

**BOROUGH OF CARLSTADT**

**2019**

**APPLICATION FOR MUSIC PERMIT AND ENTERTAINMENT PERMIT**

**I. NAME OF ESTABLISHMENT:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CONTACT INFORMATION:**

**Name:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Email:** \_\_\_\_\_

**II. COMPLETE SECTION A, B, C or D**

A. If applicant is an **Individual**, fill out this section

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth \_\_\_\_\_

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

B. If applicant is a **Partnership or LLC**, fill out this section

1. Name of Partner \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth \_\_\_\_\_

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

2. Name of Partner \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth \_\_\_\_\_

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

If there are more than two Partners, fill out a separate sheet with the above requested information for each partner. All limited partners must be listed. If any partner is a corporation or a partnership, list all information as requested under this section and/or Section C, whichever applies, for each partner or corporation.

B. If Applicant is a Corporation, fill out this Section

1. Principal Office Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name of Registered Agent \_\_\_\_\_  
Address of Registered Agent \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Name of President or Equivalent Officer \_\_\_\_\_  
Home Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth \_\_\_\_\_

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

4. Name of Vice President of Equivalent Officer \_\_\_\_\_  
Home Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth \_\_\_\_\_

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

5. Name of Recording Secretary or Equivalent Officer \_\_\_\_\_  
Home Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth \_\_\_\_\_

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

6. Name of Corresponding Secretary or Equivalent Officer \_\_\_\_\_  
Home Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth \_\_\_\_\_

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

7. Name of Treasurer or Equivalent Officer \_\_\_\_\_  
Home Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth \_\_\_\_\_

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

If there are more major officers than those listed above fill out a separate sheet with the above requested information for each officer, as well as the title of each officer.

8. Major Stockholder Information A major stockholder is any person or entity owing or having an interest, either legal or equitable, in ten percent (10%) or more of the stock issued and outstanding of corporation or a partnership, see below.

1. Name of Stockholder \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth \_\_\_\_\_

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

2. Name of Stockholder \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth \_\_\_\_\_

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

If there are more than two major stockholders, fill out a separate sheet with the above requested information for each major stockholder.

If one or more of the major stockholders listed in this section is a corporation or a partnership, list all information as requested under this section and/or Section B, whichever applies, for each corporation or partner. Also list any stockholder of that corporation or partnership holding 10% or greater interest in the partnership as the case may be, as well as all other information regarding said stockholder or interest holder requested in this section. Every corporate stockholder shall follow this requirement or partner in a partnership, until the name and other information requested of the non-corporate stockholders and individual partners, exceeding the 10% ownership criterion mentioned herein, have been listed.

**D. If Applicant is another type of entity, fill out this section**

1. Address of Principal Office \_\_\_\_\_

2. Name of Registered Agent (if any) \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Information regarding persons or entities owning or having an interest in ten percent (10%) or more of the total capital. If interest holder is a corporation or partnership, see below.

1. Name \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Birth \_\_\_\_\_

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

2. Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Date of Birth \_\_\_\_\_

If there are more than two persons owning or having an interest of 10 % or more of said entity fill out a separate sheet with the above requested information for each such person. If any one or more of the interest holders listed in this section is a corporation or a partnership, list all information as requested under Section B and/or Section C, whichever applies for each corporation or partnership. Also list any stockholder of that Corporation or partnership holding 10% or more of its stock or of 10% or greater interest in the partnership as the case may be as well as all other information regarding said stockholder or interest holder requested in this section. Every corporate stockholder shall follow this requirement or partner in a partnership, until the name and other information requested of the non-corporate stockholders and individual partners, exceeding the 10% ownership criterion mentioned herein, have been listed.

### **III. ALL APPLICANTS MUST FILL OUT THIS SECTION**

Answer the Following Questions:

1. Has any person listed in this application ever been arrested for a crime?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Has any person listed in this application ever been convicted of a crime?

YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer to question 1 or 2 or both is yes, please fill out the following:

3. Name of Person arrested or convicted of a crime \_\_\_\_\_

Place of arrest \_\_\_\_\_

Date of arrest \_\_\_\_\_

Crime or charged involved \_\_\_\_\_

Disposition \_\_\_\_\_

4. Has any person listed in this application ever been convicted of a violation of any statute, ordinance or regulation relevant to the furnishing of entertainment?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. If the answer to question 4 is yes, please fill out the following:

Name of Person convicted of said violation \_\_\_\_\_

Date of Conviction \_\_\_\_\_

Date of Violation \_\_\_\_\_

Location of Violation \_\_\_\_\_

Nature of Violation \_\_\_\_\_

**IV. MUSIC PERMIT APPLICATION**

**PURSUANT TO BOROUGH CODE SECTION 6-8, THE UNDERSIGNED HEREBY SUBMITS THIS APPLICATION FOR A MUSIC PERMIT TO OPERATE A MUSIC VENDING MACHINE OR TO ALLOW MUSICAL BANDS OR ORCHESTRAS TO PERFORM IN THE BOROUGH OF CARLSTADT**

**SECTION 1. DESCRIPTION OF JUKEBOX, MUSICAL VENDING MACHINE OR DEVICE, MECHANICAL FEATURES, NAME OF MANUFACTURER, SERIAL NUMBER**

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**SECTION 2. SPECIFY IN DETAIL, THE LOCATION OF THE MUSICAL VENDING MACHINE OR DEVICE, BAND OR ORCHESTRA**

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I, \_\_\_\_\_ being of full age do hereby certify that  
(Applicants name)

the foregoing information is true. I am aware that if any of the foregoing information provided by me is willfully false, I am subject to punishment.

Dated \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Subscribed and sworn before me  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

<b>FEES:</b>	
Bands and orchestras	\$100.00
Jukeboxes, musical vending machines, per machine	\$100.00
Vending machines, musical, per machine	\$100.00

**END OF MUSIC PERMIT APPLICATION**

**V. ENTERTAINMENT PERMIT APPLICATION**

**PURSUANT TO BOROUGH CODE SECTION 7-7 THE APPLICANT HOLDING A PLENARY RETAIL CONSUMPTION LICENSE HEREBY SUBMITS THIS APPLICATION FOR AN ENTERTAINMENT PERMIT TO OFFER ENTERTAINMENT OF ANY KIND OR NATURE ON THE LICENSED PREMISES, WHETHER OR NOT AN ADMISSION CHARGE, COVER FEE OR MINIMUM IS CHARGED.**

**SECTION 1. WITH REGARD TO THE INDIVIDUALS LISTED ABOVE IN PART II:**

1. Has any person listed in this application ever been convicted of a violation of ABC Regulations N.J.A.C. 13:2-23.5, N.J.A.C. 13:2-23.6, N.J.A.C. 13:2-23.7, or N.J.A.C. 13:2-23.14

YES \_\_\_\_\_ NO \_\_\_\_\_

2. If the answer to question 1 is yes, please fill out the following:

Name of Person convicted of said violation \_\_\_\_\_

Date of Conviction \_\_\_\_\_

Date of Violation \_\_\_\_\_

Location of Violation \_\_\_\_\_

Nature of Violation \_\_\_\_\_

Comments if any \_\_\_\_\_

3. Has any person listed in this application ever been convicted of a crime or disorderly persons offense involving gambling?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. If the answer to question 3 is yes, please fill out the following:

Name of Person convicted of said violation \_\_\_\_\_

Date of Conviction \_\_\_\_\_

Date of Violation \_\_\_\_\_

Location of Violation \_\_\_\_\_

Nature of Violation \_\_\_\_\_

Comments if any \_\_\_\_\_

5. List all plenary retail consumption licenses now held or previously held by persons whose names appear on this application?

Name of Licensee \_\_\_\_\_

Location of Licensee \_\_\_\_\_

License Number \_\_\_\_\_

Date License issued \_\_\_\_\_

Date License terminated, if applicable and reason for termination \_\_\_\_\_

If additional space is needed to provide additional names and license information as requested above please list on a separate sheet.

**SECTION 2. SPECIFY IN DETAIL, THE NATURE AND TYPE OF ENTERTAINMENT TO BE PROVIDED ON THE LICENSED PREMISES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ being of full age do hereby certify that  
(Applicants name)

the foregoing information is true. I am aware that if any of the foregoing information provided by me is willfully false, I am subject to punishment.

Dated \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Subscribed and sworn before me  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

FEE: Entertainment Permit

\$100.00

My commission expires \_\_\_\_\_

**END OF ENTERTAINMENT PERMIT APPLICATION**

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**BOROUGH CLERK'S OFFICE USE ONLY**

**Application for Music Permit Received** Date \_\_\_\_\_

**Fee \$** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Application for Entertainment Permit Received** Date \_\_\_\_\_

**Fee \$** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Police Investigation Complete: Date** \_\_\_\_\_

**Governing Body Approval: Resolution No.** \_\_\_\_\_ **Date** \_\_\_\_\_

**Music Permit Issued for the period July 1 – June 30** Date \_\_\_\_\_

**Entertainment Permit Issued for the period July 1 – June 30** Date \_\_\_\_\_

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