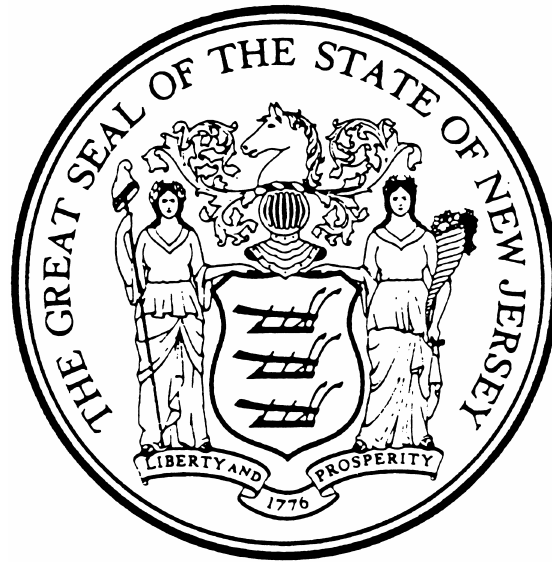


STATE OF NEW JERSEY CASINO CONTROL COMMISSION



CASINO HOTEL ALCOHOLIC BEVERAGE LICENSE APPLICATION

(For use by Applicants for a Casino Service Industry License)

**APPLICATION INSTRUCTIONS
CASINO SERVICE INDUSTRY
CASINO HOTEL ALCOHOLIC BEVERAGE LICENSE APPLICATION**

This form is to be completed if you are an applicant for a Casino Service Industry (CSI) license who will be selling, serving, storing or delivering alcoholic beverages pursuant to N.J.S.A. 5:12-103.

Pursuant to N.J.A.C. 19:50-1.5A this application will not be accepted prior to the filing of an initial or renewal application for a non gaming related casino service industry license. The application for a casino hotel alcoholic beverage license must be filed simultaneously with, or subsequent to the filing of the non gaming related casino service industry license application.

For this application to be considered complete, all questions must be answered in detail. All entries on this form, except signatures, must be typed or printed in block lettering using dark ink. If your application is not readable, it will not be accepted. If more space is needed to answer any of the questions, attach additional pages and be sure to identify the question number you are answering.

You must send an original and one copy of this application to:

Casino Control Commission
Casino Hotel Alcoholic Beverage Licenses
Division of Licensing
Tennessee and the Boardwalk
Atlantic City, NJ 08401

An application fee of one thousand dollars (\$1,000) for each requested location must accompany the application pursuant to N.J.A.C. 19:41-9.7(c). Checks are to be made payable to the CASINO CONTROL FUND. Pursuant to N.J.A.C. 19:41-9-19(b), application fees are non refundable.

INITIAL applications are to be filed a minimum of 45 days prior to the scheduled opening date of your business. However, the application will not be accepted prior to the filing of an application for a CSI license; it must be filed simultaneously with, or subsequent to, the filing of the CSI license application. Please note attachments are required for questions 15 and 16 and may be required for questions 10 and 14.

Please call (609) 441-3442 if you have any questions pertaining to this application or the CHAB licensing process.

IMPORTANT NOTICES

1. All notices regarding your application will be sent to the address which you provide on this form. You must immediately notify the Commission and the Division of Gaming Enforcement (Division) of any change of address.
2. Pursuant to Section 86(b) of the Casino Control Act, failure to answer any question completely and truthfully will result in denial of your license application.
3. Pursuant to Sections 79(a)(6) and 80 of the Casino Control Act, any person who applies for and obtains a license from the Commission is required to submit to warrantless searches when present in a licensed casino hotel facility.
4. Pursuant to Section 74 of the Casino Control Act, information supplied to the Commission and Division or otherwise obtained by either of them is confidential and shall not be revealed except in the course of the necessary administration of the Casino Control Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly authorized law enforcement agency. Nevertheless, pursuant to Section 80 of the Casino Control Act, an applicant or licensee waives any liability of the State of New Jersey and its instrumentalities and agents for any damages resulting from any disclosure of publication in any manner, other than a willfully unlawful disclosure or publication.

**CASINO SERVICE INDUSTRY
CASINO HOTEL ALCOHOLIC BEVERAGE LICENSE**

Please type or print the answers to the following questions in the spaces provided.

1. Name of business or enterprise applying for a CHAB license: (as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document.)

2. Trade name of business or enterprise: (if different than name given above.)

3. Permanent address of the business or enterprise:

NUMBER AND STREET P.O. BOX (IF APPLICABLE)

CITY STATE ZIP CODE

PHONE NUMBER (INCLUDE AREA CODE) FAX NUMBER, IF AVAILABLE (INCLUDE AREA CODE)

4. Atlantic City address of the business or enterprise:

CASINO HOTEL LOCATION OF ENTERPRISE OR BUSINESS

NUMBER AND STREET P.O. BOX (IF APPLICABLE)

CITY STATE ZIP CODE

PHONE NUMBER (INCLUDE AREA CODE) FAX NUMBER, IF AVAILABLE (INCLUDE AREA CODE)

5. Person to contact regarding this application:

NAME

NUMBER AND STREET P.O. BOX (IF APPLICABLE)

CITY STATE ZIP CODE

PHONE NUMBER (INCLUDE AREA CODE) FAX NUMBER, IF AVAILABLE (INCLUDE AREA CODE)

6. Attorney of record:

NAME

LAW FIRM

NUMBER AND STREET P.O. BOX (IF APPLICABLE)

CITY STATE ZIP CODE

PHONE NUMBER (INCLUDE AREA CODE) FAX NUMBER, IF AVAILABLE (INCLUDE AREA CODE)

7. Federal Employee Identification Number: _____

8. As stated on page 2, you must have an application for a Casino Service Industry (CSI) license on file before applying for a CHAB license. Provide the date your CSI application was accepted for filing. Also provide the projected date your business or enterprise will commence operations.

DATE APPLICATION WAS FILED: _____

PROJECTED OPENING DATE: _____

9. Describe the primary use (e.g. restaurant) and hours of operation for each location within your facility where alcoholic beverages will be dispensed, sold, consumed and/or stored. Next to each identify the type of CHAB authorization being requested. (See N.J.S.A. 5:12-103(g) and N.J.A.C. 19:50-1.4 for a description of the types of CHAB authorizations.) If there is more than one use for a location (e.g. the restaurant includes a cocktail lounge), provide the other uses and the hours of operation.

PRIMARY USE	HOURS OF OPERATION	TYPE OF AUTHORIZATION
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ADDITIONAL USE	HOURS OF OPERATION
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PRIMARY USE	HOURS OF OPERATION	TYPE OF AUTHORIZATION
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ADDITIONAL USE	HOURS OF OPERATION
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PRIMARY USE	HOURS OF OPERATION	TYPE OF AUTHORIZATION
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ADDITIONAL USE	HOURS OF OPERATION
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10. Do you plan to use an off premise storage facility for the alcoholic beverages that will be dispensed, sold or consumed in your business?

Yes No

If yes, provide the complete address of the facility:

This facility requires a license from the New Jersey Division of Alcoholic Beverage Control (ABC.) Include as Exhibit 10 a copy of the license issued by the ABC. If the license has not yet been granted, include as Exhibit 11 a copy of the completed application requesting the license.

11. N.J.A.C. 13:2-23.13(a)1 requires alcoholic beverage licenses to be conspicuously displayed on the premises of a licensed facility. Indicate below where your CHAB license will be displayed.

12. Do you, or does any officer, director, shareholder owner, partner, holding company, intermediary company, subsidiary, employee or individual connected with the business or enterprise in any business capacity have any interest, direct or indirect, in the manufacture, wholesale, importation or distribution of any alcoholic beverage within the State of New Jersey or any other jurisdiction?

Yes No

If yes, complete the following:

NAME OF PERSON OR ENTITY	ADDRESS	TELEPHONE NUMBER (INCLUDE AREA CODE)	PERCENTAGE OF INTEREST HELD
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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13. Include as Exhibit 13 a copy of the lease agreement executed between you, the business or enterprise applying for a CHAB license and the casino where the proposed licensed CHAB facility will be located.

14. Is there a management agreement, profit-sharing agreement, franchise agreement or service agreement related to the operation of the proposed licensed CHAB facility?

Yes No

If yes, include as Exhibit 14 a copy of the agreement or a precise written description of any such unwritten agreement.

15. As the holder of a CHAB license you will be required to maintain a listing of all employees pursuant to N.J.A.C. 19:50-2.3. The names of your employees should be maintained on the Employee Listing form attached to this application or in a similar format. This form is to be kept current and retained on the premises in a designated location. (This employee listing is subject to inspection by the Casino Control Commission and the Division of Gaming Enforcement.) The required information is to be filed with the Commission a minimum of 21 days (3 weeks) before you open for business and it is your responsibility to file this form on time.

16. Include as Exhibit 16 an architectural blueprint (1/8" = 1' scale) of the facility. All alcoholic beverage locations (bar area, service bar station, restaurant, storage areas, etc.) are to be clearly identified on these blueprints. It should also show ingress and egress to your business and its relationship to other areas (such as stairs, escalators, hallways, open areas, etc.) in the casino where your business will be located.

STATEMENT OF TRUTH

STATE OF _____)
) SS.
COUNTY OF _____)

I, _____, being duly
(Print Name)

sworn according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to
before me this _____ day
of _____, 20 _____.

NOTARY PUBLIC STATE

