

DISCLAIMER

THIS IS AN UNOFFICIAL DOCUMENT UNTIL APPROVED BY GOVERNING BODY

AGENDA:

MAYOR AND BOROUGH COUNCIL

BUSINESS (X)

MEETING NO.8

REGULAR ()

DATE: 3/24/14

7:00 P.M.

SPECIAL ()

ROLL CALL:	Mayor Krenzel	()			Atty: _____
	Clm. Guindi	()	Clm. Jones	()	Eng: _____
	Clm. Haussermann	()	Clm. Trenga	()	Adm: _____
	Clm. Hutchison	()	Clm. Roselli	()	: _____

Public Announcement - Chapter 231, P. L. 1975

PUBLIC COMMENTS (agenda items only)

MINUTES

Minutes of Meeting No. 7 held on March 10, 2014

REPORTS

1. CFO/Treasurer
2. Professional staff
3. Departments

NEW BUSINESS

- Authorize 2014 Temporary Budget Emergency
- Refund of electric consumer deposits (Attachment A)
- Municipal Parking Lot – Obert St. (Attachment B)
- Approve South River Boat Club Place to Place Transfer Application -Expansion of Premises (Attachment C)
- Approve Mercantile license for JWP Plumbing and Heating Corp. (Attachment D)
- Appoint Andrew Nashid as Probationary Member – Reliable Fire Co. – SRFD (Attachment E)
- Fire House Architect

UNFINISHED BUSINESS

- SRPD Supervisory Position (Attachment F)
- Snow Streets/Parking
- Maintenance/Prep Fees for Parks
- Generators
- Wrecker Response time

COUNCIL COMMENTS

EXECUTIVE SESSION

Personnel

ADJOURNMENT

A

Request for Council Action

Date: 3/19/14

Resolution: ✓

Ordinance: _____

Other Reason for Request (Attach Back-up)

UTILITY REFUNDS

Funds Appropriated: yes no not applicable

[Signature]
Richard Under
Department Head

[Signature]
Approval/Disapproved Administrator

RESOLUTION

WHEREAS, the official utility records of the Borough of South River, New Jersey show certain refunds which include electric, water and consumer deposits (CD); and

WHEREAS, the Collector of Utility Revenue recommends that the following refunds should be made to the consumer noted herein below listed; and

NOW, THEREFORE BE IT AND IT IS HEREBY RESOLVED by the Borough Council of the Borough of South River that the Collector of Utility Revenue is hereby authorized to make the following refunds and adjustments indicated below and any attached list.

<u>ACCOUNT #</u>	<u>PAYABLE TO:</u>	<u>AMOUNT OF CHECK</u>
65-999-000-675 CD	ARTHUR ALVINE 612 DEETDALE CT UNIT 10 UNION, NJ 07083	\$113.15
65-999-001-069 CD	DOLORES AMBROSY 10 MIDDLETOWN AVE ATLANTIC HIGHLANDS, NJ 07716	\$129.35
65-999-000-575 CD	MITHSON CARDONA 622 CONVERY BLVD FL 2 PERTH AMOBY, NJ 08861	\$13.81
65-999-000-515 CD	LOUIS CORELLO 45 FORD AVE APT 1 MILLTOWN, NJ 08850	\$215.01
65-999-988-890 CD	MENDELL FELTON C/O ARLEADO BELLAMY 200 LAUREL AVE IRVINGTON, NJ 07111	\$32.88
65-999-878-593 CD	JOAO GOMES 750 EAST FRONT ST APT 88 PLAINFIELD, NJ 07062	\$57.99
65-999-000-540 CD	BRUNO & SARA SANTOS 122 KAMM AVE SOUTH RIVER, NJ 08882	\$234.90
65-999-000-566 CD	BRUNO SILVA & FRANCIELI SILVA P O BOX 203 SOUTH RIVER, NJ 08882	\$138.07

65-999-895-082 CD

AMY SLACK
64 BENNINGTON DR
EAST WINDSOR, NJ 08520

\$84.07

/s/ _____
Councilmember

/s/ _____
Councilmember

B

Patricia Oconnor

From: Frederick Carr
Sent: Monday, March 17, 2014 8:57 AM
To: Patricia Oconnor; Sheryl Nevin
Subject: FW: Municipal Parking Lot Obert St

Importance: High

Thanks

Frederick C. Carr
Borough Administrator
Borough of South River
48 Washington Street
South River, NJ 08882
(732) 257 - 1999 ext. 120
(848) 992 - 6357 (Cell)

WARNING: Email received by or sent to Borough officials is subject to the Open Public Records Act [OPRA]. This means that absent some specific privilege, all such communications are considered a public record and are subject to publication and/or dissemination to the public upon request.

-----Original Message-----

From: Michael Trenga
Sent: Sunday, March 16, 2014 4:52 PM
To: Frederick Carr
Cc: John Krenzel
Subject: Municipal Parking Lot Obert St
Importance: High

Fred,

Please put this on the business agenda for discussion.

Regards,

Michael E. Trenga
Councilman
Borough of South River

48 Washington St
South River, NJ 08882

Cell: 908 208 5952
email:mtrenga@southrivernj.org

C

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:

1223-31-054-002

2/21/14

[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 November 14)
- 44 Plenary Retail Distribution
- 43 Limited Retail Distribution

- A New License
- Person-to-Person Transfer (Including Partnership change, except Limited 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 \$ 100.00

Effective Date _____/_____/_____
(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee \$ 200.00

Date Denied _____/_____/_____
(As Stated in Resolution)

Refund Amount \$ _____

Special Conditions Attached: _____ Yes _____ No

STORACE L. WOOD, DEPUTY

Type or Print Name (Last Name, First Name, Middle Initial) of Municipal Clerk or ABC Secretary

[Signature]

Signature of Municipal Clerk or ABC Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1223 - 31 - 054 - 002

Application is made on behalf of: 5

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

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):
License may be held by Individual (Last Name, First Name, Middle Initial), Partnership or Corporation.

SOUTH RIVER BOAT CLUB INC.
(Last Name, First Name, Middle Initial or Corporate Name)

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

Street Address 115 WHITEHEAD AVE.
Number Street Name

Municipality SOUTH RIVER Zip 08882

Telephone number of business (732) 238-0220
Area Exchange Number

2.3 If no licensed premises exists or if a 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 # 293 Municipality SOUTH RIVER State N.J.

Zip 08882 Telephone (732) 238-0220

2.4 New Jersey Sales Tax Certificate of Authority No. 226 168 138 000

2.5 TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE [if a corporation] OR COUNTY CLERK [if a partnership or sole proprietor]:

SOUTH RIVER BOAT CLUB

2.6 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS 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 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 ARE 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:
 _____ / _____ / _____

STATE ASSIGNED LICENSE NUMBER 1223 - 31 - 054 - 002

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for "not applicable." [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 2

If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building. An up-to-date sketch of the entire licensed premises should be submitted for inclusion in the State ABC license file.

3.2 BUILDING NO. 1 OF 2 TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? Yes No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

- | | | |
|-----------------------|----------------------------------------------------------|--------------------------------------------------------------------|
| 3.4 Basement | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 st floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 nd floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 rd floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |

Specify each additional floor number to be included under this license: _____

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed areas from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? Yes No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? Yes No

IF THE ANSWER IS "YES," ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING? Yes No

IF "YES," IS THERE A MORTGAGE ON THE BUILDING? Yes No

DOES THE APPLICANT LEASE THE BUILDING? Yes No

If there is a mortgage on the property, answer question 3.8. If the licensed premise is leased, answer question 3.9.

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

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

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

3.9 LANDLORD (HOLDER OF LEASE):

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

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1223 - 31 - 054 - 002

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for "not applicable." [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 2
If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building. An up-to-date sketch of the entire licensed premises should be submitted for inclusion in the State ABC license file.

3.2 BUILDING NO. 2 OF 2 TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? Yes No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

- | | | |
|-----------------------|----------------------------------------------------------|--------------------------------------------------------------------|
| 3.4 Basement | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 st floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 nd floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 rd floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | All of it <input type="checkbox"/> Yes <input type="checkbox"/> No |

Specify each additional floor number to be included under this license: _____

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed areas from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES?
 Yes No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?
 Yes No

IF THE ANSWER IS "YES," ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING? Yes No

IF "YES," IS THERE A MORTGAGE ON THE BUILDING? Yes No

DOES THE APPLICANT LEASE THE BUILDING? Yes No

If there is a mortgage on the property, answer question 3.8. If the licensed premise is leased, answer question 3.9.

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

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

Street Address _____
Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

3.9 LANDLORD (HOLDER OF LEASE):

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

Street Address _____
Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

STATE ASSIGNED LICENSE NUMBER 1223 - 31 - 054 - 002

4.1 IS THE NEAREST ENTRANCE OF THE PLACE TO BE LICENSED WITHIN 200 FEET OF THE NEAREST ENTRANCE OF ANY CHURCH OR SCHOOL? Yes No

IF THE ANSWER IS "YES," IS A WAIVER SIGNED BY THE APPROPRIATE OFFICIAL ATTACHED TO THIS APPLICATION? Yes No

4.2 DOES THE APPLICANT INTEND TO USE ANY VEHICLES FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES? Yes No (A TRANSIT INSIGNIA IS NECESSARY BEFORE ALCOHOLIC BEVERAGES MAY BE TRANSPORTED.)

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB F 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?

Yes No

IF "YES," DATE FILED / /

4.4 WILL ANY BUSINESS OTHER THAN THE SALE OF ALCOHOLIC BEVERAGES BE CONDUCTED ON THE PREMISES TO BE LICENSED? Yes No

IF THE ANSWER IS "YES," INDICATE THE NATURE OF THE BUSINESS AND WHO WILL CONDUCT IT BY RESPONDING TO THE FOLLOWING QUESTIONS:

- | | | |
|--------------------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Amusements | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> N.J. Lottery | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grocery or Delicatessen | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Applicant | <input type="checkbox"/> Other |

4.5 IF SOMEONE OTHER THAN THE APPLICANT WILL OPERATE THE OTHER BUSINESS ON THE LICENSED PREMISES, ANSWER THIS QUESTION. IF THERE IS MORE THAN ONE INDIVIDUAL OR COMPANY, ATTACH A SEPARATE PAGE LISTING THE REQUESTED INFORMATION FOR EACH OPERATOR.

Business to be operated _____

Name of company/individual _____
(Last Name, First Name or Corporate Name)

Street Address _____
Number Street Name

Municipality _____ State _____

Zip _____ - _____ NJ Sales Tax Certificate of Authority No. _____

STATE ASSIGNED LICENSE NUMBER 1223 - 31 - 054 - 002

ALL APPLICANTS ANSWER THE FOLLOWING

5.1 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

Yes No

If the answer is "Yes," complete the following:

Name of individual _____
Last Name First Name Middle Initial

Title of position held _____

Name of Employing Agency _____

5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? Yes No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING:

Name of Individual _____
Last Name First Name Middle Initial

Title of Office _____

Municipality _____

5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLERY, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE OR OTHERWISE?

Yes No

IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING:

A. New Jersey license number, if applicable _____ - _____ - _____

B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

Name of entity conducting business (Corporation, Partnership or Individual)

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

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Type of Business _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1223-31-054-002

ALL APPLICANTS ANSWER THE FOLLOWING

6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY? Yes No

IF THE ANSWER TO THIS QUESTION IS "YES," ANSWER THE FOLLOWING:

Type of License or Permit Denied: Retail Wholesale Transportation
 Warehouse Manufacturer

Unit of Government which denied License or Permit: _____

Date of Denial (approximate if not known) _____ / _____ / _____

Reason for Denial _____

6.2 HAS ANY CORPORATION, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT? Yes No
IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Entity _____
Last Name First Name Middle Initial

Type of License or Permit Denied: Retail Wholesale Transportation
 Warehouse Manufacturer

Unit of Government which denied License or Permit: _____

Date of Denial (approximate if not known) _____ / _____ / _____

Reason for Denial _____

6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION? Yes No
IF THE ANSWER IS "YES," PROVIDE DETAILS OF EACH BELOW [Complete a separate Page 6 for each action]:

Name of Individual _____
Last Name First Name Middle Initial

DATE OF ACTION _____ / _____ / _____ DOCKET NO. _____

PENALTY WAS IMPOSED BY: _____
[Indicate whether by Division of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

FINED \$ _____ [amount] NOT RENEWED
 SUSPENDED _____ (number of days) REVOKED CANCELLED
 OTHER [explain] _____

6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? Yes No

A. IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Individual _____
Last Name First Name Middle Initial

Date of Birth _____ / _____ / _____ Conviction Date _____ / _____ / _____

State _____ Court of Jurisdiction _____

Description of offense (specific charge) _____

Disposition (fine, penalty, etc.) _____

Nature of interest in entity to be licensed _____

B. If applicable, provide the date the Director of the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: _____ / _____ / _____. (No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No. :[NN]- _____

STATE ASSIGNED LICENSE NUMBER 1223 - 31 - 054 - 002

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS) OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

Yes No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S) AND THE NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License Number _____ - _____ - _____ - _____

Name _____
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant _____

B. License Number _____ - _____ - _____ - _____

Name _____
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant _____

C. License Number _____ - _____ - _____ - _____

Name _____
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant _____

7.2 WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTERESTS IN OTHER LICENSES?

Yes No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION AND THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH, IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

Name _____
(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1223 - 31 - 054 - 002

ALL APPLICANTS ANSWER THE FOLLOWING

- 9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY? Yes No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number Street Name
P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

- 9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR? Yes No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

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

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number Street Name
P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

- 9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR? Yes No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

Last Name First Name Middle Initial

Social Security Number _____ - _____ - _____ OR

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number Street Name
P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1223 - 31 - 054 - 002

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation SOUTH RIVER BOAT CLUB INC.

10.2 Street address of home office _____
Number Street Name

Municipality SOUTH RIVER
State N.J. Zip 08882

10.3 NJ Sales Tax Certificate of Authority Number 226168138000

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address N.A.
Number Street Name

Municipality _____ New Jersey

Zip _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? Yes No

10.6 DATE CHARTERED OR INCORPORATED 04 / 14 / 1958 STATE NEW JERSEY

10.7 CERTIFICATE OF INCORPORATION NUMBER 0900058774

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? Yes No

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? Yes No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation _____ / _____ / _____

Beginning date _____ / _____ / _____

Ending date _____ / _____ / _____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name _____
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
Number Street Name

Municipality _____ New Jersey

Zip _____ Telephone Number (_____) _____
Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

STATE ASSIGNED LICENSE NUMBER 1223 - 31 - 054 - 002

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: 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:

KNOX MICHAEL
Last Name First Name Middle Initial

Home Street Address 12 SAMUAL DRIVE
Number Street Name

P.O. Box # _____ Municipality SOUTH RIVER State NJ

Zip 08882 - _____

Social Security Number _____ Date of Birth 1 / 11 / 1

Home telephone number (732) 432 - 0129
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled 0 Number of shares 0

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), stockholder, partner, officer or director:

STEFANYAK MICHAEL
Last Name First Name Middle Initial

Home Street Address 2521 CRANE PLACE
Number Street Name

P.O. Box # _____ Municipality UNION State NJ

Zip 07083 - _____

Social Security Number _____ Date of Birth 1 / 1 / 1

Home telephone number (908) 687 - 2083
Area Exchange Number

Office telephone number (908) 451 - 7781
Area Exchange Number

% of business owned or controlled 0 Number of shares 0

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
_____ President _____ Vice-President _____ Secretary Treasurer _____ Director
_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
_____ Beneficiary _____ Other (specify) _____

2013 Membership List

	Last Name	First Name	Start Date
1	Buyofsky	Conrad	04/14/58
2	Smith	Arthur	04/14/58
3	Muzyka	Nick	04/20/59
4	Smith	Robert	04/14/65
5	Christie	Kenneth	12/07/73
6	Deniken	Richard	06/30/79
7	Grossman	Robert	06/28/85
8	Murphy	Thomas	03/06/87
9	Wolf	Joe	07/29/88
10	Kau	Steve	10/07/88
11	Munzing	Roger	03/05/91
12	Boldizar	Joseph	02/07/92
13	Manning	Jack	01/19/93
14	Losik	Sean	11/26/93
15	Dennis	Norman	06/14/94
16	Flood	James	05/04/97
17	Stefanyak	Michael	10/15/97
18	Gorman	Paul	11/27/98
19	Howard	Rich	11/27/98
20	Cosentino	James	02/13/99
21	Veres	John	03/31/00
22	Gorman	John	09/29/00
23	Baszak	Paul	04/09/02
24	Krause	Kurt	04/16/02
25	Molnar	Louis	06/05/02
26	Jecas	Kenneth	07/08/02
27	Ireland	Gerald	07/12/03
28	Ferreira	Antonio	08/24/04
29	Wolk	Steve	10/29/04
30	Ardolino	Neil	01/01/05
31	Flynn	Michael	02/25/05
32	Percodani	Robert	01/27/06
33	Murphy	Donna	06/30/06
34	Zalewski	Lenny	01/27/07
35	Buelow	Michael	11/30/07
36	Resignato	Ralph	03/07/08
37	Rush	Gary	07/02/08

38	Labetti	Patrick	07/25/08
39	Knox	Michael	08/01/08
40	Grossman	Michael	08/20/08
41	Seres	William	08/20/08
42	Santos	Ramiro	09/26/08
43	Nowicki	Richard	12/26/08
44	Murray	James	01/30/09
45	Siegrist	Walter	02/06/09
46	Hicinbothem	John	03/06/09
47	Lachanski	Michael	04/03/09
48	Tschopp	Jack	04/24/09
49	Madden	Authur	09/25/09
50	Sisolak	Steven	03/26/10
51	Farrell	Raymond	12/10/10
52	Tafalai	Tony	04/01/11
53	Mann	Michael	05/27/11
54	Sisolak	John	06/24/11
55	Valinoti	Robert	08/01/11
56	Johnson	Robert	09/30/11
57	Crandall	John	09/30/11
58	Shindle	James	03/30/12
59	McKenna	Jason	03/29/13
60	Perrini	Daniel	03/29/13
61	Ronriguez	Hermes	04/26/13

STATE ASSIGNED LICENSE NUMBER 1223-31-054-002

AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM 2013 TO 2014

DATE: February 21, 2014

State of NEW JERSEY)
County of UNION) SS:

As provided by law (R.S. 33:1-35),

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. Michael Stefanyak of SOUTH RIVER BOAT CLUB INC.
(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 the fact, and that the contents of this application are true.

(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)
Attestation by Corporate Secretary

(Partnership Name)

(Signature of Partner)

Attest: SOUTH RIVER BOAT CLUB INC.
Corporate Name

(Signature of Partner)

Donna Murphy
Secretary
Signature

By Michael Stefanyak
(Signature of Corporate President or Vice President)

(Signature of Partner)

Affix Corporate Seal

(Signature of Partner)

Sworn to and subscribed before me
this 21st day of February 20 14

AFFIDAVIT MUST BE SIGNED HERE

Robert Arle
(Signature of Officer Administering Oath)

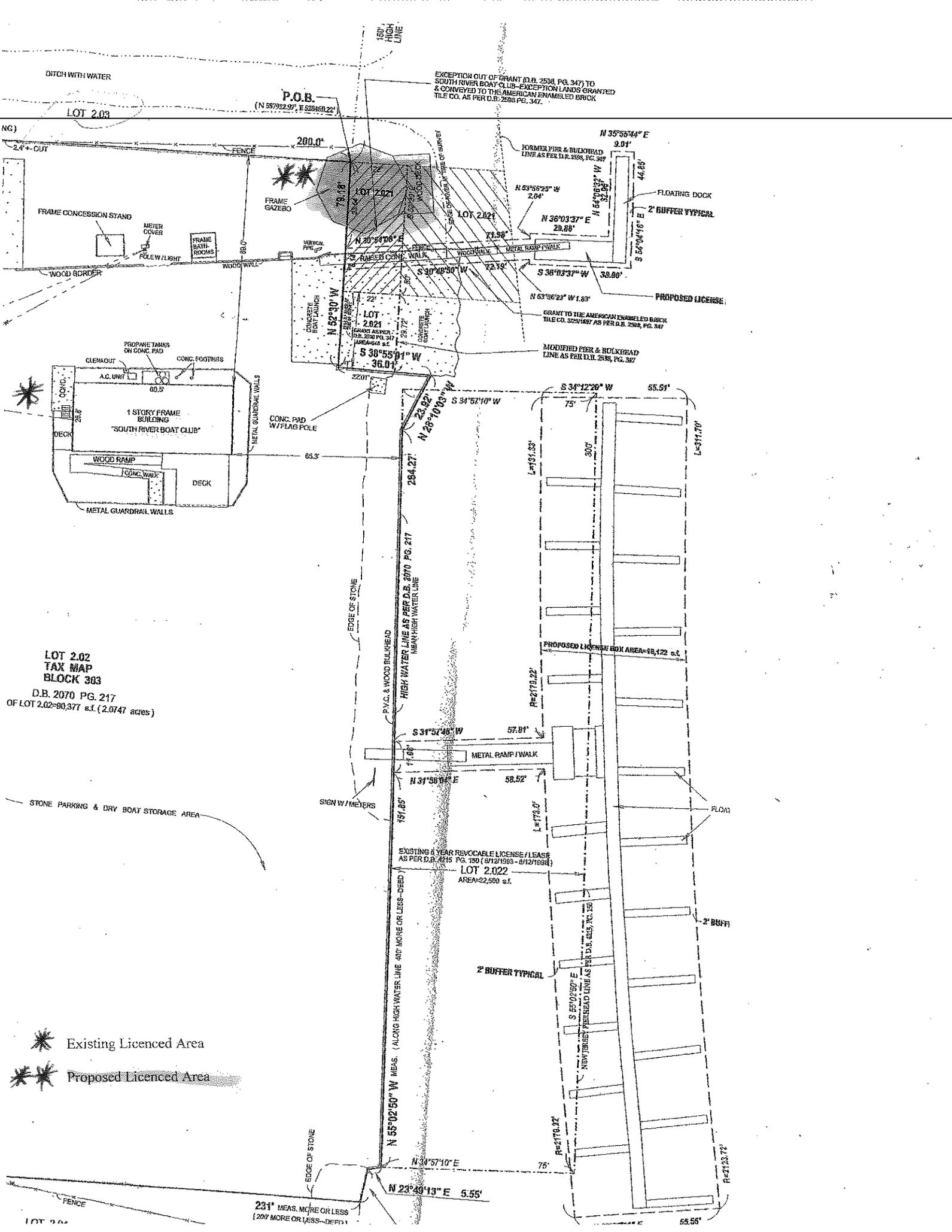
BY DULY AUTHORIZED
NOTARY PUBLIC

ROBERT ARLE
(Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW
OF NEW JERSEY

attorney at law of state
of New Jersey
(Title of Officer Administering Oath)

(Date of Expiration of
Commission, if applicable)



LOT 2.02
TAX MAP
BLOCK 383
 D.B. 2070 PG. 217
 OF LOT 2.02=80,377 s.f. (2.0747 acres)

Existing Licenced Area
 Proposed Licenced Area

EXCEPTION OUT OF GRANT (D.B. 2538, PG. 347) TO SOUTH RIVER BOAT CLUB-EXCEPTION LANDS GRANTED & CONVEYED TO THE AMERICAN ENAMELED BRICK TILE CO. AS PER D.B. 2538 PG. 347.

P.O.B.
 (N 55°21'29.7", E 5286ft.22")

FORMER PIER & BULKHEAD LINE AS PER D.B. 2538, PG. 347

GRANT TO THE AMERICAN ENAMELED BRICK TILE CO. 2537/187 AS PER D.B. 2538, PG. 347

MODIFIED PIER & BULKHEAD LINE AS PER D.B. 2538, PG. 347

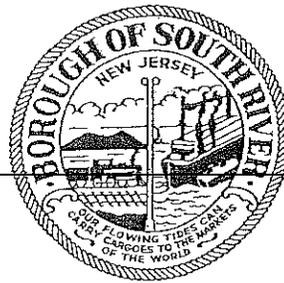
EXISTING 1 YEAR REVOCABLE LICENSE / LEASE AS PER D.B. 4215 PG. 150 (8/12/1995 - 8/12/1998)

LOT 2.022
 AREA=22,500 s.f.

N 55°02'50" W MEAS. (ALONG HIGH WATER LINE 400' MORE OR LESS-DEED)

231' MEAS. MORE OR LESS (200' MORE OR LESS-DEED)

D



BOROUGH OF SOUTH RIVER
48 WASHINGTON STREET
SOUTH RIVER, NJ 08882
PHONE 732-257-1999
FAX 732-613-6105

APPLICATION FOR MERCANTILE LICENSE

FEES:
\$50.00 NEW
\$25.00 Transfer

NAME OF BUSINESS JWP Plumbing + Heating Corp

PROPOSED LOCATION 130 Old Bridge Turnpike

BLOCK# 212 LOT# 1.03

BUSINESS TELEPHONE 732-651-8100 / 848-565-1223

NATURE OF BUSINESS (Describe Operation)

Plumbing + Heating

APPLICANT INFORMATION

NAME Jason W. Perry

HOME ADDRESS 36 Brookside Ave

CITY, STATE, ZIP Sayreville, NJ 08872

TELEPHONE# HOME _____ CELL 848-565-1223

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE# _____

ATTACH A COPY OF YOUR DRIVER'S LICENSE - Address on your identification must match the address on this application.

PROPOSED BUSINESS AT THIS LOCATION:

NUMBER OF EMPLOYEES 3

DAYS AND HOURS OF OPERATION Monday - Saturday 7:00 - 5:00

SQ. FOOTAGE OF AREA TO BE OCCUPIED 1000

OFF STREET PARKING SPACES AVAILABLE TO SPACE BEING OCCUPIED # 7

DOES OPERATION INVOLVE USE OR STORAGE OF FLAMMABLE/COMBUSTIBLE OR HAZARDOUS MATERIALS _____ YES X NO IF YES, SUPPLY QUANTITIES AND MSDS SHEETS ON PRODUCTS INVOLVED (ATTACH TO APPLICATION)

BOROUGH USE ONLY:

REFERRAL DATE _____

DEPARTMENT	APPROVAL/DENIAL	SIGNATURE	DATE
Zoning/Building	OK	BL	3/19/14
Police	OK	BL	3/19/14
Fire Prevention	OK	BL	3/19/14
Health	OK	EB	3/4/14

PREVIOUS BUSINESS AT THIS LOCATION: All Star Satellite

DESCRIBE OPERATION OF PREVIOUS BUSINESS

Install Satellite dish for TV

NUMBER OF EMPLOYEES AT PREVIOUS BUSINESS 8 PARKING SPOTS 4

IF CORPORATION: The information below is required for each officer and each stockholder owning 10% or more of the stock. List the name, address and phone number of each registered agent:

NAME Jason Perry NAME _____

ADDRESS 36 Brookside Ave. ADDRESS _____

Sayreville, NJ 08872 _____

PHONE # 848-565-1223 PHONE # _____

NAME, ADDRESS AND PHONE OF ATTORNEY (IF ANY):

Robert Rafano, Rafano + Wood 129 Main St. South River NJ 08882 732-251-2200

PLEASE ANSWER THE FOLLOWING:

Applicant(s) ever been denied a license to conduct a business YES NO
If YES, describe in detail. (Date, business, location)

Applicant(s) ever been arrested or convicted of a crime, or violation of any municipal ordinance in the Borough of South River or any other municipality, other than traffic offenses?
YES NO

Is applicant currently the subject of any outstanding warrants? YES NO

If YES to the above, set forth the date and place of the offense, nature of the offense and the punishment or penalty imposed. (Date, location, disposition)

The undersigned makes these statements above to induce the Borough of South River to issue the license herein applied for and agrees to comply with all laws and ordinances of the Borough applicable to the subject business above referred to. I certify the information contained in this application is true and correct.

[Signature]
Applicant Signature

3-7-14
Date

E

SOUTH RIVER FIRE DEPARTMENT

Reliable Fire Company

www.southriverfiredepartment.org



Est. 1896

P.O. BOX 214

SOUTH RIVER, NEW JERSEY 08882

RELIABLE FIRE CO.

George St. - Fire Headquarters

Station Number 732-257-9217

Station Fax 732-613-6107

MAR 20 2014

BUSINESS ADMINISTRATOR

March 18, 2014

Borough of South River

48 Washington Street

South River, N.J. 08882

ATTENTION Mr. F. Carr, Business Administrator

Dear Mr. Carr

Please be advised that Mr. Andrew Nashid has been accepted as a probationary member of the Reliable Fire Company. Mr. Nashid appointment was approved at the company meeting of March 7, 2014.

Sincerely,



Thomas Swenticky, Sec.

CC: Fire Chief, file

F



SOUTH RIVER POLICE DEPARTMENT

Chief Mark E. Tinitigan
61 Main Street
South River, NJ 08882-0548
Phone: (732) 238-1000
Fax: (732) 613-6103

March 7, 2014

To: Frederick Carr
Borough Administrator

From: Mark E. Tinitigan
Chief of Police

Re: Acting Supervisory Position (Lieutenant)

As you are well aware, there have been several police officers who have retired over the past three (3) years. Many of these police officers held positions of rank within the department, which has created vacancies in several supervisory positions.

In January, Lt. John Casey made the tough decision to retire after twenty-five (25) years of service, which has left another vacancy in the department's Command Staff personnel. Lt. Casey had many responsibilities in the department such as Internal Affairs Coordinator and Firearms Range Instructor but the most important of all, was the title he held as the Commander of the Patrol Division. Since his departure, the position has been overseen by me but due to the amount of responsibilities associate with that crucial position, a need to temporarily fill the vacancy is paramount. To help alleviate the vacancy in this position, I am designating Sergeant Michael T. Kucharski to "Act" in this supervisory role until such time as when the rank of Lieutenant is filled through the promotional process.

Therefore, consistent with South River Borough Code, specifically Chapter 72, Article III, Police Department, Section 72-20, I will be designating Sergeant Michael T. Kucharski as an Acting Lieutenant effective March 25, 2014 to assume the duties and responsibilities of a Lieutenant.

I would like the Borough Council to formally recognize this designation of Acting Lieutenant by resolution at the March 24, 2014 Borough Council Meeting. Please do not hesitate to contact me directly with any questions, comments or concerns.

Yours Truly,

Mark E. Tinitigan
Chief of Police

Cc: John Krenzel, Mayor
Peter Guindi, Councilman, Public Safety Chairperson
Jim Jones, Councilman, Public Safety Committee
Michael Trenga, Councilman, Public Safety Committee