

Diane Curcio (ClerksOffice@WestMilford.org)

From: ABCDoNotReply@njoag.gov
Sent: Wednesday, September 16, 2020 12:49 PM
To: Diane Curcio (ClerksOffice@WestMilford.org)
Subject: NJ ABC - Permit Application for an event in your municipality.
Attachments: COVID_Sketch_000050.pdf



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
- mepventures@optimum.net

Permit Type: COVID-19 Expansion of Premises Permit
File Number: 399576
Permittee: MEP VENTURES LLC
License Number: 1615-33-032-012
Mailing Address:
Physical Address: 1618 UNION VALLEY ROAD
WEST MILFORD, NJ 07480
USA
Contact: THADDEUS POREBSKI JR



Applicant Email: 

Additional Permit Information

County: 16 - PASSAIC COUNTY
Municipality: 15 - WEST MILFORD TOWNSHIP

Location

Location Description:
Vault Liquors

Address:
1618 Union Valley ROAD
West Milford, NJ 07480
USA

Application Questions

Question 1: Describe the property that is intended to be used for the expansion (e.g., parking lot, deck, patio, sidewalk, park, "parklet" or public right-of-way). If the property is not contiguous with the licensed premises, describe its distance (in feet) from the licensed premises.

Response: Front grass lawn area directly outside the building

Question 2: Does the licensee or permittee own or lease the property?

Yes / No Response: No

If no, Please provide the name, phone number and e-mail address of the owner.

Response: KYH Properties LLC 973-728-3644

Question 3: Is this property owned by or under the control of a A) municipality, B) county, or C) State?

Yes / No Response: No

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 premises.

Response: KYH Properties LLC 973-728-3644

Question 5: What are the total dimensions (i.e., sq. footage) of the proposed expanded premises?

Response: 25' x 40' 1000 square feet

Question 6: Set forth the proposed hours of operation of the proposed expanded premises.

Response: current store hours Mon-Sat 10am to 10pm, Sunday 11am to 6pm.

Question 7: Explain in DETAIL the security plan to be implemented on the expanded premises. The plan should include a description of how the expanded premises will be demarcated (e.g., stanchions, concrete barriers, planters, etc.) and what methods will be in place to check IDs to prevent underage consumption, pass offs, and over consumption of alcoholic beverages. A security plan may be uploaded.

Response: Area to be fenced in, grass surface

Question 8: Confirm the following: I have reviewed all applicable local and State Covid 19 safety and social distancing guidelines including Executive Order No. 150 (2020) and the COVID-19 Outdoor Dining Guidelines for Retail Food Establishments, and I affirm that the proposed expanded premises will be operated in accordance with those guidelines or any that may be promulgated during the term of this permit.

Yes / No Response: Yes

Question 9: Please upload a sketch or diagram of the proposed expanded premise. The sketch or diagram must indicate boundaries, entrances and exits, area where alcohol will be prepared, served, stored or consumed and location of ID checking area if applicable.

Documents

See below for a list of documents attached to this email.

Document Type	File Name	Upload Date
Site Plan/Sketch of Premise	COVID Sketch_000050.pdf	Sep 16, 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) 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.