- 4. For FY2022 and FY2023, the municipal cost share shall be determined by dividing the annual operating budget minus revenue by following percentages
  - a. Borough of Belmar 35%
  - b. Borough of Manasquan 35%
  - c. Borough of Sea Girt 15%
  - d. Borough of Lake Como 15%
- 5. For FY2024 and beyond, the municipal cost share shall be determined by the actual percent call distribution per town for the previous 12-month period. No member municipality shall contribute less than 15% of the annual operating budget for the provision of EMS services pursuant to this Agreement, and the minimum amount to be contributed by any member municipality shall be hereby established at 15% of the yearly operating costs.
- 6. All Parties shall contribute 25% of all start-up costs for year 2022.
- 7. Each municipality is responsible for their respective cost share to be budgeted in the annual municipal budget and paid in full to Belmar by May 1st of each calendar year but not before the respective municipal budget has been approved.
- 8. The budget will be analyzed by November 1 of each year to address any unanticipated expenditures. Each member municipality will be responsible to allocate funding in the event of an unanticipated budget shortfall in accordance with the cost share for each municipality to be paid by December 31 of the current budget year.

9. The Parties agree that Belmar will be the lead agency. All parties hereto agree to cooperate with and enable the SMEMS Steering Committee to submit and process grant applications for funding for the provision of emergency services as the Borough of Belmar. In the event that it is necessary, given the requirements of the particular grant program, for such an application to be submitted by an individual member municipality, each member municipality agrees that it will take all necessary steps to ensure the timely completion and submission of any such application. In the event that such funding is available to the municipality, but not otherwise directly available to the Borough of Belmar for the provision of EMS pursuant to this Agreement, then the member municipality will take all steps necessary to apply for, and where possible obtain such funding, and after receipt of such funding consistent with any applicable law, rule or regulation, transmit the proceeds of such funding to Belmar. This transmitted amount shall be in addition to the annual municipal cost share as outlined in #4 above and shall be utilized to offset the operating costs of Belmar for the upcoming year.

#### G. EMS STEERING COMMITTEE

1. The EMS Steering Committee and the Committee's Responsibilities

There shall be an EMS Steering Committee. The EMS Steering Committee shall have the responsibility to oversee and execute all of the terms of this Agreement. Such shall include the following core functions of the EMS Steering Committee:

- 6. Providing recommendations for the hiring and oversight of an EMS Coordinator.
- 7. Providing oversight for the hiring of EMTs.
- 8. Provide oversight of the Standard Operating Procedures (SOPs). Any changes to the SOP's must be voted upon and approved by the Steering Committee.
- 9. Review and approval of the annual operating budget and presenting to their respective jurisdiction for budgeting each January.
- 10. Recommending changes to this Agreement for consideration by member municipalities.
- 11. The EMS Steering Committee shall form subcommittees from time to time to assist with the carrying out of the business and functions of the EMS Steering Committee. Service upon the subcommittees shall be delegated evenly amongst the EMS Steering Committee Members and/or their alternates. At a minimum, the subcommittees formed by the EMS Steering Committee shall include the following:
  - 1. Budgeting Subcommittee
  - 2. Personnel Subcommittee
  - 3. Quarters/Equipment Subcommittee

- 4. Standard Operating Procedures Subcommittee
- 5. Communications Subcommittee
- 6. Volunteer Coordination / Mutual Aid Agreements / Outreach Subcommittee
  - a. This subcommittee shall include at least one volunteer first aid captain who shall serve as an *ex officio* member of said subcommittee.

#### 12. Municipal Representatives Assigned to the Steering Committee

In order to provide direction and control of the regional EMS Operations, each municipality will be required to annually identify and designate one (1) municipal representative and one (1) alternate municipal representative, each with the appropriate knowledge of this agreement and the services provided thereon to sit on the South Monmouth EMS Steering Committee.

- a. The primary representative must be selected from the following positions within each respective municipality: Borough Administrator / Borough Manager, Police Chief, Public Safety Director or Emergency Management Coordinator and shall be appointed by the mayor annually at the first reorganization meeting of the Governing Body in January of each year.
- b. Each Party shall also select and name an alternate representative from among the personnel of that Party who shall serve in all instances wherein a member municipality's primary designee is not available. The alternate representative shall also be appointed by the mayor annually at the first reorganization meeting of the Governing Body in January of each year.
- c. Any vacancy in either the primary or alternate representative shall immediately be filled by the member municipality via mayoral appointment at the meeting of the municipal governing body first following the vacancy of said position, or as soon thereafter as may be practicable.
- c. The Borough representatives identified in this paragraph shall serve at no cost to the other participating municipalities.

#### 13. Mutual Aid Agreements

All mutual aid agreements will be reviewed and approved by the steering committee.

#### 14. Steering Committee Meetings:

The steering committee shall meet monthly for the first 12-months that this Agreement is in effect and at least quarterly thereafter in order to assure that the services provided in this Agreement are effective and efficient. The EMS Coordinator and recording secretary shall also be present at meetings, with minutes taken including records of all binding votes kept.

#### 15. EMS Steering Committee Voting:

The EMS Steering Committee shall review and approve the annual proposed budget, changes to the SOPs, approval of personnel and other matters relating to the provisions of this Agreement. In order for a vote to be binding, a majority of the Committee membership shall be present at the vote and a simple majority vote of those present shall govern. In the event of a tie vote, the item for consideration shall be presented at the next Steering Committee meeting for a vote with the same applicable parameters. If the vote is a tie again, the item shall be removed from the agenda and revised in an effort to address the concerns of the dissenting members before the item is again presented for consideration.

#### H. STANDARD OPERATING PROCEDURES

Standard Operating Procedures (SOPs) have been developed and are appended as Addendum 1 to this Agreement. These SOPs address administrative and operational procedures. Any and all changes to the SOPs outlined in Addendum 1 must be reviewed and approved by the Steering Committee as indicated in Section G of this Agreement.

# I. DURATION OF AGREEMENT AND PARTY WITHDRAWAL PROCEDURE

The term of this Shared Services Agreement shall be the period beginning July 1, 2022 and ending on December 31, 2024. Notwithstanding the terms of this Agreement, any Party shall have the right to withdraw from this Agreement with written notice provided nine (9) months prior to withdrawal. The Steering Committee shall convene no later than 60 days from the receipt date of the withdrawal notice to consider the impact of the impending withdrawal and the steps necessary in view of the withdrawal.

Further, the Steering Committee shall meet no later than July 1st of the final year of this Agreement to discuss the Agreement's potential renewal, revision of terms, etc.

#### J. DISPUTE RESOLUTION

- 1. The Parties agree that it is in the best interest of their respective taxpayers and citizens to avoid litigation if at all possible. Therefore, the Parties agree to first jointly mediate any and all controversies, disputes or claims which arise pursuant to or relating to this Agreement. If such internal mediation is unsuccessful, the parties shall submit the matter to a qualified mediator, chosen from the roster of mediators maintained by the Monmouth County Superior Court unless the parties choose another mediator, and preferably with background in shared service agreements, to attempt resolution of any dispute.
- 2. If a good faith effort to resolve any aforementioned controversies, disputes or claims through mediation is unsuccessful, any Party may terminate the mediation upon the submission of written notice to the other Parties and the mediator. Thereafter, any party may submit the controversy, dispute or claim pursuant to N.J.S.A. 40A:65A-7(c) to the American Arbitration Association for binding arbitration. The laws of the State of New Jersey shall be applied and utilized to settle all controversies, claims or disputes. Any costs associated with Arbitration shall be borne equally by all parties participating in the arbitration. Judgment upon an award rendered pursuant to such arbitration maybe entered into in any court of competent jurisdiction in the State of New Jersey.

#### K. INSURANCE

The Parties hereby agree that they shall maintain property insurance on all facilities and vehicles that may be affected by the services of the Agreement, with each party providing a Certificate of Insurance to the other naming each party as additional insured. Each party shall provide proof of insurance and maintain their own liability insurance and personal property insurance for any loss or damages arising from services provided and shall provide each other with a Certificate of Insurance, naming all parties as additional insured. All parties shall maintain a sum of no less than Fifty Thousand Dollars (\$50,000.00) for property loss and One Million Dollars (\$1,000,000.00) for liability for injuries resulting from one person, and to keep such insurance in force for the term of the Agreement and to deliver proof of insurance if requested by either party after submitting the original Certificate of Insurance. All Certificates of Insurance must be approved by all legal counsel for the Parties involved in this matter.

Each Party agrees to cooperate with each other Party in the defense of any claims assessed against any Party arising out of the rendering or non-rendering of services contemplated by this Agreement.

#### L. INDEMNIFICATION

No party shall be liable for any negligent, reckless or intentional acts or omissions of any other(s) and each shall indemnify, defend and hold the other(s) harmless from all losses,

injuries or damages caused by negligent, reckless or intentional acts or omissions of itself or of any of its respective employees or independent contractors in rendering the services set forth in this Agreement. Such indemnification shall include payment of reasonable attorneys' fees and costs in the defense of any claim made by a third person incident to such negligent, reckless or intentional acts or omissions. The terms and conditions of this paragraph shall survive the execution, delivery and performance of this Agreement and any succeeding documents, shall be binding upon their heirs, successors, administrators and assigns of each of the parties hereto.

No party to this Agreement waives any immunity to which it may be entitled pursuant to the New Jersey Tort Claims Act, N.J.S.A. 59:1-1, et seq.

#### M. PERSONNEL DISPUTES

All Parties agree that if any personnel issue arises involving an employee of Belmar who will perform the services for the member municipalities as set forth herein, the Borough Administrator of Belmar and the Borough Administrator of the allegedly aggrieved municipality shall meet and use their best efforts to resolve the issue amicably. Unresolved issues should be referred to Belmar for investigation as soon as possible.

#### N. GOVERNING LAW

The Agreement shall be governed and construed in accordance with the laws of the State of New Jersey.

#### O. INDEPENDENT COUNSEL

The Parties hereby acknowledge that they have independent legal counsel of their own choosing in order to have this Agreement reviewed and approved and in order to receive independent and separate advice regarding every aspect of this Agreement.

### P. VOLUNTARY EXECUTION AND AUTHORITY

The Parties each acknowledge and represent that this Agreement has been executed by them and each of them free from persuasion, fraud, undue duress or economical physical duress of any kind exerted by the other or other persons. All Parties acknowledge that this Agreement has been approved by Resolution and shall provide each other with a true copy of the same.

#### Q. PARTIAL INVALIDITY

If any term, covenant or condition of this Agreement or the application of the Agreement to any entity or circumstances shall, to any extent invalid or unenforceable, the remainder of the Agreement, or the application of such term, covenant of condition to the entity or the circumstances other than those to which it

is held invalid or unenforceable, shall not be affected by each term, covenant or condition of this Agreement and shall be valid and shall be enforced to the full extent provided by law.

#### R. EMERGENCY CONTINUATION

In the event that this Agreement shall be invalidated by a court of competent jurisdiction then, at the option of Belmar, Belmar shall continue to provide the services specified herein on an interim or emergency basis for a period of ninety (90) days as permitted within an order of the court.

#### S. NOTICES

All notices hereunder shall be in writing and sent certified mail, return receipt requested, to the Municipal Clerk of each municipality at the address indicated above.

#### T. AGENCY RELATIONSHIP

It is hereby acknowledged that the Parties and all of their personnel used to assist any party to this Agreement, are performing the services under this Agreement as general agents of the municipality where they are performing said services, and shall all of the powers of performance reasonably necessary and convenient to carry out the duties, obligations and responsibilities under the Agreement and allowable by law.

#### U. MISCELLANEOUS

The following provisions shall apply to this Agreement:

#### 1. Construction of this Agreement

The parties acknowledge that this Agreement was prepared under New Jersey Law and shall therefore be interpreted under the laws of that State.

#### 2. Amendments

This Agreement may not be amended, altered or modified in any manner except in writing signed by the parties thereto.

#### 3. Headings

This section and any other headings contained in this Agreement are for reference only and shall not affect the meaning and interpretation of this Agreement.

#### 4. Invalid Clause

The invalidity of any clause contained herein shall not render any other provision invalid and the balance of this Agreement shall be binding upon all parties hereto.

#### 5. Assignability

This Agreement and all rights, duties and obligations contained herein may not be assigned without either party's prior written permission.

#### 6. Waiver

It is understood and agreed by the parties that failure or delay in the enforcement of any of the provisions of this Agreement by either of the parties shall not be construed as a waiver of those provisions.

#### 7. No Presumption Against Drafter

The parties acknowledge that this Agreement was reviewed by their respective Legal Counsel, and therefore, no presumption shall arise against the Drafter of this Agreement.

#### V. ENTIRE AGREEMENT

This Agreement sets forth all the covenants, agreements and understandings between the parties concerning the contract premises, the Parties respectfully acknowledge that there are no covenants, promises, agreements or representation, inducements, conditions either oral or written between the parties other than those set forth in the Agreement. No alterations, amendments, changes or additions to this Agreement shall be binding upon any Party unless reduced in writing and signed by each Party.

IN WITNESS WHEREOF, the parties to this Agreement have hereunto set their hands and seals the day and year first above written.

| ATTEST: (Affix Seal)                | BOROUGH OF BELMAR      |
|-------------------------------------|------------------------|
| A will Olive I'                     | Mark Walsifer          |
| April Claudio<br>Municipal Clerk    | Mayor                  |
|                                     |                        |
| ATTEST: (Affix Seal)                | BOROUGH OF LAKE COMO   |
|                                     |                        |
|                                     |                        |
| Amy Boney<br>Acting Municipal Clerk | Kevin Higgins<br>Mayor |
|                                     |                        |
| ATTEST: (Affix Seal)                | BOROUGH OF SEA GIRT    |
|                                     |                        |
| Dawn Harriman                       | Donald Fetzer          |
| Municipal Clerk                     | Mayor                  |

| ATTEST: (Affix Seal) | BOROUGH OF MANASQUAN |
|----------------------|----------------------|
|                      |                      |
|                      |                      |
|                      |                      |
|                      |                      |
| ·                    |                      |
| Barbara Ilaria       | Edward Donovan       |
| Municipal Clerk      | Mayor                |

### BOROUGH OF LAKE COMO RESOLUTION 2022-102

# AUTHORIZING LEASE TO PURCHASE OF ONE (1) 2022 FORD F250 THROUGH A STATE AUTHORIZED VENDOR

**WHEREAS.** the Borough of Lake Como has the need for a 2022 Ford F250 and has received a quote from Gentilini Motors 2703 Fire Road Egg Harbor Township, NJ 08234, a state authorized vendor, in an amount of \$42,323.79.

**NOW, THEREFORE, BE IT RESOLVED**, that the Mayor and Council of the Borough of Lake Como hereby authorizes the Mayor and the Clerk to authorize a three (3) year lease to purchase agreement, on terms satisfactory to the Borough Administrator and in form approved by counsel, one (1) 2022 Ford F250 from Gentilini Motors 2703 Fire Road Egg Harbor Township, NJ 08234, in the amount not to exceed \$42,323.79.

| Dated: 05/17/2022 | Kevin G. Higgins     |
|-------------------|----------------------|
|                   | Mayor                |
|                   |                      |
|                   | Amy L. Boney         |
|                   | Acting Borough Clerk |



Gentilini Motors 2703 Fire Rd Egg Harbor Township NJ 08234 (609) 484-0555 www.upfitme.com

## Quote

#EST6063

5/17/2022

Bill To

Lake Como 720 17th Ave Lake Como NJ 07719 United States **TOTAL** 

\$42,323.79

| Customer # | Expires   | Sales Rep                        | Contract Ref |             |  |
|------------|---|----------------------------------|--------------|-------------|--|
|            | 7/19/2022   | Len Polistina                    | #47-CPCPS    | 2021 CRAN   |  |
| Qty        | Item  | MSRP                             | Dist Amt     | Ext Amt     |  |
| 1          | G-V-22F250-CRAN<br>2022 CRANFORD BASE F250 REG 4X4<br>(PRODUCT UPGRADES LISTED BELOW)   |                                  |              |             |  |
|            | VEHICLE SPEC BASED ON PRODUCT ORDERS AND MANUFACTURER ALLOCATION  |                                  |              |             |  |
| 1          | <b>F250-V-22-CRAN</b><br>2022 F250 BASE CONTRACT REG CAB 4X4  | \$29,255.00                      | \$29,255.00  | \$29,255.00 |  |
|            | INCLUDED ITEMS:   |                                  |              |             |  |
|            | 153 Front License Plate Bracket<br>18B Platform Running Boards<br>61S Front Splash Guards/Mud Flaps<br>62S Rear Splash Guards/Mud Flaps<br>85S Tough Bed Spray-In Bedliner<br>90L Power Equipment Group |                                  |              |             |  |
|            | CRANFORD COOP PRICING GROUP 2022  |                                  |              |             |  |
|            | #47-CPCPS   |                                  |              |             |  |
|            | ITEM 3 OR 3A  |                                  |              |             |  |
|            | CONTRACT OPTIONS CONTRACT OPTIONS   |                                  |              |             |  |
| 1          | <b>Z1-F2B-19-C Z1</b> Oxford White  | \$0.00                           | \$0.00       | \$0.00      |  |
| 1          | <b>76R-F2B-19 76R</b><br>Reverse Sensing System   | \$860.00                         | \$860.00     | \$860.00    |  |
| 1          | AS-F2B-19 AS  Medium Earth Gray, HD Vinyl 40/20/40 Split Benchinc: center armrest, cupholder, storage and driver manual lumbar  | \$870.00<br>n Seat -<br>r's side | \$870.00     | \$870.00    |  |
| 1          | <b>473-21-CRN</b> Snow Plow Prep Package -inc: computer selected for snowplow application   | \$816.00<br>springs              | \$816.00     | \$816.00    |  |





Gentilini Motors 2703 Fire Rd Egg Harbor Township NJ 08234 (609) 484-0555 www.upfitme.com

## Quote

#EST6063

5/17/2022

| Qty | Item  | MSRP        | Dist Amt   | Ext Amt     |
|-----|---|-------------|------------|-------------|
|     | NON-CONTRACT  NON-CONTRACT ITEMS FOR POLICE & FIRE VEHICLES / HOMELAND SECURITY #17-758 MUNICIPAL EQUIPMENT CONTRACT Homeland Security  |             |            |             |
|     | THESE ITEMS MAY BE COVERED UNDER ANOTHER CONTRACT   |             |            |             |
|     | 17-FLEET-00758-MEE  Item # 4 30% off listed MSRP Solicitation (Bid) No.: 17DPP00046 Class-Item 055-79 Category 12 Vehicle Siren Systems and Vehicle Light Systems and Associated Accessories Price Line 143 from the Bid Solicitation State-Supplied Price Sheet Brand: Municipal Equipment Primary Vendor {Contractor} Delivery Days After Receipt of Order: 30 Days |             |            |             |
| 3   | <b>UND1-MEE</b> Undercoat per gallon  | \$219.19    | \$153.43   | \$460.29    |
| 21  | LABOR 2021 LABOR # NJ Labor for installation or repairs to vehicles   | \$92.50     | \$92.50    | \$1,942.50  |
|     | PRODUCT UPGRADE  The vehicle listed below may be added or is modified due to customers' requests or Substitution of Collateral based on modification or allocation shortage.  The equipment listed below may supersede the prior  |             |            |             |
|     | vehicles specifications   |             |            |             |
|     |   |             |            | \$34,203.79 |
| 1   | ADD-BILL Additional billing for customer requested parts or service: Custom price field   | \$42,999.00 | \$4,125.00 | \$4,125.00  |
| 1   | ADD-BILL<br>Amber Package   | \$42,999.00 | \$3,995.00 | \$3,995.00  |
|     | 90L comes with heated side mirrors included White   |             |            |             |
|     | 200/240 Alternator upgrade included   |             |            |             |





Gentilini Motors 2703 Fire Rd Egg Harbor Township NJ 08234 (609) 484-0555 www.upfitme.com

## Quote

#EST6063

5/17/2022

 Subtotal
 \$42,323.79

 Tax (0%)
 \$0.00

**Total** \$42,323.79

Please email all Purchase Order to: ORDERS@UPFITME.com

Purchase Orders are not confirmed until you receive a return email confirming receipt of Purchase Order.





April 20, 2022

BOROUGH OF LAKE COMO Andrew Huisman Boro Adminstrator 1740 Main Street Lake Como, NJ 07719

|        | Open-End Lease 2022 Ford F250SD XL Reg Cab 4WD *As noted on Quote #EST6063 from MEE* |               |         |                          |                   |           |              |                      |
|--------|--|---------------|---------|--------------------------|-------------------|-----------|--------------|----------------------|
| 2022 F | ora F2   | 50SD XL Reg C | ab 4VVD | As noted on Quote #25160 |                   |           |              | ·····                |
|        | thly<br>rm   | Payment       | Tax     | Total                    | Original<br>Value | Reduction | Net<br>Value | Termination<br>Value |
|        | 36   | \$15,154.00   | \$0.00  | \$15,154.00 Annual       | \$42,323.79       | \$0.00    | \$42,323.79  | \$1.00               |
|        | 48   | \$11,643.00   | \$0.00  | \$11,643.00 Annual       | \$42,323.79       | \$0.00    | \$42,323.79  | \$1.00               |

Est. Initial Title & Tags: Per DMV

Lease Quotes are based on Vehicle Quote #EST6063 from MEE

Lease Annual Payments shown are in Advance with \$1.00 Termination Value

Billing Options are Annually, Semi-Annually, Quarterly and Monthly

Once our Lease Documents are executed, The Bancorp will pay the vendor(s) directly.

Vehicle will be titled to the Borough of Lake Como-The Bancorp as lienholder.

The Lease payments will commence the month following the month the vehicle is received road ready for service.

Assume Sales Tax exempt- DMV fees are extra. APR 4.98%

Leasing quotes are based on current effective rates and manufacturer pricing for budgeting purposes only and are subject to change. Subject to credit approval.

Please contact Donna Hamilton at (732) 228-1811 or dhamilton@thebancorp.com for additional information.

## BOROUGH OF LAKE COMO, MONMOUTH COUNTY ORDINANCE NO. 2022-972

## ORDINANCE CREATING AND FUNDING OF A SEPARATE POSITION OF SUPERVISOR OF PUBLIC WORKS FOR THE BOROUGH OF LAKE COMO

**WHEREAS**, the Council believes it to be in the best interest of the Borough of Lake Como to create a position of Supervisor of Public Works.

## NOW, THEREFORE, BE IT ORDAINED BY THE BOROUGH COUNCIL OF THE BOROUGH OF LAKE COMO AS FOLLOWS:

§ 2-23.4 Supervisor of Public Works.

SO ORDAINED as aforesaid.

- a. Position Established. The position of Supervisor of Public Works is hereby established.
- b. Duties. The duties of the Supervisor of Public Works shall be as follows:
  - 1. To assist the Superintendent of Public Works in performing his or her full and complete responsibility of all functions of the Water and Sewer Department, including the supervision and deployment of all personnel in the Department.
  - 2. To assist the Superintendent of Public Works in performing his or her full and complete responsibility of all functions of the Street Department, including the supervision and development of all personnel therein.
  - 3. To assist the Superintendent of Public Works in performing his or her full and complete responsibility of all functions of the Sanitation Department, including the supervision and deployment of all personnel therein.
  - 4. To assist the Superintendent of Public Works in performing his or her full and complete responsibility of all functions of the Public Buildings and Grounds Department, including the supervision and deployment of all personnel therein.

This Ordinance shall take effect upon final passage and publication as provided by law.

| Dated: |                                    |
|--------|------------------------------------|
| -      | Kevin G. Higgins, Mayor            |
|        |                                    |
|        |                                    |
|        | Amy L. Boney, Acting Borough Clerk |

#### **ORDINANCE 2022-973**

## ORDINANCE AMENDING CHAPTER 7 OF THE REVISED GENERAL ORDINANCE OF BOROUGH OF LAKE COMO, COUNTY OF MONMOUTH, STATE OF NEW JERSEY

WHEREAS, residents of the Borough of Lake Como ("Borough") have expressed concerns over traffic congestion on certain streets within the Borough, giving rise to safety and quality of life issues; and

WHEREAS, the Mayor and Council of the Borough believe it is in the best interest of the residents of the Borough to make certain changes to traffic flow and signage;

**NOW, THEREFORE, BE IT ORDAINED** that the Mayor and Council of the Borough hereby amend **Chapter 7-20 "STOP INTERSECTIONS"** to include the following:

Intersection Stop Sign On

18th Avenue and New Bedford Road

18th Avenue, Eastbound

**BE IT FURTHER ORDAINED** that the Police Department and/or Department of Public Works shall order and place appropriate signage to carry out the provisions of this Ordinance.

This Ordinance shall take effect immediately upon final passage and publication.

SO ORDAINED as aforesaid.

| Dated: May 3, 2022 |                      |  |
|--------------------|----------------------|--|
|                    | Kevin G. Higgins     |  |
|                    | Mayor                |  |
|                    |                      |  |
|                    | Amy L. Boney         |  |
|                    | Acting Borough Clerk |  |

## BOROUGH OF LAKE COMO, MONMOUTH COUNTY, STATE OF NEW JERSEY ORDINANCE NO. 2022-974

#### ORDINANCE AUTHORIZING AND IMPOSING A MUNICIPAL OCCUPANCY TAX ON HOTELS AND TRANSIENT ACCOMMODATIONS WITHIN THE BOROUGH OF LAKE COMO

WHEREAS, pursuant to N.J.S.A. 40:48F-1, the Borough may impose an occupancy tax not exceeding 3% on charges for rent of hotel rooms or transient accommodations procured through a transient space marketplace; and

**WHEREAS**, the Borough Council has reviewed the matter and determined that it is appropriate, and in the public interest, that the Borough impose an occupancy tax consistent with the provisions of N.J.S.A. 40:48F-1 *et seq*.

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

Section 1. Definitions.

#### TRANSIENT ACCOMMODATION

A room, group of rooms, or other living or sleeping space for the lodging of occupants, including but not limited to residences or buildings used as residences that is obtained through a transient space marketplace. "Transient accommodation" does not include: a hotel or hotel room; a room, group of rooms or other living or sleeping space used as a place of assembly; a dormitory or other similar residential facility of an elementary or secondary school or a college or university; a hospital, nursing home, or other similar residential facility of a provider of services for the care, support and treatment of individuals that is licensed by the state; leases of real property with a term of at least 90 consecutive days; a campsite, cabin, lean-to, or other similar residential facility of a campground or an adult or youth camp; a furnished or unfurnished private residential property, including but not limited to condominiums, bungalows, single-family homes and similar living units, where no maid service, room service, linen changing service or other common hotel services are made available by the lessor and the rental transaction is

executed by a real estate broker licensed by the New Jersey Real Estate Commission pursuant to N.J.S.A. 45:15-1 *et seq.* and where the keys to the property, whether a physical key, access to a keyless locking mechanism, or other means of physical entrance to the property, are provided to the lessee at an offsite location of the real estate broker; or leases of real property with a term of at least 90 consecutive days.

#### TRANSIENT SPACE MARKETPLACE

A marketplace or travel agency through which a person may offer transient accommodations or hotel rooms to customers. A "transient space marketplace" allows transient accommodations or hotel rooms to be advertised or listed through an online marketplace in exchange for consideration or provides a means for a customer to arrange for the occupancy of the transient accommodation or hotel room in exchange for consideration. A "transient space marketplace" shall not include an online marketplace operated by or on behalf of a hotel or hotel corporation that facilitates customer occupancy solely for the hotel or hotel corporation's owned or managed hotels and franchises.

#### Section 2. Tax Established.

There is hereby established a hotel room and transient accommodation occupancy tax in the Borough of Lake Como which shall be fixed at a uniform percentage rate of 3% on charges of rent for every occupancy of a hotel room or transient accommodation in the Borough of Lake Como procured through a transient space marketplace which is subject to taxation pursuant to N.J.S.A. 54:3B-3(d).

#### Section 3. Statutory Regulations

In accordance with the requirements of N.J.S.A. 40:48F-2:

- a. All taxes imposed by this section shall be paid by the purchaser;
- b. A vendor shall not assume or absorb any tax imposed by this ordinance;
- c. A vendor shall not in any manner advertise or hold out to any person or to the public in general, directly or indirectly, that the tax will be assumed or absorbed by the vendor, that the tax will not be separately charged, or that the tax will be refunded to the customer; and

- d. Each assumption or absorption by a vendor of the tax shall be deemed a separate offense and each representation or advertisement by a vendor for each day that the representation or advertisement continues shall be deemed a separate offense.
- e. Any vendor who violates this section shall, upon conviction, be subject to the penalties set forth in section 1-5, "General Penalties."

#### Section 4. Unpaid Taxes

- a. Any unpaid taxes pursuant to this section shall be subject to interest at the rate of 5% per annum.
- b. In the event that the tax authorized and imposed under this section is not paid as and when due, the unpaid balance, and any interest accruing thereon, shall be a lien on the parcel of real property comprising the hotel or transient accommodation in the same manner as all other unpaid municipal taxes, fees, or other charges. The lien shall be superior and paramount to the interest in such parcel of any owner, lessee, tenant, mortgagee, or other person, except the lien of municipal taxes and shall be on a parity with and deemed equal to the municipal lien on the parcel for unpaid property taxes due and owing in the same year.
- c. The Borough shall file in the office of its tax collector a statement showing the amount and due date of the unpaid balance and identifying the lot and block number of the parcel of real property that comprises the delinquent hotel or transient accommodation. The lien shall be enforced as a municipal lien in the same manner as all other municipal liens are enforced.

#### Section 5. Annual Notice to State Treasurer

The Borough shall annually provide to the State Treasurer, no later than January 1 of each year, a list of the names and addresses of all of the hotels and transient accommodations located in the Borough. The Borough shall also provide to the State Treasurer the name and address of any hotel or transient accommodation that commences operation after January 1 of any year.

#### Section 6. Transmission to State and Effective Date.

A copy of this Ordinance shall be transmitted upon adoption or amendment to the Director of the New Jersey Division of Taxation. The tax provisions of this Ordinance will be effective on the first day of the first full month following 90 days after the Division has received the adopted Ordinance.

#### **SO ORDAINED** as aforesaid.

| Dated: May 17, 2022 | Kevin G. Higgins<br>Mayor         |
|---------------------|-----------------------------------|
|                     | ·                                 |
|                     | Amy L. Boney Acting Borough Clerk |

| TR#: FEE: DATE:   | STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUE DIVISION OF ALCOHOLIC BEVERA RETAIL LIQUOR LICENSE APP                | BLIC SAFETY [ ] [ ] [ ] AGE CONTROL A W D  |                     |
|---|---|--|---------------------|
| STATE ASSIGNED LICENSE  | NUMBER  | DATE APPLICATION FILED:  |                     |
| [For DIVISION use only]   | · <u> </u>  | 8 1202 / 202/<br>1502/1/9 A  |                     |
| CODE TYPE OF LICENSE (C   | CHECK ONE)<br>. 33:1-12]  | THIS APPLICATION IS FOR:   |                     |
| 31 Club 32 Plenary Retail Co w/Broad Packag 33 X Plenary Retail Co 36 Plenary Retail Co (Hotel/Motel Ex 37 Plenary Retail Co (Theatre Except 35 Seasonal Retail ( (November 15 t) 34 Seasonal Retail ( (May 1 through 44 Plenary Retail Dis 43 Limited Retail Dis OTHER 14 Annual State Per (N.J.S.A. 33:1-4) | ge Privilege consumption consumption consumption tion) Consumption hrough April 30) Consumption Nov. 14) stribution | A New License X Person to Person Transfer (Incl. Partnership change, except Ltd. Partnership) Place to Place Transfer (Including expansion of premions Change of Corporate Structure Extension of License (To Execute Receiver, Administrator, etc. Renewal of License Amendment of Application of Foundation of Foundation of Foundation of Foundation to Provide Receiver (Provide Receiver) | e<br>cutor,<br>File |
|   | This Area is Reserved for Municip   | pal Use  |                     |
| Municipal Fee \$ 240.00   | UC# 1176 8/26/21  |  |                     |
| Effective Date// (As Stated in Resolution. Date   State Fee \$  | of resolution unless otherwise establish  | ned.)  |                     |
| Date Denied / / (As Stated in Resolution)   | _   |  |                     |
| Refund Amount \$  |   |  |                     |
| Special Conditions Attached:  | YesNo   |  |                     |
| Type or Print Name (Last name,  | , first, middle initial) of Municipal Clerk (   | or ABC Secretary   | _                   |

|     | age 2 PLEASE TYPE OR PRINT ALL INFORMATION   |      |
|-----|--|------|
| ST  | TATE ASSIGNED LICENSE NUMBER 1347 _ 33 _ 006 _ 012   |      |
| Ap  | pplication is made on behalf of:   |      |
|     | 1 = An Individual 2 = Business Corporation 3 = A Pa rinership 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"):   |      |
|     | Saltys Beach Bar Belmar, LLC  (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 Zip 07719   |      |
|     |  | con  |
|     | Telephone number of business (848) 404 9559 E-Mail Address michelle@surfsupcandle.   | .con |
| 2.3 | If no licensed premises exists or if mailing address is different than the "actual address" given above, provide the mailing address: (Insert N/A if not applicable).      |      |
|     | Street Address NA  |      |
|     | Number St reet Name P.O. Box # Municipality State  |      |
|     | Zip Telephone ()   |      |
| 2.4 | New Jersey Sales Tax Certificate of Authority No. 871-156-704/000  |      |
| 2.5 | TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND  |      |
|     | REGISTERED WITH THE NJ SECRETARY OF STATE (If a corporation) OR COUNTY CLERK (If a partnership or sole   |      |
|     | REGISTERED WITH THE NJ SECRETARY OF STATE (If a corporation) OR COUNTY CLERK (If a partnership or sole proprietor):  Salty's Beach Bar                                     |      |
|     | proprietor):   |      |
|     | proprietor):   |      |
| 2.6 | Salty's Beach Bar  |      |
|     | THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICATINS OTHER THAN APPLICANTS FOR A  |      |
|     | THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICATINS OTHER THAN APPLICANTS FOR A NEW LICENSE:  A. 1S THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS? |      |

2.7 THE FOLLOWING QUESTIONS AR 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?

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:

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

| for th | following questions identify information about the licensed premises. This describes the area or place which is to be licensed the sale, service, consumption, delivery, receipt, or storage of alcoholic beverages. If the license is linactive and NOT SITED 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 question 2.2 on Page 2 should also be answered N/A). |
|--------|---|
| 3.1    | HOW MANY SEPARATE BUILDING ARE TO BE INCLUDED UNDER THIS LICENSE?   |
|        | 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 ficensed 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 X 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    | BasementYesNo All of itYesNo  |
|        | 1 <sup>st</sup> floor X Yes No All of it X Yes No   |
|        | 2 <sup>nd</sup> floorYes _XNo All of itYesNo  |
|        | 2 <sup>nd</sup> floor         Yes         X         No         All of it         Yes         No           3 <sup>rd</sup> floor         Yes         No         All or it         Yes         No   |
|        | Specify each additional floor number to be included under this license:   |
|        | If only part of any floor is to 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? YesXNo  |
| 3.6    | IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?  X YesNo  |
|        | 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?YesNo   |
|        | DOES THE APPLICANT LEASE THE BUILDING? X YesNo  |
| 3.8    | MORTGAGEE (HOLDER OF MORTGAGE): N/A   |
|        | (Last Name, First Name, Middle Initial or Corporate Name) Street Address  |
|        | Number Street Name  |
|        | P.O. Box#StateState   |
|        | Zip   |
| 3.9    | LANDLORD (HOLDER OF LEASE): Payday Reality, Inc   |
|        | Street Address 1705 Main Street Name, First Name, Middle Initial or Corporate Name)   |
|        | Number Street Name  |
|        | P.O. Box# Municipality Lake Comostate New Jersey  |
|        | zip <u>07719</u>  |

| for th | following questions identify informatine sale, service, consumption, deliving the sale, service, consumption, deliving the sale of the sal | very, receipt, or s<br>juestion 3.1 only, | torage of alcoholic beventering N/A for "not a | rerages. If the licen   | or place which is to be licensed<br>se is inactive and NOT SiTED<br>use N/A as a response to questions |
|--------|--|---|--|-------------------------|--|
| 3.1    | HOW MANY SEPARATE BUILD!   | NG ARE TO BE                              | INCLUDED UNDER T                               | HIS LICENSE?            | 2  |
|        | If more than one building is to be covering each building.   | included under th                         | nis license, a separate                        | page number three       | is to be submitted   |
|        | An up-to-date sketch of the entire   | licensed premise                          | es should be submitted                         | l for inclusion, in the | State ABC license file.  |
| 3.2    | BUILDING NO. 2 OF 2  | TO BE LICE                                | ENSED.   |                         |  |
| 3.3    | IS THE ENTIRE BUILDING TO BE   | E LICENSED?_                              | X YesNo  |                         |  |
|        | If the answer to question 3.3 is "N the following questions:   | o," specify which                         | floors are to be under                         | license and which o     | ones are not by answering  |
| 3.4    | BasementY  | esNo                                      | All of it                                      | Yes                     | No   |
|        | 1 <sup>st</sup> floorY   | esNo                                      | All of it                                      | Yes                     | No   |
|        | 2 <sup>nd</sup> floorY   | esNo                                      | All of it                                      | Yes                     | No   |
|        | 3 <sup>rd</sup> floorY   | esNo                                      | All or it                                      | Yes                     | No   |
|        | Specify each additional floor number   | ber to be include                         | d under this license;                          |                         |  |
|        | If only part of any floor is to licensfrom unlicensed areas.   | ed, attach a mor                          | e detailed explanation                         | with sketches to cle    | arly delineate licensed  |
| 3.5    | ARE ANY GROUNDS ADJACEN PREMISES?YesXNo  | T TO THE BUILD                            | DING UNDER LICENS                              | E TO BE INCLUDE         | D AS PART OF THE LICENSED  |
| 3.6    | IS THERE ANY UNLICENSED AR<br>LICENSED ADJACENT GROUND<br>X_YesNo  | REA LOCATED B<br>IS?                      | BETWEEN BUILDINGS                              | UNDER THIS LICE         | ENSE OR BETWEEN  |
|        | IF ANSWER IS "YES" ATTACH A<br>IN FEET.  | SKETCH OF TH                              | HE LICENSED AND U                              | NLICENSED AREA!         | S SHOWING DIMENSIONS   |
| 3.7    | DOES THE APPLICANT OWN TH  | HE BUILDING?                              |  |                         | Yes X No   |
|        | IF "YES", IS THERE A MORTGAG   | SE ON THE BUI                             | LDING?   |                         | Yes No   |
|        | DOES THE APPLICANT LEASE   |   |  |                         | No   |
|        | MORTGAGEE (HOLDER OF MOR   | RTGAGE):                                  |  |                         |  |
|        |  | (Last Name, Fir                           | rst Name, Middle Initial                       | or Corporate Name       | 2)   |
|        | Street AddressNumb   | ver .                                     | Street Na                                      | ***                     |  |
|        | P.O. Box #   | Municipality                              |  |                         |  |
|        | Zip  |   |  |                         |  |
| 3.9    | LANDLORD (HOLDER OF LEASE  | ,   | Danista Inc.                                   |                         |  |
|        |  |   | Reality, Inc                                   | or Comprete Name        |  |
|        |  |   | st Name, Middle Initial                        |                         | <del>?)</del>  |
|        | Numb   |   | Street Na                                      |                         | M. 1 #1  |
|        | P.O. Box#  | Municipality                              | Lake Como                                      | State                   | New Jersey   |

walk Building 2 > Buildno 1 Fence Stage FENCE Door Outdoor LE NEUL-II DOOR DOOK D004 Gate momen Storage main Room The Bar

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 X No IF THE 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 VEHICLE FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES? Yes X 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 X No IF "YES". DATE FILED \_\_\_\_/\_\_\_/ 4.4 WILL ANY BUSINESS OTHER THAN THE SALE OF ALCOHOLIC BEVERAGES BE CONDUCTED ON THE PREMISES TO BE LICENSED? X Yes No IF THE ANSWER IS "YES", INDICATE THE NATURE OF THE BUSINESS AND WHO WILL CON-DUCT IT BY RESPONDING TO THE FOLLOWING QUESTIONS: X Restaurant X Applicant Other \_\_\_\_ Catering \_\_\_\_ Applicant Other Hotel/Motel \_\_\_\_Other Applicant \_\_\_\_ Amusements Other Applicant \_\_\_\_ NJ Lottery \_\_\_\_ Applicant \_\_\_\_ Other \_\_\_\_ Grocery or Delicatessen \_\_\_\_ Applicant \_\_\_\_ Other X Other (specify) Applicant Other ATM. Pool table(s) 4.5 IF SOMEONE OTHER THAN ATHE 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 N/A Name of company/individual \_\_\_\_ (Last Name, First Name, or Corporate Name) Street Address Street Name Municipality \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_ - \_\_\_\_ NJ Sales Tax Certificate of Authority No. \_\_\_\_\_

#### PLEASE TYPE OR PRINT ALL INFORMATION

|             |          |  | ALL APPLICA                   | NTS ANSWER THE F                         | OLLOWING   |  |  |  |
|-------------|----------|--|-------------------------------|--|--|--|--|--|
| - 1         | AN.      | STHE APPLICATION OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD<br>MY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES<br>N ANY MANNER WHATSOEVER?   |                               |  |  |  |  |  |
| _           |          | Yes X No   |                               |  |  |  |  |  |
| F           | f th     | e answer is "Yes", com   | plete the following:          |  |  |  |  |  |
| ŀ           | Var      | me of individual   |                               |  |  |  |  |  |
|             |          |  | Last Name                     | First                                    | Middle Initial   |  |  |  |
| Т           | itie     | of position held   |                               |  |  |  |  |  |
| N           | lar      | me of Employing Agenc  | у                             |  |  |  |  |  |
|             |          |  |                               |  |  |  |  |  |
| ρ           | ۱В       | ES THE APPLICANT C<br>ENEFICIAL INTEREST<br>E LICENSE?Ye   | IN THE LICENSED BUSINE        | ENTIONED IN THIS AF<br>SS HOLD OFFICE IN | PPLICATION, OR ANY PERSON HAVING<br>THE UNIT OF GOVERNMENT ISSUING |  |  |  |
| 11          | FT       | HE ANSWER IS "YES"   | , COMPLETE THE FOLLOW         | ING:                                     |  |  |  |  |
| N           | lan      | ne of individual   |                               |  |  |  |  |  |
|             |          |  | Last Name                     | First                                    | Middle Initial   |  |  |  |
| Т           | itle     | of office  |                               |  | ÷  |  |  |  |
| N           | lur      | nicipality   |                               |  |  |  |  |  |
| A<br>B<br>B | REVIOL   | DES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY REWERY, WINERY, DISTILLER, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC EVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER, OR AS A STOCK-DLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE, OR OTHERWISE?   |                               |  |  |  |  |  |
| _           |          | Yes X No   |                               |  |  |  |  |  |
| IF          | <b>T</b> | THE ANSWER IS "YES" ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST   |                               |  |  |  |  |  |
| А           | NC       | COMPLETE THE FOI   | LLOWING:                      |  |  |  |  |  |
| Α           |          | New Jersey license nu  | ımber, if applicable          |  | ~  |  |  |  |
| В           |          |  |                               |  | SE, ANSWER THE FOLLOWING QUESTIONS:                                |  |  |  |
|             |          |  | ting business (Corporation, P |  |  |  |  |  |
|             |          | The same of the sa |                               |  |  |  |  |  |
|             |          |  |                               | ime, First Name, or Co                   | orporate Name)   |  |  |  |
|             |          | Street Address   | Number                        | Street Na                                | ama  |  |  |  |
|             |          | PO Box#  | Municipality                  |  |  |  |  |  |
|             |          | Zip  |                               |  | State  |  |  |  |
|             |          |  |                               |  |  |  |  |  |

| _   |  |      |
|-----|--|------|
|     | ALL APPLICANTS ANSWER THE FOLLOWING  |      |
| 6.1 | HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY?  Yes X 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 X No   |      |
|     | IF THE ANSWER 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  |      |
| 6.3 | 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 X No |      |
|     | IF THE ANSWER IS "YES" PROVIDE DETAILS OF EACH BELOW (Complete a separate page 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:NOT RENEWED   |      |
|     |  |      |
|     | SUSPENDED CANCELLED 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 X No  | =2   |
|     | A. IF THE ANSWER IS "YES", ANSWER THE FOLLOWING:   |      |
|     | Name of individualLast Name First Middle Initial   |      |
|     | Last Name First Middle Initial  Date of Birth / / / /  | _    |
|     | State Court of jurisdiction  |      |
|     | Description of offense (specific charge)   |      |
|     |  |      |
|     | Disposition (fine, penalty, etc.)  | _    |
|     | Nature of interest in entity to be licensed  | _    |
|     | B. If applicable, provide the date the Director of NJ Division of Alcoholic Beverage Control issued an order approving or disappredisqualification removal:/ / (No license may be issued without an order from the Director, Division of Alcoholic Beverage Control determining no disqualification or removing disqualification. (See N.J.S.A. 33:1-31.2 and N.J.A.C. 13:2-15                     | alic |
|     | Provide Agency Docket No. : (NN)   |      |

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 006 - 012 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 X No IF THE ANSWER IS "YES", COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S), AND THE NAMES(S) OF THE PERSON(S) OR CORPORATIONS(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED. A. License number \_\_\_\_\_\_ (Last Name, First, Middle Initial or Corporate Name) Relationship to applicant B. License number \_\_\_\_\_\_ (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 X 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. (Last Name, First, Middle Initial or Corporate Name)

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

#### PLEASE TYPE OR PRINT ALL INFORMATION

|   | 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? YesXNo   |  |  |  |  |
| 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 N.J.S.A. 33:1-12.20?  Yes X No   |  |  |  |  |
| 8.3   | HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (N.J.S.A. 33:1-12.32) FOR A HOTEL/MOTEL, RESTAURANT, BOWLING ALLEY OR INTERNATIONAL AIRPORT?Yes $X$ _No   |  |  |  |  |
|   | IF THE ANSWER IS "YES", CHECK ONE OF THE FOLLOWING: HOTEL/MOTEL  |  |  |  |  |
|   | RESTAURANT BOWLING ALLEY INTERNATIONAL AIRPORT   |  |  |  |  |
|   | FOLLOWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER.   |  |  |  |  |
| 8.4   | LICENSE NUMBER SOUGHT TO BE TRANSFERRED 1347 - 33 - 006 - 012  |  |  |  |  |
| 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:  Pay Day, Inc |  |  |  |  |  |
|   | (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 N/A   |  |  |  |  |
|   | Number Street Name  Municipality New Jersey  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| THE   | Zip  |  |  |  |  |
|   | Zip FOLLWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.  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.   |  |  |  |  |
| 8.7   | Zip  FOLLWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.  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 09/08/2021   |  |  |  |  |
| 8.7   | Zip  FOLLWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.  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 09/08/2021   |  |  |  |  |
| 8.7   | Zip FOLLWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.  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.   |  |  |  |  |
| 8.7<br>8.8  | FOLLWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.  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 09 / 08 / 2021  Date of second notice 09 / 15 / 2021  NAME OF NEWSPAPER TO PUBLISH NOTICE ASbury Park Press  THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN 1 PERCENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED). |  |  |  |  |
| 8.7<br>8.8  | Zip  |  |  |  |  |
| 8.7<br>8.8  | FOLLWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.  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 09 / 08 / 2021  Date of second notice 09 / 15 / 2021  NAME OF NEWSPAPER TO PUBLISH NOTICE ASbury Park Press  THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN 1 PERCENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED). |  |  |  |  |
| 8.7<br>8.8<br>8.9   | Zip  |  |  |  |  |
| 8.7<br>8.8<br>8.9   | Zip  |  |  |  |  |
| 8.7<br>8.8<br>8.9   | Zip  |  |  |  |  |
| 8.7<br>8.8<br>8.9<br>THE<br>8.10  | Zip  |  |  |  |  |
| 8.7<br>8.8<br>8.9<br>THE<br>8.10  | Zip  |  |  |  |  |
| 8.8<br>8.9<br>THE<br>8.10   | Zip  |  |  |  |  |
| 8.8<br>8.9<br>THE<br>8.10   | Zip  |  |  |  |  |
| 8.8<br>8.9<br>THE<br>8.10   | Zip  |  |  |  |  |
| 8.7<br>8.8<br>3.9<br>FHE<br>3.10  | Zip  |  |  |  |  |

|  | ALL APPLICANTS ANSWER THE FOLLOWING  |                        |                             |  |  |  |
|--|--|------------------------|-----------------------------|--|--|--|
| 9.1  | DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION, OR ASSOCIATION <u>OTHER THAN THE APPLICANT</u> HAVE AN INTEREST <u>DIRECTLY</u> OR <u>INDIRECTLY</u> IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY?  |                        |                             |  |  |  |
|  | Yes X 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  |                        |                             |  |  |  |
|  |  |                        |                             |  |  |  |
| (Last Name, First Name, Middle Initial or Corporate Name)  Social Security number or |  |                        |                             |  |  |  |
|  |  |                        |                             |  |  |  |
|  | NJ Sales Tax Certificate of Authori<br>Street Address  |                        |                             |  |  |  |
|  |  |                        |                             |  |  |  |
|  | P.O. Box#  | Municipality           |                             | State  |  |  |
|  | Zip  |                        |                             |  |  |  |
|  | Describe Nature of Interest  |                        |                             |  |  |  |
| 9.2  | CONDITIONAL BILL OF SALE OR EQUIPMENT TO BE USED IN COFOR?   | OTHER SECURITY INTI    | EREST ON ANY FURNIT         | LD ANY CHATTEL MORTGAGE OR<br>TURE, FIXTURES, GOODS OR<br>ATED UNDER THE LICENSE APPLIED |  |  |
|  | Yes X_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  |                        |                             |  |  |  |
|  |  |                        |                             |  |  |  |
|  | (Last Name, First Name, Middle Initial or Corporate Name)  Social Security number or   |                        |                             |  |  |  |
|  | NJ Sales Tax Certificate of Authority No.  |                        |                             |  |  |  |
|  | Street AddressNumb   |                        |                             |  |  |  |
|  |  |                        | Street Name                 |  |  |  |
|  |  |                        |                             | State  |  |  |
|  | Zip  |                        |                             |  |  |  |
|  | Describe Nature of Interest  |                        |                             |  |  |  |
|  | 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 X 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  |                        |                             |  |  |  |
| -  |  | (Last Name, First Name | , Middle Initial or Corpora | te Name)   |  |  |
|  | Social Security number   | or                     |                             |  |  |  |
|  | NJ Sales Tax Certificate of Authority  | / No                   |                             |  |  |  |
| ,  | Street Address   | er                     | Observable                  |  |  |  |
|  |  |                        | Street Name                 |  |  |  |
|  |  |                        |                             | State  |  |  |
|  | Zip  |                        |                             |  |  |  |
|  | Describe Nature of Interest  |                        |                             |  |  |  |
| APPL   | ICANTS THAT ARE SOLE PROPE   | HETORS OR PARTNERS     | HIPS GO TO PAGE 10A         | . CORPORATIONS COMPLETE PAGE 10.   |  |  |

#### PLEASE TYPE OR PRINT ALL INFORMATION

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY. ANY CORPORATION THAT IS REPORTED TO HAVE AN INTEREST

STATE ASSIGNED LICENSE NUMBER 1347 33 006 012

IN THE BUSINESS TO BE LICENSED, WHETHER THE LICNESEE COMPANY, THE PARENT CORPORATION OR 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 or corporation Saltys Beach Bar Belmar, LLC 1705 Main Street 10.2 Street address of home office Number Street Name Municipality Lake Como **New Jersey** Zip 07719 10.3 NJ Sales Tax Certificate of Authority Number 871-156-704/000 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 N/A Number Street Name Municipality New Jersey 10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? X Yes No 10.6 DATE CHARTERED OR INCORPORATED 06 , 11 , 2021 STATE NJ 10.7 CERTIFICATE OF INCORPORATION NUMBER 04506622475 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? 10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN **NEW JERSEY?** Yes IF THE ANSWER IS "YES", INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION. Date or 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 OF U.S. DISTRICT COURT, MAY BE MADE: Name Jannarone, Thomas (Law Office of Thomas Jannarone) Street Address 705 16th Avenue, Suite 3 Street Name Number Municipality Lake Como New Jersey Zip 07710 681 0013 Telephone Number 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).

#### PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 . 33

#### 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 directors, and stockholders holding one percent or more of the shares of the respective company. Club licenses must list

under license or to be licensed must have been reported on page 10. Information on this page, 10A, will identify all officers, 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) Saltys Beach Bar Belmar, LLC Name of individual (last name first), stockholder, partner, officer or director: Fontanez Michelle Last Name First Middle Initial 200 11th Avenue Home Street Address Number Street Name Municipality Belmar P.O. Box # Zip 07719 State New Jersey E-mail michelle@surfsupcandle.com Social Security number 144 Date of birth 09 / 01 / 1967 908 216 3872 Home telephone number Exchange Number 848 404 9559 Office telephone number Exchange Area Number % of business owned or controlled 100 Number of shares \_\_ Check position that applies: X Sole owner Partner Stockholder \_\_\_\_\_Vice-President \_\_\_\_\_ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_ Director President Trustee \_\_\_ \_\_Manager \_\_\_\_ Agent \_\_\_\_ Executor/Administrator Receiver \_\_\_ Other (specify)\_\_ Beneficiary Name of individual (last name first): N/A Last Name Middle Initial Home Street Address Number Street Name P.O. Box # \_\_\_ Municipality State \_\_\_\_\_ Social Security number Date of birth \_\_\_\_/\_ Home telephone number Exchange Area Number Office telephone number Area Exchange % of business owned or controlled Number of shares Check position that applies: Sole owner Partner \_ Stockholder President Vice-President Secretary Treasurer Director Manager \_ \_\_\_\_Agent \_\_\_\_\_ Executor/Administrator \_\_\_\_\_ Receiver Trustee \_ Beneficiary \_\_\_\_ Other (specify) \_\_\_\_

| Page 11  | PLEASE TYPE OR PRINT A                                  | ALL INFORMATION        |  |  |  |
|--|---|------------------------|--|--|--|
| STATE ASSIGNED LICENSE NUM   | MBER 1347 - 33 - 006 - 012                              | AFFIDAVIT              |  |  |  |
| LICENSE PERIOD<br>APPLIED FOR FRO  | TOMO  | DATE:                  |  |  |  |
| State of New Jersey County of Monmouth As provided by law (N.J.S.A. 33:1-;   | ) SS:<br>)  |                        |  |  |  |
| (Check One)  1. The Individual Applicant   |   |                        |  |  |  |
| <ol> <li>The Individual Applicant</li> <li>Members of the Partnership A</li> </ol>   | Applicant   |                        |  |  |  |
| (Corporation or Club Name)  (Corporation or Club Name)  consent(s) that the licensed premises and all portions of the building constituting the licensed premised, 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)     |  |  |  |
| Attest:  | Saltys Beach Bar Belmar, LLC                            | (Signature of Partner) |  |  |  |
|  | Corporate Name  | (Signature of Partner) |  |  |  |
| Secretary Signature Affix Corporate Seal   | Sy (Signature of Corporate President or Vice President) | (Signature or Partner) |  |  |  |
| - virian sursur processorous hydrologis  |   | (Signature of Partner) |  |  |  |

AFFIDAVIT MUST BE SIGNED HERE

BY DULY AUTHORIZED NOTARY PUBLIC
OR AN ATTORNEY AT LAW OF NEW JERSEY

(Signature of Officer Administering Oath)

(Organization of Officer Manufacturing Oatti)

(Printed Name of Officer Administering Oath) LOUISE A. MEKOSH

(Title of Officer Administering Oath) Notary Date of Expiration of Oath)

Sworn to and subscribed before me this \_\_\_\_\_\_ day of \_\_\_\_\_ 2\_

Notary Public of New Jersey
My Commission hispares and head 22

# STATE OF NEW JERSEY OFFICE OF THE ATTORNEY GENERAL DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF ALCOHOLIC BEVERAGE CONTROL P.O. Box 087, 140 EAST FRONT STREET TRENTON, NJ 08625-0087

#### APPLICATION FOR BULK SALE PERMIT [BSP]

Pursuant to R.S. Title 33, c.1; N.J.A.C. 13:2-23.12, this application must be completed and filed with the Municipal Clerk/A.B.C. Board Secretary in company with ALL Applications for "Person-to-Person" License Transfers. If the new licensee is also purchasing alcoholic beverage inventory, the application must be accompanied by Check or Money Order in the amount of \$75.00 payable to the Division of Alcoholic Beverage Control.

| 1.            | 12-Digit Liquor License No134  | 7-33-006-012                                  |  |  |  |  |
|---------------|--|---|--|--|--|--|
| 2.            | Name of Person (individual, partnership, corporation) to whom the liquor license is to be transferred: |   |  |  |  |  |
|               | Saltys Beach Bar Belmar, LLC   |   |  |  |  |  |
| 3.            | Address of licensed premises:  |   |  |  |  |  |
|               | 1705 Main Street, Lake Como, New Jersey 07719  |   |  |  |  |  |
| 4.            | Name of former licensee (prior to this "Person-to-Person" Transfer):                                   |   |  |  |  |  |
|               | Payday, Inc t/a Salty's Beach Bar  |   |  |  |  |  |
| 5.            | Is alcoholic beverage inventory being purchased in connection with this license transfer?X_YesNo       |   |  |  |  |  |
|               |  | ation. If the answer is "No," the application |  |  |  |  |
|               | Michelle Fontanez  |   |  |  |  |  |
| 1/1           | Print Name of Applicant  | Applicant Phone Number                        |  |  |  |  |
| $\mathcal{M}$ | Maril Johan  | 9/1/2021                                      |  |  |  |  |
| -             | Signature of Applicant   | Date  |  |  |  |  |
|               |  |   |  |  |  |  |
|               | TO: MUNICIPAL CLERK/SECRETAI   | DV OF MUNICIPAL A R.C. ROAPD                  |  |  |  |  |
|               | I O. IVIONICIPAL CLERNISECRETAL  | VI OI MUNICIPAL A.D.C. DOAND                  |  |  |  |  |

This application for a Bulk Sale Permit is to be forwarded to the Division of Alcoholic Beverage Control with the State copy of the Transfer Application or with the Municipal Resolution of Transfer

#### CONSENT TO TRANSFER LIQUOR LICENSE

The undersigned, being owner of Plenary Retail Consumption Liquor License Number 1347-33-006-012, issued by the Council of the Borough of Lake Como in the County of Monmouth, and State of New Jersey, which License is currently active, hereby consents to the transfer of the License to Buyer, Michelle Fontanez or her designated business entity, for such premises in the Borough of Lake Como to which Buyer, might wish to transfer said License.

Dated: 07/20/2021

Attest:

Pay Day, Inc

MODARY SEAL

JENNIFER R. ROBERTS Marion County My Commission Expires July 20, 2025 Catherine Yen, Executrix to the Estate of Paul J. Heaney