

**Diane Curcio (ClerksOffice@WestMilford.org)**

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**From:** Bill Senande (TwpAdministrator@WestMilford.org)  
**Sent:** Monday, November 16, 2020 10:01 AM  
**To:** Diane Curcio (ClerksOffice@WestMilford.org)  
**Subject:** RE: NJ ABC - Permit Application for an event in your municipality.

Approved

**From:** Diane Curcio (ClerksOffice@WestMilford.org)  
**Sent:** Monday, November 16, 2020 10:00 AM  
**To:** Bill Senande (TwpAdministrator@WestMilford.org) <TwpAdministrator@westmilford.org>  
**Subject:** FW: NJ ABC - Permit Application for an event in your municipality.

Bill, Josef Lang Holdings LLC - Diane

**From:** ABCDoNotReply@njoag.gov <ABCDoNotReply@njoag.gov>  
**Sent:** Sunday, November 15, 2020 11:16 AM  
**To:** Diane Curcio (ClerksOffice@WestMilford.org) <ClerksOffice@WestMilford.org>  
**Subject:** NJ ABC - Permit Application for an event in your municipality.



State of New Jersey  
Office of the Attorney General  
Division of Alcoholic Beverage Control

**Municipal Notification Regarding  
Application of Event Type Permit**

P.O. Box 087, 140 East Front Street, Trenton, NJ 08625-0087 • 609-984-2830 • www.nj.gov/oag/abc

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

FOR APPLICANTS OF COVID 19 EXPANSION OF PREMISES 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 COVID-19 EXPANSION OF PREMISES) 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:

- [clerksoffice@westmilford.org](mailto:clerksoffice@westmilford.org)

- [lang54@warwick.net](mailto:lang54@warwick.net)

Permit Type:	COVID-19 Expansion of Premises Permit
File Number:	412789
Permittee:	JOSEF LANG HOLDINGS LLC
License Number:	1615-33-035-008
Mailing Address:	
Physical Address:	399 LAKESHORE DRIVE HEWITT, NJ 07421 USA
Contact:	DORIS LANG 
Applicant Email:	
<u>Additional Permit Information</u>	
County:	16 - PASSAIC COUNTY
Municipality:	15 - WEST MILFORD TOWNSHIP

Location

Location Description:

The Lakeshore Inn Bar

Address:

399 LAKESHORE DRIVE  
WEST MILFORD, NJ 07421  
USA

Application Questions

Question 1: Please provide the name, phone number, and e-mail address of the individual responsible for this application, should the Division or municipal authority have questions during review of the application. Name: Phone Number: E-Mail Address:

Response: Doris R. Lang, 973-248-6106, [LANG54@WARWICK.NET](mailto:LANG54@WARWICK.NET)

Question 2: In your prior application for the COVID-19 Expansion of Premises Permit you were required to describe the property that is intended to be used for the expansion, and to describe its distance (in feet) from the licensed premises. Are you proposing any changes to the property intended to be used for the extended term? If Yes, must provide sketch.

Yes / No  
Response: Yes

Question 3: Does the licensee or permittee own or lease the property?

Yes / No  
Response: Yes

Question 4: Please upload any written document that gives you permission to use property not owned by you for this expansion. If the property is owned by a public entity upload the resolution, ordinance, or other document that allows you to use it for expansion of the premises.

Response: n/a

Question 5: In your prior application for the COVID-19 Expansion of Premises permit you were required to set forth the hours of operation of the expanded premises. Are you proposing any changes to the hours of operation or the security plan on the expanded premises?

Yes / No  
Response: No

Question 6: Confirm the following: I have reviewed State and local safety, fire, building and social distancing guidelines, including EO No. 150, EO No. 157, EO No. 163 and the COVID-19 Outdoor Dining Guidelines for Retail Food Establishment, and will operate the expanded premises in accordance with those guidelines or any that may be promulgated during the term of the permit.

Yes / No  
Response: Yes

Documents

Document Type	File Name	Upload Date
Site Plan/Sketch of Premise	drawing LSI 2.jpg	Nov 15, 2020

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.

**CONFIDENTIALITY NOTICE** The information contained in this communication from the Office of the New Jersey Attorney General is privileged and confidential and is intended for the sole use of the persons or entities who are the addressees. If you are not an intended recipient of this e-mail, the dissemination, distribution, copying or use of the information it contains is strictly prohibited. If you have received this communication in error, please immediately contact the Office of the Attorney General at (609) 292-4925 to arrange for the return of this information.