



**CITY OF PASSAIC, NEW JERSEY**  
*Office Of*  
**WEATHERLY FRIAS, RMC, CPM QPA, CMR**  
City Clerk

**TO:** Holders of ABC Licenses in the City of Passaic

**FROM:** Weatherly Frias, RMC, QPA, CPM, CMR  
City Clerk/Registrar

**SUBJECT:** Process to Add or Remove a Manager on an ABC Licensed Establishment

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This memorandum outlines the required process for adding or removing a manager on an existing Alcoholic Beverage Control (ABC) license in the City of Passaic.

### **REQUIRED SUBMISSIONS**

1. **Corporate/LLC Letter**
    - A signed letter on official corporate or LLC letterhead that:
      - States the name of the person being **added** as manager.
      - States the name of the person being **removed** as manager (if applicable).
      - Lists the full names of all current managers after the change.
  2. **Employee List**
    - An updated and complete employee roster for the establishment.
  3. **ABC License Application Pages**
    - Complete and submit the following pages of the 12-page ABC License Application:
      - Page 1; Page 2; Page 10a; Page 11
  4. **Government-Issued ID**
    - A clear copy of the valid, government-issued photo identification of the prospective manager.
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### **BACKGROUND CHECK PROCESS**

- Once the complete application is received by the City Clerk's Office, it will be forwarded to the Passaic Police Department Licensing Office.
- The Licensing Officer will provide the prospective manager with a fingerprint form and initiate the background check process.
- All managers must successfully complete this background check requirement.

**Contact:** Det. Edward Valentine, Licensing Officer, Passaic Police Department (973) 365-3912

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### **Important Notes**

- All documents must be submitted together for processing.
- Incomplete submissions will delay review and approval.
- The City must have an accurate record of who is added, who is removed, and all current managers.

## SAMPLE LETTER

### ADD/REMOVE MANAGER

#### [COMPANY LETTERHEAD]

[Date]

**To:**

Weatherly Frias, RMC, QPA, CPM, CMR  
City Clerk/Registrar  
City of Passaic

**Re:** Addition/Removal of Manager – [ABC License Number / Establishment Name]

Dear Ms. Frias,

Please be advised that [Corporation/LLC Name] is requesting the following change(s) to the ABC license for our establishment located at [Address]:

- **Add Manager:** [Full Name of Prospective Manager]
- **Remove Manager:** [Full Name of Manager Being Removed, if applicable]

The following is the current list of managers for our establishment after this change:

1. [Manager Name]
2. [Manager Name]
3. [Manager Name]

Enclosed please find:

- An updated employee list for our establishment.
- A copy of the government-issued ID for the prospective manager being added.

Sincerely,

[Authorized Representative Name]

[Title]

[Signature]



*Division of*  
**ALCOHOLIC**  
**BEVERAGE**  
**CONTROL**

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140 East Front Street, PO Box 087, Trenton, NJ 08625-0087

**APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE**

Applicants should complete the application in full. Where a question is not applicable, please enter the letter "N/A". Where additional pages are necessary, you may photocopy any part of this application. A complete application is required whenever any of the following is requested:

- New License
- Person-to-Person Transfer
- Place-to-Place Transfer
- Partnership changes (except Limited Partnerships)
- Change of Corporate Structure (of more than 33 1/3% interest)
- Extension to Administrator, Executor, Receiver, Trustee in Bankruptcy
- License Renewal (unless an alternate application is provided by the Division of ABC)
- When required by the Division or the Local Issuing Authority

If you are reporting a change in facts about your license, which does not involve one of the above transactions; complete Page 1 and any page[s] of the application on which information to be changed appears. You must also complete a Certification Page.

The original and two copies of the completed application, or pages reporting changes, should be submitted to the MUNICIPAL CLERK OR BOARD OF ALCOHOLIC BEVERAGE CONTROL SECRETARY of the Municipality which will act on the request. It is the responsibility of the applicant to provide the required copies of the license application. One copy of the application should be returned to the applicant by the Municipality. It should be maintained with other records and available for inspection on the licensed premises.

All fees are to accompany the application at the time of filing with the local issuing authority. A \$200.00 filing fee, in the form of CERTIFIED CHECK or MONEY ORDER – payable to the Division of Alcoholic Beverage Control – should accompany all applications for New License, License Transfer or License Renewals. Local licensing fees are established by the Local Issuing Authority; consult the Municipal Clerk or ABC Board Secretary for information in this regard.



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

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

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

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

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

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DATE APPLICATION FILED:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

CODE TYPE OF LICENSE (CHECK ONE)

THIS APPLICATION IS FOR:

CLASS C LICENSES [R.S. 33:1-12]

- 31 \_\_\_\_\_ Club
- 32 \_\_\_\_\_ Plenary Retail Consumption  
w/Broad Package Privilege
- 33 \_\_\_\_\_ 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

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

OTHER

- 14 \_\_\_\_\_ Annual State Permit  
(R.S. 33:1-42, NJAC 13:2-52)
- 40 \_\_\_\_\_ Special Permit for a Golf Facility  
(NJAC 13:2-5.3)

This Area is Reserved for Municipal Use

Municipal Fee \$ \_\_\_\_\_

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

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

Signature of Municipal Clerk or ABC Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Application is made on behalf of: \_\_\_\_\_

- 1 = An Individual
- 2 = Business Corporation
- 3 = A Partnership
- 4 = Unincorporated Club
- 5 = Incorporated Club
- 6 = Limited Partnership

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE NAME"):

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

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

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

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

Telephone number of business (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL : \_\_\_\_\_  
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 \_\_\_\_\_  
Number \_\_\_\_\_ Street Name \_\_\_\_\_

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

Zip \_\_\_\_\_ - \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2.4 New Jersey Sales Tax Certificate of Authority No. \_\_\_\_\_

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): \_\_\_\_\_

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

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

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?  
\_\_\_\_ 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 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?  
\_\_\_\_ Yes \_\_\_\_ No

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

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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)

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

Form with fields for Last Name, First, Middle Initial, Home Street Address (Number, Street Name), P.O. Box #, Municipality, State, Zip, Social Security number, Date of birth, Home telephone number (Area, Exchange, Number), Office telephone number (Area, Exchange, Number), Email, % of business owned or controlled, Number of shares, and 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):

Form with fields for Last Name, First, Middle Initial, Home Street Address (Number, Street Name), P.O. Box #, Municipality, State, Zip, Social Security number, Date of birth, Home telephone number (Area, Exchange, Number), Office telephone number (Area, Exchange, Number), Email, % of business owned or controlled, Number of shares, and 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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM \_\_\_\_\_ TO \_\_\_\_\_

DATE:

State of \_\_\_\_\_ )
County of \_\_\_\_\_ )

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. \_\_\_\_\_ of \_\_\_\_\_
(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.

\_\_\_\_\_  
(Signature of Individual Applicant / sole proprietor)

(Corporations Only)
Attestation by Corporate Secretary

\_\_\_\_\_  
(Partnership Name)

\_\_\_\_\_  
(Signature of Partner)

Attest:

\_\_\_\_\_  
Corporate Name

\_\_\_\_\_  
(Signature of Partner)

By \_\_\_\_\_  
(Signature of Corporate President or Vice President)

\_\_\_\_\_  
(Signature or Partner)

Secretary \_\_\_\_\_  
Signature  
Affix Corporate Seal

\_\_\_\_\_  
(Signature of Partner)

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

AFFIDAVIT MUST BE SIGNED HERE →  
BY DULY AUTHORIZED NOTARY PUBLIC  
OR AN ATTORNEY AT LAW OF NEW JERSEY

\_\_\_\_\_  
(Signature of Officer Administering Oath)

\_\_\_\_\_  
(Printed Name of Officer Administering Oath)

\_\_\_\_\_  
(Title of Officer Administering Oath)

\_\_\_\_\_  
(Date of Expiration of  
Commission, if applicable)