



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

**DATE: FEBRUARY 3, 2026 7:30 PM**  
**REGULAR MEETING**

**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 sixth day of January 2026 in which Resolution the time and place of Agenda and Regular Meetings commencing with January 6, 2026 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 [www.lakecomonj.org](http://www.lakecomonj.org) and on the bulletin board in Borough Hall. All meetings are open to the public.

**OATH OF OFFICE**

Councilwoman Shannon McIntyre

**ROLL CALL**

Hawley Scull  
Christopher D'Antuono  
Peter Ventrice  
Heather Albala-Doyle  
Andrew Reiners  
Shannon McIntyre

**APPROVAL OF MINUTES**

Minutes from the January 20, 2026 Meeting

**COMMUNICATIONS, PROCLAMATIONS & PRESENTATIONS**

**REPORTS OF COMMITTEES**

**UNFINISHED BUSINESS**

**PUBLIC COMMENTS ON NEW BUSINESS**

### **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.

### **NEW BUSINESS**

Resolution 2026-44  
Payment of Bills  
Offered by Councilwoman Albala-Doyle

Resolution 2026-45  
Payment of NJNG Bill  
Offered by Councilwoman Scull

Resolution 2026-46  
Appointing Member of the Planning Board  
Offered by Councilman Reiners

Resolution 2026-47  
Appointing Healthcare & Prescription Medical Broker  
Offered by Councilman D'Antuono

### **PUBLIC COMMENTS**

### **ALCOHOLIC BEVERAGE CONTROL BOARD**

Aleatory Inc. t/a Bar Anticipation  
Converting Covid Extension to Licensed Premises

MacTav Inc.  
Parade Day Extension of Premises

### **NEXT MEETING**

The next regular meeting of the Mayor and Council will be held on Tuesday, February 17, 2026, at 7:30 PM in the Lake Como Meeting Room. All meetings are open to the public.

### **MOTION TO ADJOURN**



## *Borough of Lake Como*

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

### *Oath of Office*

I, Shannon McIntyre, do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of New Jersey and that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under the authority of the people; and that I will faithfully, impartially and justly perform all of the duties of the position of Councilwoman according to the best of my ability. So help me God.

Dated: February 3, 2026

\_\_\_\_\_  
Signature

Attest: \_\_\_\_\_  
Amy L. Boney, RMC  
Municipal Clerk

Resolution 2026 - 44

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: \$ 32,501.84

WATER ACCOUNT:

Per Attached Bill List: \$ 264.99

GENERAL CAPITAL FUND:

Per Attached Bill List: \$ 129.00

ESCROW TRUST ACCOUNT:

Per Attached Bill List: \$ 715.00

ACH WIRE PAYMENTS:

Per Attached Bill List: \$ 46,093.10

**TOTAL: \$ 79,703.93**

Dated: February 3, 2026

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Kevin G. Higgins  
Mayor

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Hawley Scull  
Council President

Certification

I hereby certify that the foregoing Resolution to be a true and exact copy of the Resolution adopted by the Lake Como Borough Council at its meeting held on February 3, 2026.

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Amy L. Boney, RMC  
Borough Clerk

**2-3-26 BILL LIST****PURCHASE ORDER LIST:**

<b>Vendor Name</b>	<b>Description</b>	<b>Amount</b>
ABOUT AUTO GLASS LLC	2014 FORD GLASS REPAIR	175.00
AMAZON BUSINESS	TRUCK STEPS FOR SUPERVISOR	113.05
AMCO SERVICES GROUP, INC.	MONTHLY PEST CONTROL JANUARY	110.00
ATLANTIC LOCK & SAFE	KEYS	19.16
OPTIMUM	CABLE WIFI PHONE BORO	378.15
OPTIMUM	CABLE WIFI PHONE DPW	293.95
OPTIMUM	CABLE WIFI PHONE PARK	177.94
CME ASSOCIATES	IMPROVEMENTS TO 17TH PHASE IV	129.00
DELISA WASTE SERVICES	TIPPING FEES JAN 1-15, 2026	2,689.18
DELISA WASTE SERVICES	MONTHLY RECYCLING SERVICE FEB	5,666.67
DELISA WASTE SERVICES	MONTHLY TRASH SERVICE FEB	10,333.33
FERGUSON ENTERPRISES INC.	Water Curb Keys - WAT10042RH	197.70
FERGUSON ENTERPRISES INC.	Freight Shipping	67.29
H2M ASSOCIATES, INC.	708 20TH AVE REUTHER	429.00
H2M ASSOCIATES, INC.	1817 PINE TERR DEBLASIO/TONERO	286.00
JCP&L	ELECTRIC SERVICE BORO	2,263.54
JCP&L	ELECTRIC SERVICE DPW	149.29
JCP&L	ELECTRIC SERVICE GAZEBO	4.65
JCP&L	ELECTRIC SERVICE NEW BEDFORD	9.77
JCP&L	ELECTRIC SERVICE 22ND MAIN	55.25
JCP&L	ELECTRIC SERVICE 22ND B15L2	59.79
JCP&L	STREET LIGHTING	2,743.96
JCP&L	STREET LIGHTING	11.73
JCP&L	STREET LIGHING 18TH AVE LIGHT	34.80
JOHN GUIRE SUPPLY LLC	SNOW SHOVELS	43.99
JOHN GUIRE SUPPLY LLC	SNOW PLOW ISOLATION MODULE	206.39
LEON S. AVAKIAN, INC.	LC24-07.1 GIS STORM WATER MAP	1,050.00
LEON S. AVAKIAN, INC.	LC25-01 GENERAL ENGINEERING	175.00
LEON S. AVAKIAN, INC.	LC25-07 STORMWATER PERMIT	1,620.00
LEON S. AVAKIAN, INC.	LC25-10 AFFORDABLE HOUSING	227.50
MONMOUTH COUNTY SPCA	ANIMAL CONTROL SERVICE DEC 25	210.00
NJ NATURAL GAS CO	GAS SERVICE BORO	804.72
NJ NATURAL GAS CO	GAS SERVICE DPW	416.48
NJ NATURAL GAS CO	GAS SERVICE DPW REAR GARAGE	55.83
R & H SPRING & TRUCK REPAIR	2019 FORD FRONT END REPAIR	2,133.92
TRANS BEARING CO., INC.	PLOW HOSE	43.21
TRUIS INC.	2014 GREEN FORD PARTS	225.59
PURCHASE ORDER TOTAL:		33,610.83

**ACH PAYMENT LIST:**

PAYROLL 1-28-26	46,093.10
ACH PAYMENT TOTAL:	46,093.10
<b>GRAND TOTAL:</b>	<b>79,703.93</b>

Resolution 2026 - 45

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 account:

CURRENT ACCOUNT:

NJ Natural Gas Co.

PB&G OE

\$ 1277.03

Dated: February 3, 2026

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Kevin G. Higgins  
Mayor

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Hawley Scull  
Council President

Certification

I hereby certify that the foregoing Resolution to be a true and exact copy of the Resolution adopted by the Lake Como Borough Council at its meeting held on February 3, 2026.

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Amy L. Boney  
Borough Clerk

**RESOLUTION 2026-46**

**RESOLUTION APPOINTING MEMBER TO  
THE LAKE COMO PLANNING BOARD**

**WHEREAS**, the Lake Como Planning Board has a vacancy for Alternate #2; and

**WHEREAS**, the Mayor has appointed Bruce Peragallo subject to the advice and consent of the Council; and

**NOW THEREFORE**, be it resolved that the Council consents to the appointment of Bruce Peragallo as Alternate #2 member of the Planning Board for an unexpired two-year term commencing 02/03/2026 expiring 12/31/2028.

Dated: February 3, 2026

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Kevin G. Higgins  
Mayor

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Hawley G. Scull  
Council President

**Certification**

I hereby certify that the foregoing Resolution to be a true and exact copy of the Resolution adopted by the Lake Como Borough Council at its meeting held on February 3, 2026.

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Amy L. Boney, RMC  
Municipal Clerk



**RESOLUTION 2026-47**

**RESOLUTION APPOINTING ACRISURE AS BROKER FOR  
HEALTHCARE AND PRESCRIPTION MEDICAL**

**WHEREAS**, the Borough of Lake Como wishes to appoint Acrisure as the broker for Healthcare and Prescription Medical.

**NOW THEREFORE**, be it resolved that the Mayor and Council of the Borough of Lake Como, County of Monmouth, State of New Jersey hereby approves the appointment of Acrisure as the broker for Healthcare and Prescription Medical, authorizing the Borough Clerk to execute any contract(s) or agreements.

Dated: February 3, 2026

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Kevin G. Higgins  
Mayor

---

Hawley G. Scull  
Council President

**Certification**

I hereby certify that the foregoing Resolution to be a true and exact copy of the Resolution adopted by the Lake Como Borough Council at its meeting held on February 3, 2026.

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Amy L. Boney, RMC  
Municipal Clerk

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

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
RETAIL LIQUOR LICENSE APPLICATION

Action ID Code  
[ ] [ ] [ ] [ ]  
A W D U

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

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

STATE ASSIGNED LICENSE NUMBER

DATE APPLICATION FILED:

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

2 / 3 / 26

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

THIS APPLICATION IS FOR:

- 31 \_\_\_\_\_ Club  
32 \_\_\_\_\_ Plenary Retail Consumption  
w/Broad Package Privilege  
33 X Plenary Retail Consumption  
36 \_\_\_\_\_ Plenary Retail Consumption  
(Hotel/Motel Exception)  
37 \_\_\_\_\_ Plenary Retail Consumption  
(Theatre Exception)  
35 \_\_\_\_\_ Seasonal Retail Consumption  
(November 15 through April 30)  
34 \_\_\_\_\_ Seasonal Retail Consumption  
(May 1 through Nov. 14)  
44 \_\_\_\_\_ Plenary Retail Distribution  
43 \_\_\_\_\_ Limited Retail Distribution  
OTHER  
14 \_\_\_\_\_ Annual State Permit  
(N.J.S.A. 33:1-42, NJAC 13:2-52)

- \_\_\_\_\_ A New License  
\_\_\_\_\_ Person to Person Transfer  
(Incl. Partnership change,  
except Ltd. Partnership)  
X Place to Place Transfer  
(Including expansion of premises)  
\_\_\_\_\_ Change of Corporate Structure  
\_\_\_\_\_ Extension of License (To Executor,  
Receiver, Administrator, etc.)  
\_\_\_\_\_ Renewal of License  
X Amendment of Application of File  
\_\_\_\_\_ Other \_\_\_\_\_

This Area is Reserved for Municipal Use

Municipal Fee \$ 240

Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee \$ \_\_\_\_\_

Date Denied \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(As Stated in Resolution)

Refund Amount \$ \_\_\_\_\_

Special Conditions Attached: \_\_\_\_ Yes \_\_\_\_ No

Amy L Boney

Type or Print Name (Last name, first, middle initial) of Municipal Clerk or ABC Secretary

Amy L Boney

Signature of Municipal Clerk or ABC Secretary

## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005Application is made on behalf of: 2

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

2 = Business Corporation  
 4 = Unincorporated 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"):

Aleatory Inc.

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

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

Street Address 703-705 16th Avenue  
 Number Street Name  
 Municipality Lake Como Zip 07719  
 Telephone number of business (732) 681 - 7422 E-Mail Address tommyj@bar-a.com  
 Area Exchange Number

## 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 \_\_\_\_\_  
 P.O. Box # 483 Number \_\_\_\_\_  
 Municipality Lake Como Street Name \_\_\_\_\_ State NJ  
 Zip 07719 Telephone (732) 681 - 7422

2.4 New Jersey Sales Tax Certificate of Authority No. 222-096-903/000

## 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 proprietor):

Bar Anticipation

## 2.6\* THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS OTHER THAN APPLICANTS FOR A NEW LICENSE:

## A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?

X Yes \_\_\_\_\_ No

## B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING PLACE OF BUSINESS):

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

## C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?

\_\_\_\_ Yes \_\_\_\_\_ No

## 2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE:

## A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?

\_\_\_\_ Yes \_\_\_\_\_ No

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

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

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt, or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS answer question 3.1 only, entering N/A for "not applicable." (If you use N/A as a response to questions 3.1, question 2.2 on Page 2 should also be answered N/A).

3.1 HOW MANY SEPARATE BUILDING ARE TO BE INCLUDED UNDER THIS LICENSE? 2

If more than one building is to be included under this license, a separate page number three is to be submitted covering each building.

An up-to-date sketch of the entire licensed premises should be submitted for inclusion, in the State ABC license file.

3.2 BUILDING NO. 1 OF 2 TO BE LICENSED.3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ☒ Yes ☐ No

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

3.4 Basement	<input type="checkbox"/> Yes <input type="checkbox"/> No	All of it	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 <sup>st</sup> floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	All of it	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 <sup>nd</sup> floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	All of it	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 <sup>rd</sup> floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	All or it	<input type="checkbox"/> Yes <input type="checkbox"/> No

Specify each additional floor number to be included under this license: \_\_\_\_\_

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES?

☒ Yes ☐ No

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

☐ Yes ☒ No

IF ANSWER IS "YES" ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING?

☐ Yes ☒ No

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

☐ Yes ☐ No

DOES THE APPLICANT LEASE THE BUILDING?

☒ Yes ☐ No

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 # \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_

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

3.9 LANDLORD (HOLDER OF LEASE):

Zeros Enterprises Inc

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

Street Address \_\_\_\_\_

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

P.O. Box # 483 Municipality Belmar State NJ

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

## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt, or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS answer question 3.1 only, entering N/A for "not applicable." (If you use N/A as a response to questions 3.1, question 2.2 on Page 2 should also be answered N/A).

3.1 HOW MANY SEPARATE BUILDING ARE TO BE INCLUDED UNDER THIS LICENSE? 2

If more than one building is to be included under this license, a separate page number three is to be submitted covering each building.

An up-to-date sketch of the entire licensed premises should be submitted for inclusion, in the State ABC license file.

3.2 BUILDING NO. 2 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 Basement	<u>Yes</u>	<u>X</u> No	All of it	<u>Yes</u>	<u>No</u>
1 <sup>st</sup> floor	<u>X</u> Yes	<u>No</u>	All of it	<u>X</u> Yes	<u>No</u>
2 <sup>nd</sup> floor	<u>Yes</u>	<u>X</u> No	All of it	<u>Yes</u>	<u>No</u>
3 <sup>rd</sup> floor	<u>Yes</u>	<u>No</u>	All or it	<u>Yes</u>	<u>No</u>

Specify each additional floor number to be included under this license: \_\_\_\_\_

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? X Yes No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? Yes X No

IF ANSWER IS "YES" ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING? Yes X No  
 IF "YES", IS THERE A MORTGAGE ON THE BUILDING? Yes No  
 DOES THE APPLICANT LEASE THE BUILDING? X Yes No

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

N/A

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

Street Address \_\_\_\_\_

P.O. Box # \_\_\_\_\_ Number \_\_\_\_\_ Street Name \_\_\_\_\_ State \_\_\_\_\_

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

3.9 LANDLORD (HOLDER OF LEASE):

Zeros Enterprises Inc

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

Street Address 705 16th Ave

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

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

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





## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005

- 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?

  X   Yes        No

IF "YES", DATE FILED 05 / 04 / 2007

- 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 CONDUCT IT BY RESPONDING TO THE FOLLOWING QUESTIONS:

<u>  X  </u> Restaurant	<u>  X  </u> Applicant	<u>      </u> Other
<u>  X  </u> Catering	<u>  X  </u> Applicant	<u>      </u> Other
<u>      </u> Hotel/Motel	<u>      </u> Applicant	<u>      </u> Other
<u>      </u> Amusements	<u>      </u> Applicant	<u>      </u> Other
<u>  X  </u> NJ Lottery	<u>  X  </u> Applicant	<u>      </u> Other
<u>      </u> Grocery or Delicatessen	<u>      </u> Applicant	<u>      </u> Other
<u>  X  </u> Other (specify)	<u>  X  </u> Applicant	<u>      </u> Other

ATM, apparel

- 4.5 IF SOMEONE OTHER THAN THE APPLICANT WILL OPERATE THE OTHER BUSINESS ON THE LICENSED PREMISES, ANSWER THIS QUESTION. IF THERE IS MORE THAN ONE INDIVIDUAL OR COMPANY, ATTACH A SEPARATE PAGE LISTING THE REQUESTED INFORMATION FOR EACH OPERATOR.

Business to be operated N/A

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

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

Municipality \_\_\_\_\_ State \_\_\_\_\_

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

## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005

## ALL APPLICANTS ANSWER THE FOLLOWING

- 5.1 IS THE APPLICATION OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

\_\_\_\_ Yes ☒ No

If the answer is "Yes", complete the following:

Name of individual \_\_\_\_\_  
Last Name First Middle Initial

Title of position held \_\_\_\_\_

Name of Employing Agency \_\_\_\_\_

- 5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? \_\_\_\_ Yes ☒ No

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

Name of individual \_\_\_\_\_  
Last Name First Middle Initial

Title of office \_\_\_\_\_

Municipality \_\_\_\_\_

- 5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLER, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER, OR AS A STOCK-HOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE, OR OTHERWISE?

\_\_\_\_ Yes ☒ No

IF THE ANSWER IS "YES" ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING:

A. New Jersey license number, if applicable \_\_\_\_\_

- B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

Name of entity conducting business (Corporation, Partnership or Individual)

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

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

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

Zip \_\_\_\_\_

Type of Business \_\_\_\_\_



## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005

## ALL APPLICANTS ANSWER THE FOLLOWING

- 6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY?  
☐ Yes ☒ No

IF THE ANSWER TO THIS QUESTION IS "YES", ANSWER THE FOLLOWING:

Type of License or Permit Denied: ☐ Retail ☐ Wholesale ☐ Transportation  
☐ Warehouse ☐ Manufacturer

Unit of Government which denied License or Permit: \_\_\_\_\_

Date of Denial (approximate, if not known) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Denial \_\_\_\_\_

- 6.2 HAS ANY CORPORATION, PARTNERSHIP, OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT?  
☐ Yes ☐ No

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

Type of License or Permit Denied: ☐ Retail ☐ Wholesale ☐ Transportation  
☐ Warehouse ☐ Manufacturer

Unit of Government which denied License or Permit: \_\_\_\_\_

Date of Denial (approximate, if not known) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Denial \_\_\_\_\_

- 6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION?  
☐ Yes ☒ No

IF THE ANSWER IS "YES" PROVIDE DETAILS OF EACH BELOW (Complete a separate page for each action):

Name of individual \_\_\_\_\_

Last Name

First

Middle Initial

DATE OF ACTION \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DOCKET NO. \_\_\_\_\_

PENALTY WAS IMPOSED BY: \_\_\_\_\_

(indicate whether by Div. ABC or identify Local Issuing Authority)

PENALTY CONSISTED OF:

☐ FINED \$ \_\_\_\_\_ ☐ NOT RENEWED☐ SUSPENDED \_\_\_\_\_ ☐ REVOKED ☐ CANCELLED

(no. of days)

☐ OTHER (explain) \_\_\_\_\_

- 6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?  
☐ Yes ☒ No

A. IF THE ANSWER IS "YES", ANSWER THE FOLLOWING:

Name of individual \_\_\_\_\_

Last Name

First

Middle Initial

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

Conviction Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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 disapproving disqualification 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).

Provide Agency Docket No. : (NN)-\_\_\_\_\_

## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005

## 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?

X Yes        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 1526 - 33 - 018 - 009

Name Seaside Beach Bar, LLC

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

Relationship to applicant Applicant Thomas Jannarone is a Member

- .....
- B. License number        -        -        -

Name       

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

Relationship to applicant       

- .....
- C. License number        -        -        -

Name       

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

Relationship to applicant       

- .....
- 7.2 WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL, BECAUSE OF AGE, CRIMINAL CONVICTION, OR PROHIBITED INTERESTS IN OTHER LICENSES?

       Yes 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.

Name       

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

Social Security number        -        -        or

NJ Sales Tax Certificate of Authority No.       

Date of Birth        /        /

## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005

## ALL APPLICANTS ANSWER THE FOLLOWING

- 8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX, WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW, OR ANY OTHER NEW JERSEY OR FEDERAL LAW?  
       Yes   X   No

- 8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED FOR A HOTEL/MOTEL, AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF 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

THE FOLLOWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER.

- 8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED   N/A   -        -        -

- 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:  
  N/A

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

- 8.6 IF THIS IS A REQUEST FOR A PLACE TO PLACE TRANSFER OF A POCKET LICENSE (NO SITED PREMISES) MARK AN X HERE:

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

Zip

THE FOLLOWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.

- 8.7 INSERT THE ANTICIPATED DATES WHEN PUBLIC NOTICE OF APPLICATION WILL BE PUBLISHED, PUBLICATION MAY NOT BE SOONER THAN THE DATE OF FILING OF THIS APPLICATION.

Date of first notice        /        /       

Date of second notice        /        /       

- 8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE   Asbury Park Press

- 8.9 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).

Date of notice   N/A   /        /       

Name of newspaper publishing notice       

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

- 8.10 HAS THE CLUB BEEN IN ACTIVE OPERATION IN THE STATE OF NEW JERSEY FOR AT LEAST THREE YEARS CONTINUOUSLY IMMEDIATELY PRIOR TO THE SUBMISSION OF ITS APPLICATION FOR LICENSE?

       Yes        No

- 8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCHISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?

       Yes        No

- 8.12 HAS THE CLUB HAD EXCLUSIVE POSSESSION AND USE OF CLUB QUARTERS FOR THREE CONTINUOUS YEARS?

       Yes        No

- 8.13 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?

       Yes        No

ALL APPLICANTS ANSWER THE FOLLOWING

- Yes **X** No

Name of individual (Last Name First) or Corporation

Yes **X** No

Name of individual (Last Name First) or Corporation

Yes **X** No

Name of individual (Last Name First) or Corporation

APPLICANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10A. CORPORATIONS COMPLETE PAGE 10.

## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1342 - 33 - 009 - 005

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY. ANY CORPORATION THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION 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 Aleatory, Inc10.2 Street address of home office P.O. Box 483Municipality Belmar Number \_\_\_\_\_ Street Name \_\_\_\_\_State NJ Zip 0771910.3 NJ Sales Tax Certificate of Authority Number 222-761-330/000

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

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

Zip \_\_\_\_\_

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? ☒ Yes ☐ No10.6 DATE CHARTERED OR INCORPORATED 09 / 26 / 1986 STATE NJ10.7 CERTIFICATE OF INCORPORATION NUMBER 0100312305

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE?

☐ Yes ☐ No

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY?

☐ Yes ☒ No

IF THE ANSWER IS "YES", INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Beginning date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ending date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

10.10 INSERT THE NAME AND ADDRESS OF REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW, OR PROCEEDINGS IN A STATE OF U.S. DISTRICT COURT, MAY BE MADE:

Name Hyde R. Reginald II

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

Street Address 1730 Belmar BoulevardMunicipality Wall New JerseyZip 07719 Telephone Number (732) 681-7422

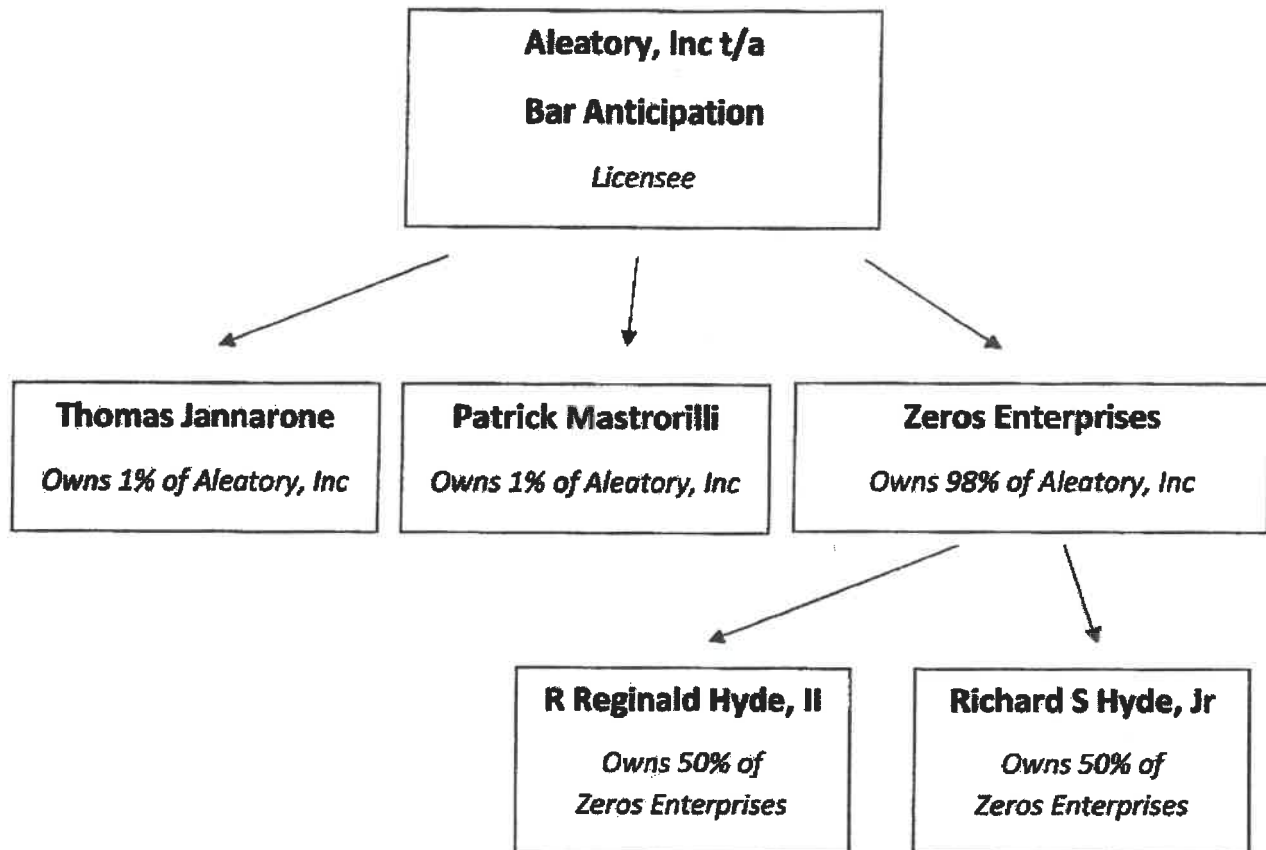
Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST, IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

See Attached

10.11

### Organization Chart





## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

LIMITED PARTNERSHIP: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on page 10. Information on this page, 10A, will identify all officers, directors, and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP)

Aleatory Inc

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

Zeros Enterprises

Last Name First Middle Initial  
 Home Street Address 705 16th Avenue  
 Number Street Name  
 P.O. Box # Municipality Lake Como State NJ  
 Zip 07719 - Email Address reggie@bar-a.com  
 Social Security number - Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Home telephone number ( ) -  
 Area Exchange Number  
 Office telephone number ( ) -  
 Area Exchange Number  
 % of business owned or controlled 98% Number of shares \_\_\_\_  
 Check position that applies: \_\_\_\_ Sole owner \_\_\_\_ Partner ☒ Stockholder  
 \_\_\_\_ President \_\_\_\_ Vice-President \_\_\_\_ Secretary \_\_\_\_ Treasurer \_\_\_\_ Director  
 \_\_\_\_ Trustee \_\_\_\_ Manager \_\_\_\_ Agent \_\_\_\_ Executor/Administrator \_\_\_\_ Receiver  
 \_\_\_\_ Beneficiary \_\_\_\_ Other (specify) \_\_\_\_\_

Name of individual (last name first):

Jannarone Thomas

Last Name First Middle Initial  
 Home Street Address 522 Bridlemere Ave  
 Number Street Name  
 P.O. Box # Municipality Interlaken State NJ  
 Zip 07712 - Email Address tommyj@bar-a.com  
 Social Security number - Date of birth 11 / 19 / 1964  
 Home telephone number ( ) -  
 Area Exchange Number  
 Office telephone number ( ) -  
 Area Exchange Number  
 % of business owned or controlled 1 Number of shares \_\_\_\_  
 Check position that applies: \_\_\_\_ Sole owner \_\_\_\_ Partner ☒ Stockholder  
 \_\_\_\_ President \_\_\_\_ Vice-President \_\_\_\_ Secretary \_\_\_\_ Treasurer \_\_\_\_ Director  
 \_\_\_\_ Trustee \_\_\_\_ Manager \_\_\_\_ Agent \_\_\_\_ Executor/Administrator \_\_\_\_ Receiver  
 \_\_\_\_ Beneficiary \_\_\_\_ Other (specify) \_\_\_\_\_

## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

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CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on page 10. Information on this page, 10A, will identify all officers, directors, and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP)

Aleatory Inc

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

MastrorilliPatrick

Last Name

First

Middle Initial

Home Street Address 427 Essex Ave

Number

Street Name

P.O. Box #

Municipality

Spring LakeState NJZip 07762

Email Address

pmastrorilli@privatelinc.com

Social Security number

Date of birth 01 / 29 / 65

Home telephone number

( )

Area

Exchange

Number

Office telephone number

( )

Area

Exchange

Number

% of business owned or controlled

1

Number of shares

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

Name of individual (last name first):

N/A

Last Name

First

Middle Initial

Home Street Address

Number

Street Name

P.O. Box #

Municipality

State

Zip

Email Address

Social Security number

Date of birth

Home telephone number

( )

Area

Exchange

Number

Office telephone number

( )

Area

Exchange

Number

% of business owned or controlled

Number of shares

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



## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY. ANY CORPORATION THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION 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 Zeros Enterprises, Inc10.2 Street address of home office 705 16th AvenueMunicipality Lake Como

Number

Street Name

State New JerseyZip 0771910.3 NJ Sales Tax Certificate of Authority Number 222-096-903/000

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

Zip

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? ☒ Yes ☐ No10.6 DATE CHARTERED OR INCORPORATED 12 / 16 / 1975 STATE NJ10.7 CERTIFICATE OF INCORPORATION NUMBER 268788

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE?

☐ Yes ☐ No

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY?

☐ Yes ☒ No

IF THE ANSWER IS "YES", INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation     /     /    Beginning date     /     /    Ending date     /     /    

10.10 INSERT THE NAME AND ADDRESS OF REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW, OR PROCEEDINGS IN A STATE OF U.S. DISTRICT COURT, MAY BE MADE:

Name Hyde R. Reginald II

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

Street Address 1730 Belmar Boulevard

Number

Street Name

Municipality Wall

New Jersey

Zip 07719

Telephone Number

Area

Exchange

Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST, IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

LIMITED PARTNERSHIP: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on page 10. Information on this page, 10A, will identify all officers, directors, and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP)

Zeros Enterprises, Inc

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

Hyde R. Reginald II  
Last Name First Middle Initial

Home Street Address 1730 Belmar Boulevard  
Number Street Name

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

Zip 07719 E-mail reggie@bar-a.com

Social Security number \_\_\_\_\_ Date of birth 04 / 12 / 60

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

Office telephone number (\_\_\_\_\_) \_\_\_\_\_  
Area Exchange Number

% of business owned or controlled 50 Number of shares \_\_\_\_\_

Check position that applies: \_\_\_\_\_ Sole owner \_\_\_\_\_ Partner \_\_\_\_\_ Stockholder

☒ President \_\_\_\_\_ Vice-President \_\_\_\_\_ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_ Director  
\_\_\_\_\_ Trustee \_\_\_\_\_ Manager \_\_\_\_\_ Agent \_\_\_\_\_ Executor/Administrator \_\_\_\_\_ Receiver  
\_\_\_\_\_ Beneficiary \_\_\_\_\_ Other (specify) \_\_\_\_\_

Name of individual (last name first):

Hyde Richard S. Jr  
Last Name First Middle Initial

Home Street Address 1420 Lakewood Road  
Number Street Name

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

Zip 07719 Email N/A

Social Security number \_\_\_\_\_ Date of birth 11 / 05 / 56

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

Office telephone number (\_\_\_\_\_) \_\_\_\_\_  
Area Exchange Number

% of business owned or controlled 50 Number of shares \_\_\_\_\_

Check position that applies: \_\_\_\_\_ Sole owner \_\_\_\_\_ Partner \_\_\_\_\_ Stockholder

\_\_\_\_\_ President \_\_\_\_\_ Vice-President ☒ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_ Director  
\_\_\_\_\_ Trustee \_\_\_\_\_ Manager \_\_\_\_\_ Agent \_\_\_\_\_ Executor/Administrator \_\_\_\_\_ Receiver  
\_\_\_\_\_ Beneficiary \_\_\_\_\_ Other (specify) \_\_\_\_\_

## PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1347 - 33 - 009 - 005

AFFIDAVIT

LICENSE PERIOD

APPLIED FOR FROM \_\_\_\_\_ TO \_\_\_\_\_

DATE:

State of New Jersey )  
 )  
 County of Monmouth ) SS:  
 )

As provided by law (N.J.S.A. 33:1-35),

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. R. Reginald Hyde, II of Aleatory, Inc  
 (President/Vice-President) (Corporation or Club Name)

consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics, and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Director of the Division of Alcoholic Beverage Control, his or her duly authorized deputies, inspectors, or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon 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.

R. Reginald Hyde II  
 (Signature of Individual Applicant / sole proprietor)

(Corporations Only)

Attestation by Corporate Secretary

(Partnership Name)

(Signature of Partner)

Attest:

Aleatory, Inc

Corporate Name

(Signature of Partner)

By

R. Reginald Hyde II  
 (Signature of Corporate President or Vice President)

(Signature of Partner)

Secretary

Signature

Affix Corporate Seal

(Signature of Partner)

Sworn to and subscribed before me  
 this 19th day of December 2025

AFFIDAVIT MUST BE SIGNED HERE →

BY DULY AUTHORIZED NOTARY PUBLIC

OR AN ATTORNEY AT LAW OF NEW JERSEY

Thomas Jannarone  
 (Signature of Officer Administering Oath)  
Thomas Jannarone, Esquire  
 (Printed Name of Officer Administering Oath)  
Attorney at Law  
 (Title of Officer Administering Oath)

(Date of Expiration of  
 Commission, if applicable)



FOR ALL APPLICANTS: You are receiving a courtesy copy of your application.

FOR APPLICANTS OF PREMISES EXPANSION PERMIT : You are responsible for ensuring that your application has been endorsed by the Chief of Police and the Clerk of the municipality in which the expanded premises that is the subject of this application is located.

FOR APPLICANTS OF SOCIAL AFFAIR, CATERING, EXTENSION OF PREMISES AND LIMITED BREWERY OFF-PREMISES EVENT PERMITS FOR EVENTS TO BE HELD ON MUNICIPAL OR PRIVATE PROPERTY: You are responsible for ensuring that your application has been endorsed by the Chief of Police and the Clerk of the municipality in which the event that is the subject of this application.

FOR APPLICANTS OF TEMPORARY STORAGE PERMITS: You are responsible for ensuring that your application has been endorsed by the Chief of Police and the Clerk of the municipality that is the subject of this application.

FOR MUNICIPAL ISSUING AUTHORITIES: A Special Permit (Social Affair or Catering or Extension of Premises or Limited Brewery Off-Premises or Premises Expansion) has been applied for in your jurisdiction. Please login to the Division website to review the Permit Application and provide your Endorsement of the application by the noted due date. If you have any questions regarding the application, please contact the Division at 609-984-2830, and request to speak with a representative of the Permit Unit.

FOR APPLICANTS OF SOCIAL AFFAIR, CATERING, EXTENSION OF PREMISE AND LIMITED BREWERY OFF-PREMISES PERMITS FOR EVENTS TO BE HELD ON PROPERTY OR PREMISES THAT ARE OWNED BY OR UNDER THE CONTROL OF A STATE OR COUNTY ENTITY: You are responsible for obtaining the Endorsements of the Chief Law Enforcement Officer and Chief Administrative Official with jurisdiction over the property or premises on which the event that is the subject of this application will be held. For instructions on obtaining the required Endorsements, please scroll down to the end of this Notification.

**FAILURE TO OBTAIN THE REQUIRED ENDORSEMENTS WILL RESULT IN DENIAL OF YOUR APPLICATION.**

This notification is being sent to the following email addresses:

- [aboney@lakecomonj.org](mailto:aboney@lakecomonj.org)
- [REDACTED]6@optonline.net

Permit Type:	Extension of Premises
File Number:	841958
Permittee:	MAC TAV INC
License Number:	1347-33-005-008

Mailing Address: 1704 MAIN STREET  
LAKE COMO, NJ 07719  
USA

Physical Address: 1704 MAIN STREET  
LAKE COMO, NJ 07719  
USA

Contact: MAC TAV INC  
(732) [REDACTED]

Applicant Email: [m\[REDACTED\]6@optonline.net](mailto:m[REDACTED]6@optonline.net)

Additional Permit Information

County: 13 - MONMOUTH COUNTY  
Municipality: 47 - LAKE COMO BOROUGH

Location

Location Description:  
MAC TAV Inc. DBA McCann's Tavern

Address:  
1704 1704 Main Street  
Lake Como, NJ 07719  
USA

1704 Main St

Event Details

What is the specific event being held?  
Saint Patrick's Parade Day

Event Dates

Mar 01, 2026 from 9:00 AM to 10:00 PM

Rain Dates

Mar 08, 2026 from 9:00 AM to 10:00 PM

Application Questions

Question 1: Please supply the person's name and phone number to contact should there be any questions related to this application. NAME PHONE NUMBER

Response: William Epp [REDACTED]

Question 2: Is the event premise owned by or under the control of a A) municipality, B) county, C) State or D) other? Please Identify the owner by one of the aforementioned codes. Provide the name of the owner, as well as a phone number for the owner and for what the premise is normally used.

Response: NO

Question 3: What adjoining property is intended to be used for this extension?

Response: McCann's Tavern's Side Drive way

Question 4:	Do you own the property where the license will be extended?
Yes / No Response:	Yes
Question 5:	Will a charge be assessed by a ticket?
Yes / No Response:	Yes
Response:	What is the ticket cost?
	\$5.00
Question 6:	Will there be a cash bar?
Yes / No Response:	Yes
Question 7:	Will you be dispensing Wine?
Yes / No Response:	Yes
Response:	What is the cup size?
	6oz
Question 8:	Will you be dispensing Malt Alcoholic Beverages?
Yes / No Response:	No
Question 9:	Will you be dispensing Distilled Spirits?
Yes / No Response:	Yes
Response:	What is the cup size?
	8oz
Question 10:	How many people are expected to attend the event on a daily basis?
Response:	200
Question 11:	What is the approximate age group of the attendees?
Response:	30-60
Question 12:	Will persons under the legal age to consume alcohol be in attendance?
Yes / No Response:	No
Question 13:	Explain in DETAIL the security plans for the event. The plans should include the number of people checking for ID's, plans to prevent pass-offs to minors, the type of security at the event, the limit of alcoholic beverage per transaction, and any other relevant information pertaining to the event.
Response:	The outside area will be encompassed by fencing. Most of the tables will be up against the fencing to ensure no one can reach over. There will be a total of 7 security people. Two ID checkers posted at the outside entrance. One each at the entrance and exit to building with counters to ensure the building is not over capacity. Three floaters watching over crowd.
Question 14:	Have you been hired by a third party, promoter, production company, or other entity?
Yes / No Response:	No



Question 15:

By checking "yes" to this question, you are stating that you have obtained the necessary consent from the person so authorized at the premises where the affair is to be held, including property under control of a unit of government, municipality, county or State, a church; or a premises under license or other privately owned facility.

Yes / No Response:

Yes

Question 16:

Provide the full name, title, phone number and e-mail address of the person who provided the applicant with approval for the event being held at the location specified.

Response:

William Epp 2702 Woolley Road Wall NJ 07719  
Manager, [REDACTED]

Question 17:

The Division must be notified for cancellation or rescheduling prior to the date of the event; refunds will not be issued if cancellation is provided after the event date. Do you acknowledge the above statement and wish to submit your application?

Yes / No Response:

Yes

#### Documents

See below for a list of documents attached to this email.

<b>Document Type</b>	<b>File Name</b>	<b>Upload Date</b>
Site Plan/Sketch of Premise	Parade Day Skecth.pdf	Jan 23, 2026

**SPECIAL NOTE TO ALL SOCIAL AFFAIR, CATERING, EXTENSION OF PREMISES AND LIMITED BREWERY OFF-PREMISES EVENT APPLICANTS FOR EVENTS TO BE HELD ON PROPERTY OR PREMISES OWNED BY OR UNDER THE CONTROL OF A STATE OR COUNTY ENTITY**

1) If you identified in question two (2) above that the event will be held on property or at a premises which is either owned by or under the control of a County or State entity, you are required to obtain the Endorsements of the Chief Law Enforcement Officer and Chief Administrative Official with jurisdiction over the property on which the event is to be held.

2) This notification and all documents identified above must be submitted to the appropriate officials;

3) If the Chief Law Enforcement Officer or Chief Administrative Official objects to the application or seeks to impose Special Conditions on the requested permit, they shall provide, in writing, the reason(s) for the objections or Special Conditions.

4) The Endorsements required herein must be returned to the Division via email ([NJABCPermits@njoag.gov](mailto:NJABCPermits@njoag.gov)) by no later than five business days prior to the date of the event. Counterparts of the Endorsements may be submitted, provided that both Endorsements are received by the Division no later than five business days prior to the date of the event.

**THIS SECTION IS TO BE COMPLETED BY THE OFFICIALS OF THE COUNTY OR**

STATE ENTITY WITH JURISDICTION OVER THE PREMISES OR PROPERTY ON WHICH THE EVENT IS TO BE HELD

CERTIFICATION OF CHIEF ADMINISTRATIVE OFFICIAL AND CHIEF LAW ENFORCEMENT OFFICER:

I hereby certify that:

1. I have the authority to act on behalf of the State or County entity in this matter;
  2. I have reviewed the application submitted;
  3. I have considered any objections made to this application; and
  4. I have concluded that there are not more than 25 permits issued for the premises designated in this application for this calendar year.
- I further certify that the statements provided herein are accurate. If any of the foregoing statements are willfully false, I am subject to punishment.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Chief Administrative Official

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

Name of State or County Entity: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Chief Law Enforcement Officer

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

Name of State or County Entity: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

If there are any questions regarding the Certification section above, please contact the Division at 609-984-2830 and request to speak with a representative of the Permit Unit.

Thank you,

NJABC Permit Unit

Please note: Upon the request by the Division, original signatures must be provided



# MCCANN'S TAVERN

