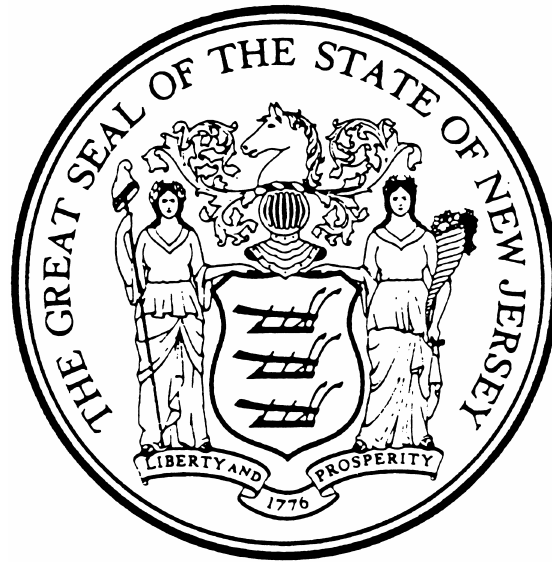


STATE OF NEW JERSEY CASINO CONTROL COMMISSION



CASINO HOTEL ALCOHOLIC BEVERAGE LICENSE RENEWAL APPLICATION

(For use by Casino Service Industry Licensees)

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

This form is to be completed if you are a Casino Service Industry (CSI) licensee filing for the renewal of a Casino Hotel Alcoholic Beverage (CHAB) license pursuant to N.J.S.A. 5:12-103.

Pursuant to N.J.A.C. 19:50-1.5B this application will not be accepted prior to the filing of a 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 renewal 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

A renewal application fee of one thousand dollars (\$1,000) for each authorized 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.

RENEWAL applications must be filed a minimum of 120 days prior to the expiration of the current CHAB license. Please note attachments are required for questions 15 and 16 and may be required for questions 10, 14 and 17 through 20.

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 Employer Identification Number: _____

8. You must be licensed as a Casino Service Industry (CSI) in order to file for the renewal of a CHAB license. Provide the following information about your current CSI license.

Vendor Identification number: _____

CSI license number: _____

Date CSI License Expires: _____

9. Describe the primary use (e.g. restaurant) and hours of operation for each location within your facility where alcoholic beverages are dispensed, sold, consumed and/or stored. Next to each identify the type of CHAB authorization being renewed. (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 use, or do you plan to use, an off premise storage facility for 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 license facility. Indicate below where your CHAB license is 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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Identify below all parties to the lease agreement executed between you, your business or enterprise and the casino where the licensed CHAB facility is located.

_____	_____
_____	_____
_____	_____
_____	_____

14. Is there a management agreement, profit-sharing agreement, franchise agreement or service agreement related to the operation of the 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 are 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.) Include as Exhibit 15 a current listing of your employees on the attached form.

16. Attach as Exhibit 16 a listing of all alcoholic beverage enterprises (wholesale distributors, suppliers, manufacturers, others) with which you have transacted business during the most recent license term. For each enterprise listed, include the business name, address, telephone number and the name of the sales representative(s) with whom you dealt. Also include the dollar amount of business with each enterprise listed.

17. Have any alterations to the authorized CHAB location(s) been made during the most recent license term?

Yes No

If yes, attach as Exhibit 17, a complete description of those changes. (Include a 1/8" = 1' scale blueprint highlighting the alcoholic beverage outlets.)

18. During the most recent CHAB license term, have any organizational structure changes been made?

Yes No

If yes, attach as Exhibit 18, a complete description of the changes, including names, addresses and telephone numbers of newly acquired entities, or persons associated with the CHAB licensee.

19. Please provide the expiration date of the current lease: _____

Have there been any changes in the lease agreement between you and the casino hotel where your business is located during the most recent license term?

Yes No

If yes, attach as Exhibit 19, the new agreement and a brief narrative setting forth all the changes from the previous agreement.

20. Do you have any other written or verbal agreement in effect between you, your business, and the casino hotel where your business is located? (Include such things as providing of meals, or other goods or services, either provided by you, your business, or by the casino licensee, its employees, agents or guests.)

Yes No

If such other agreements are in effect, describe them fully and indicate the dollar amount paid or received pursuant to such agreements. Attach as Exhibit 20.

21. Provide the total amount of compensation paid to the casino where your business is located during the preceding license term pursuant to the lease agreement, and describe how the figure was calculated.

Total amount of compensation: \$ _____

Description of how the above figure was calculated:

22. Provide the total amount of alcoholic beverage sales for the period commencing on the effective date of your current CHAB license and ending within 30 days of the date of this application. Include the dates of the period covered.

Total amount of alcoholic beverage sales: \$ _____

Dates for the total amount of alcoholic beverage sales listed above:

_____ to _____

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