

DISCLAIMER
THIS IS AN UNOFFICIAL DOCUMENT UNTIL APPROVED BY GOVERNING BODY

AGENDA:

MAYOR AND BOROUGH COUNCIL

BUSINESS (X)

MEETING NO. 22

REGULAR ()

DATE: 10/27/14

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. 21 held on October 14, 2014

REPORTS

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

NEW BUSINESS

Refund of electric consumer deposits (Attachment A)

Refund of Municipal Lifeline deposits (Attachment B)

Property tax refund – Block 280, Lot 2 (Attachment C)

Approve Change Order No. 5 and Final closeout Change Order No. 6 for Fine Wall Corp. – Human Services Building

Approve Mercantile license for Rainone’s School of Music (Attachment D)

Appoint Probationary Members to SR Rescue Squad: Christina Kraczkowski, Angela Alvarado,
Michelle Sudul, Jazmine Torres (Attachment E)

Appoint Economic Development Commission member: Norman Dias (Attachment F)

Appoint Jacquitter Brown as Substitute Crossing Guard (Attachment G)

Award emergency contract for Rescue Squad Building repairs to Lavaco, LLC

Cable Television Franchise Renewal (Attachment H)

UNFINISHED BUSINESS

Approve Person to Person and Place to Place Transfer Application – Patel to Pantry 1 South River Inc. (Attachment I)

Middlesex County Health and Wellness Council (Attachment J)

Swipe for Kids presentation

Camera surveillance – parking lots

Amend Arcari and Iovino Agreement for additional construction administration services - Human Services Building

COUNCIL COMMENTS

EXECUTIVE SESSION

Attorney-Client privilege

ADJOURNMENT

A, B

Request for Council Action

Date: 10/22/14

Resolution: ✓

Ordinance: _____

Other Reason for Request (Attach Back-up)

UTILITY & MUNICIPAL LIFELINE REFUNDS

Funds Appropriated: yes no not applicable

[Signature]
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>
65-999-000-111 CD	L CALDWELL & A ONEAL 23 FRANKLIN CT APT 14 SOMERSET, NJ 08873	\$31.01
65-999-001-217 CD	RYAN CORLEY & NATALIE WILLIAMSON 5402 QUAIL RIDGE DR PLAINSBORO, NJ 08536	\$113.47
65-999-940-204 ELEC CURRENT	ANABELA COSTA	\$105.22
66-999-954-404 WTR CURRENT	21 ANN ST COLTS NECK, NJ 07722	\$36.26
65-999-859-332 CD	COURTNEY GARAY & XAVIER CEDERIO 48 ROLL AVE SOUTH AMBOY, NJ 08879	\$5.87
65-999-895-830 CD	LUIS GOMEZ 39 EAST ST SOUTH RIVER, NJ 08882	\$122.81
65-999-001-045 CD	LISA ANN OSER 20 ROSE ST 2 ND FL SOUTH RIVER, NJ 08882	\$78.82
65-999-994-049 CD	GROZDANA TEREVIN 252 JACKSONVILLE RD LINCOLN PARK, NJ 07032	\$72.27
65-999-001-113 CD	S ZIFOVSKA & S STOJANOVA 54 SOUTHSIDE AVE SOUTH RIVER, NJ 08882	\$136.04

/s/ _____
Councilmember

/s/ _____
Councilmember

B

RES: 2014

NOVEMBER 10, 2014

RESOLUTION

WHEREAS, the official utility records of the Borough of South River, New Jersey show certain adjustments, recessions, amendments, cancellations, corrections, refunds and uncollectibles should be made on certain accounts due to various reasons; and

WHEREAS, the Utility Collector recommends these changes as listed; and

NOW, THEREFORE BE IT AND IT IS HEREBY RESOLVED that the Borough Utility Collector be and he is authorized to make the necessary adjustments, indicated below and any attached list.

<u>UTILITY CUSTOMER</u>	<u>REASON</u>	<u>AUTH</u>	<u>YEAR</u>	<u>AMOUNT</u>
<u>ACCOUNT NUMBER</u>				

KRUPSKI, WALTER 340 Whitehead Ave Apt 324 South River, NJ 08882 #65-999-984-534	Elec Credit	Refund	2014	\$54.14
	MUNICIPAL LIFELINE			

DATED:

/s/ _____
Councilmember

/s/ _____
Councilmember

C

RES:2014-

OCTOBER 27, 2014

RESOLUTION

WHEREAS, the official tax records of the Borough of South River, New Jersey show certain adjustments, recessions, amendments, cancellations, corrections, refunds, and uncollectible should be made on certain accounts due to various reasons; and

WHEREAS, the Tax Collector recommends these changes as listed; and

NOW, THEREFORE BE IT AND IT IS HEREBY RESOLVED that the Borough Tax Collector be and he is authorized to make the necessary adjustments, indicated below and any attached list.

<u>Block</u>	<u>Lot</u>	<u>Reason</u>	<u>Name& Address</u>	<u>Property Location</u>	<u>Amount</u>
224	4	Overpayment	Corelogic Tax Services 1 Corelogic Dr Westlake, TX 76262	57 New St	\$1,449.38
224	4	Overpayment	Martin Pankiewicz LLC 204 North Wood Avenue Linden, NJ 07036	57 New St	\$1,466.76

DATED: OCTOBER 27, 2014

/s/ _____
Councilmember

/s/ _____
Councilmember

D



RECEIVED

OCT 14 2014

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

BOROUGH CLERK

APPLICATION FOR MERCANTILE LICENSE

FEES:
\$50.00 NEW
\$25.00 Transfer

NAME OF BUSINESS Rainone's School of Music
PROPOSED LOCATION 8 Old Bridge Turnpike
BLOCK# 219 LOT# 1.9
BUSINESS TELEPHONE 732-967-9902

NATURE OF BUSINESS (Describe Operation)
Private individual music lessons

APPLICANT INFORMATION

NAME Lyudmila Rainone
HOME ADDRESS 17 Exton Way
CITY, STATE, ZIP Jackson, NJ 08527
TELEPHONE# HOME CELL 732-967-9902
DATE OF BIRTH SOCIAL SECURITY #

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

PROPOSED BUSINESS AT THIS LOCATION:

NUMBER OF EMPLOYEES 5
DAYS AND HOURS OF OPERATION MON-FRI: 3³⁰p-9p; SAT: 9a-3p
SQ. FOOTAGE OF AREA TO BE OCCUPIED 1200
OFF STREET PARKING SPACES AVAILABLE TO SPACE BEING OCCUPIED # 36

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

BOROUGH USE ONLY:

REFERRAL DATE 10/14/14

DEPARTMENT	APPROVAL/DENIAL	SIGNATURE	DATE
Zoning/Building			10/16/14
Police			10/17/14
Fire Prevention			10/17/14

NAME LOW OFFICE

PREVIOUS BUSINESS AT THIS LOCATION:

DESCRIBE OPERATION OF PREVIOUS BUSINESS

Attorney offices

NUMBER OF EMPLOYEES AT PREVIOUS BUSINESS 5 PARKING SPOTS 6

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 Lyudmila Rainone NAME _____

ADDRESS 17 Exton Way ADDRESS _____

Jackson, NJ 08527 _____

PHONE # 732-967-9902 PHONE # _____

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

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.

Rainay
Applicant Signature

10-9-2014
Date

WAYNE HODGES, Captain
DEPARTMENT HEAD

KYLE HERZIG, Asst. Captain
DEPUTY - DEPARTMENT HEAD



E

PETER GUINDI, Councilman
CHAIRPERSON
PUBLIC SAFETY COMMITTEE

JOHN KRENZEL, Mayor

BOROUGH OF SOUTH RIVER
DEPARTMENT OF RESCUE
EMERGENCY MEDICAL SERVICES
6 THOMAS STREET
SOUTH RIVER, NEW JERSEY 08882

RECEIVED

OCT 20 2014

BOROUGH CLERK

TO: Mayor and Council
FROM: Wayne S. Hodges, Captain
DATE: September 19, 2014
RE: Appointment for Rescue Squad Probationary Membership

I recommend the following applicant for Probationary Membership appointment in the Borough of South River, Department of EMS and Rescue. Please accept this applicant, pending the results of the full background check.

1. Christina Kraczkowski - 444 School Street - Woodbridge, NJ 07095
2. Angelica Alvarado - 291 Milltown Road - East Brunswick, NJ 08816

If there are any questions about the above listed applicant, please feel free to contact me at (732) 698-8613. I have attached a copy of his application for the Borough Clerk's Office records.

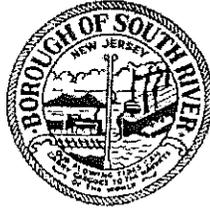
Regards,

Wayne S. Hodges, Captain
South River Rescue Squad

PC: Borough Clerk
Borough Administrator
President, SRRS, Inc.
File

WAYNE HODGES, Captain
DEPARTMENT HEAD

KYLE HERZIG, Asst. Captain
DEPUTY - DEPARTMENT HEAD



PETER GUINDI, Councilman
CHAIRPERSON
PUBLIC SAFETY COMMITTEE

JOHN KRENZEL, Mayor

**BOROUGH OF SOUTH RIVER
DEPARTMENT OF RESCUE
EMERGENCY MEDICAL SERVICES
6 THOMAS STREET
SOUTH RIVER, NEW JERSEY 08882**

RECEIVED

OCT 20 2014

BOROUGH CLERK

TO: Mayor and Council
FROM: Wayne S. Hodges, Captain
DATE: October 16, 2014
RE: Appointment for Rescue Squad Probationary Membership

I recommend the following applicant for Probationary Membership appointment in the Borough of South River, Department of EMS and Rescue. Please accept this applicant, pending the results of the full background check.

1. Jazmine Torres – 38 Armstrong Ave – South River, NJ 08882

If there are any questions about the above listed applicant, please feel free to contact me at (732) 698-8613. I have attached a copy of his application for the Borough Clerk's Office records.

Regards,

Wayne S. Hodges, Captain
South River Rescue Squad

PC: Borough Clerk
Borough Administrator
President, SRRS, Inc.
File

WAYNE HODGES, Captain
DEPARTMENT HEAD

Kyle Herzig, Asst. Captain
DEPUTY DEPARTMENT HEAD



PETER GUINDI, Councilman
CHAIRPERSON
PUBLIC SAFETY COMMITTEE

JOHN KRENZEL, Mayor

**BOROUGH OF SOUTH RIVER
DEPARTMENT OF RESCUE
EMERGENCY MEDICAL SERVICES**

6 THOMAS STREET
SOUTH RIVER, NEW JERSEY 08882

OCT 20 2014

TO: Mayor and Council

FROM: Wayne S. Hodges, Captain

DATE: October 18, 2014

RE: Appointment for Rescue Squad Probationary Membership

BOROUGH CLERK

I recommend the following applicant for Probationary Membership appointment in the Borough of South River, Department of EMS and Rescue. Please accept this applicant, pending the results of the full background check.

1. Michelle Sudul – 14 Quincy Rd – East Brunswick, NJ 08816

If there are any questions about the above listed applicant, please feel free to contact me at (732) 698-8613. I have attached a copy of her application for the Borough Clerk's Office records.

Regards,

Wayne S. Hodges, Captain
South River Rescue Squad

PC: Borough Clerk
Borough Administrator
President, SRRS, Inc.
File

F

Patricia Oconnor

From: John Krenzel
Sent: Thursday, October 23, 2014 10:10 AM
To: Patricia Oconnor; Frederick Carr; Tom Roselli; James Jones; Jim Hutchison; Shawn Haussermann; Michael Trenga; Peter Guindi
Subject: Appointment to EDC

Pat:

Please place Norman Dias of 16 Alexander Court on the Agenda for appointment to the EDC for the unexpired term.

Mayor John M. Krenzel

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



SOUTH RIVER POLICE DEPARTMENT

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

October 23, 2014

To: Frederick Carr
Business Administrator

From: Mark E. Tinitigan
Chief of Police

Re: Crossing Guard (Substitute Position)

Fred,

After the completion of an extensive background investigation, I am recommending the following person for the position of Substitute Crossing Guard:

- Jacquitter Brown

If you have questions or concerns regarding this issue, please do not hesitate to contact me directly.

Respectfully,

Mark E. Tinitigan
Chief of Police
South River Police Department

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

RICHARD S. MROZ
PRESIDENT

JOSEPH L. FIORDALISO
COMMISSIONER

MARY-ANNA HOLDEN
COMMISSIONER

DIANNE SOLOMON
COMMISSIONER

UPENDRA J. CHIVUKULA
COMMISSIONER



State of New Jersey
BOARD OF PUBLIC UTILITIES
44 SOUTH CLINTON AVENUE, 9TH FLOOR
POST OFFICE BOX 350
TRENTON, NEW JERSEY 08625-0350
WWW.NJ.GOV/BPU

LAWANDA R. GILBERT
ACTING DIRECTOR

OFFICE OF CABLE TELEVISION
TEL: (609) 341-9186
FAX: (609) 777-3325

RECEIVED

OCT 20 2014

BOROUGH CLERK

October 16, 2014

Ms. Patricia O'Connor
Borough Clerk
Borough of South River
48 Washington Street
South River, NJ 08882-1247

Re: Comcast of New Jersey II, LLC
Cable Television Franchise Renewal
For the Borough of South River
Expiration Date: 6/19/2015

Dear Ms. O'Connor:

As you may be aware, the Borough's municipal consent ordinance granted to Comcast of New Jersey II, LLC provides for a term of 15 years with an automatic renewal term of 10 years. The Office of Cable Television ("OCTV") wishes to inform the Borough of its rights under law.

The automatic renewal provision contained in your ordinance is permitted by the New Jersey State Cable Act, which allows a municipality to grant an automatic renewal term for a maximum of ten years. Inclusion of the automatic renewal term authorizes the Board of Public Utilities ("Board") to issue a renewal to the cable television company without additional participation from the Borough.

The Borough should be aware that a Certificate of Approval based upon the automatic renewal term will be issued by the Board, upon petition by the cable television company, unless the Borough determines that the cable television company has not met the terms and conditions under the current franchise. If the Borough finds there is sufficient cause not to renew the franchise, it would be required to issue notice to the cable television company not later than 60 days prior to the expiration of the current franchise term. A notice not to renew must be based on a finding that the cable television company has failed to comply with the material terms and conditions of the franchise as outlined in N.J.A.C. 14:18-13.7(a)1-4 and the municipality must have held a public hearing pursuant to N.J.A.C. 14:18-13.6(a)2.

cc: F. Carr

Ms. O'Connor
October 16, 2014
Page 2

If the Borough decides not to review the performance of the cable television company or if its findings reveal that the cable television company has met its commitments to the municipality, no further action is required by the Borough. The cable television company, upon petition to the Board, will be issued an Automatic Renewal Certificate of Approval.

If you should need assistance, please contact me at (609) 341-9429 or at karen.marlowe@bpu.state.nj.us

Sincerely,



Karen A. Marlowe
Administrative Analyst I

/km

c: James P Nolan, Esq., Borough Attorney
Charles L. Smith, III, Director, Government and Regulatory Affairs, Comcast
Dennis C. Linken, Esq., Scarinci and Hollenbeck

I

TR#: _____
FEE: _____
DATE: _____

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
RETAIL LIQUOR LICENSE APPLICATION

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

STATE ASSIGNED LICENSE NUMBER

123-32-019-008

[For DIVISION use only _____]

DATE APPLICATION FILED:

6, 16, 14

CODE TYPE OF LICENSE (CHECK ONE)
CLASS C LICENSES [N.J.S.A. 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
- OTHER
- 14 Annual State Permit
(N.J.S.A. 33:1-42, NJAC 13:2-52)

THIS APPLICATION IS FOR:

- 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 of File
- Other _____

This Area is Reserved for Municipal Use

Municipal Fee \$ 110.00

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

PATRICIA O'CONNOR

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

Patricia O'Conne

Signature of Municipal Clerk or ABC Secretary

STATE ASSIGNED LICENSE NUMBER 1223 - 32 - 019 - 008

Application is made on behalf of: 2

- 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"):

Pantry 1 South River Inc
(Last Name, First, Middle Initial or Corporate Name)

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

Street Address 17 Division Street
Number Street Name

Municipality South River Zip 08882

Telephone number of business (732) 307 - 7392
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 17 Division Street
Number Street Name

P.O. Box # _____ Municipality South River State NJ

Zip 08882 - _____ Telephone (732) 307- 7392

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):

Pantry 1 Foodmart

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 PLACE OF BUSINESS):
 ___ / ___ / ___ N/A
- 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 N/A
- B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:
 ___ / ___ / ___ N/A

STATE ASSIGNED LICENSE NUMBER 1223 - 32 - 019 - 008

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 questions 3.1, question 2.2 on Page 2 should also be answered N/A).

3.1 HOW MANY SEPARATE BUILDING ARE TO BE INCLUDED UNDER THIS LICENSE? ONE

If more than one building is to be included under this license, a separate page number three 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 1 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: N/A

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 or 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 licensed, attach a more detailed explanation with sketches to clearly delineate licensed 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 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? N/A Yes No

DOES THE APPLICANT LEASE THE BUILDING? Yes No

3.8 MORTGAGEE (HOLDER OF MORTGAGE): N/A

(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):

South River Real Estate LLC

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

Street Address 17 Division Street

Number _____ Street Name _____

P.O. Box # _____ Municipality South River State NJ

Zip 08882 - _____

STATE ASSIGNED LICENSE NUMBER 1223 - 32 - 019 - 008

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: N/A

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: N/A

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 for each action): N/A

Name of individual _____

DATE OF ACTION ___/___/___ Last Name First Middle Initial
DOCKET NO. _____

PENALTY WAS IMPOSED BY: _____
(indicate whether by Div. ABC or identify Local Issuing Authority)

PENALTY CONSISTED OF:
 FINED \$ _____ NOT RENEWED
 SUSPENDED _____ REVOKED CANCELLED
(no. of days)
 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: N/A

Name of individual _____

Date of Birth ___/___/___ Last Name First Middle Initial
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 NJ Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: ___/___/___ (No license may be issued without an order from the Director, Division of Alcoholic Beverage Control determining no disqualification or removing disqualification. (See N.J.S.A. 33:1-31.2 and N.J.A.C. 13:2-15).

Provide Agency Docket No. : (NN)- _____

STATE ASSIGNED LICENSE NUMBER 1223 - 32 - 019 - 008

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 NAMES(S) OF THE PERSON(S) OR CORPORATIONS(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License number 1220 - 44 - 034 - 005

Name Patel, Dilip (Amboy Food Liquor and News Inc.)
(Last Name, First, Middle Initial or Corporate Name)

Relationship to applicant Father-in-Law

B. License number 1223 - 44 - 041 - 011

Name Patel, Dilip (Witty Liquors Inc.)
(Last Name, First, Middle Initial or Corporate Name)

Relationship to applicant Father-in-Law

C. License number _____ - _____ - _____ - _____

Name _____
(Last Name, First, 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, THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED. N/A

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

Social Security number _____ or

NJ Sales Tax Certificate of Authority No. _____

Date of Birth ____ / ____ / ____

STATE ASSIGNED LICENSE NUMBER 1223 - 32 - 019 - 008

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. N/A

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 No. _____
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 OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of individual (Last Name First) or Corporation

Republic First Bank d/b/a Republic Bank

(Last Name, First Name, Middle Initial or Corporate Name)
Social Security number _____ or
NJ Sales Tax Certificate of Authority No. _____
Street Address 2 Farm Tree Road, Suite A230 Number _____ Street Name _____
P.O. Box # _____ Municipality Pennington State NJ
Zip 08534
Describe Nature of Interest Collateral

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 OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED. N/A

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 No. _____
Street Address _____ Number _____ Street Name _____
P.O. Box # _____ Municipality _____ State _____
Zip _____
Describe Nature of Interest _____

STATE ASSIGNED LICENSE NUMBER 1223 - 32 - 019 - 008

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

10.1 Name or corporation Pantry 1 South River Inc.

10.2 Street address of home office 17 Division Street
Number Street Name

Municipality South River
State NJ Zip 08882

10.3 NJ Sales Tax Certificate of Authority Number _____

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. N/A

Street Address _____
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 11 / 11 / 2011 STATE NJ

10.7 CERTIFICATE OF INCORPORATION NUMBER 0400

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 N/A

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. N/A

Date or revocation _____ / _____ / _____

Beginning date _____ / _____ / _____

Ending date _____ / _____ / _____

10.10 INSERT THE NAME AND ADDRESS OF 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 OF U.S. DISTRICT COURT, MAY BE MADE:

Name George W Pressler
(Last Name, First Name, Middle Initial or Corporate Name)

Street Address 332 Cranbury Road
Number Street Name

Municipality East Brunswick New Jersey

Zip 08816 Telephone Number (732) 254 - 2400
Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR 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). N/A

STATE ASSIGNED LICENSE NUMBER 1223 - 32 - 019 - 008

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)

Pantry 1 South River Inc.

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

Katariwala Sameer

Last Name First Middle Initial

Home Street Address 1 Great Beds Way
Number Street Name

P.O. Box # Municipality South Amboy State NJ

Zip 08879

Social Security number Date of birth

Home telephone number (732) 310-9534
Area Exchange Number

Office telephone number () -
Area Exchange Number

% of business owned or controlled 100% Number of shares 1000

Check position that applies: Sole owner Partner X Stockholder

X President Vice-President X Secretary Treasurer Director
Trustee Manager Agent Executor/Administrator Receiver
Beneficiary Other (specify)

Name of individual (last name first):

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

% of business owned or controlled Number of shares

Check position that applies: Sole owner Partner Stockholder

President Vice-President Secretary Treasurer Director
Trustee Manager Agent Executor/Administrator Receiver
Beneficiary Other (specify)

STATE ASSIGNED LICENSE NUMBER 1223 - 32 - 019 - 008

AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM 7/1/2013 TO 6/30/2014

DATE:

State of New Jersey)
)
County of Middlesex) 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. Sameer Katariwala (President) of Pantry 1 South River 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 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:

Pantry 1 South River Inc.
Corporate Name

(Signature of Partner)

By [Signature]
(Signature of Corporate President or Vice President)

(Signature of Partner)

Secretary _____
Signature
Affix Corporate Seal

(Signature of Partner)

Sworn to and subscribed before me
this 14th day of May 2014



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

[Signature]
(Signature of Officer Administering Oath)
DEBORA A. MARREIROS
(Printed Name of Officer Administering Oath)
DRINKING WATER MAINS
(Title of Officer Administering Oath)

03/05/2015
(Date of Expiration of Commission, if applicable)

J

From: Carol Byrnes [<mailto:carol.byrnes@co.middlesex.nj.us>]

Sent: Monday, September 22, 2014 10:50 AM

To: mayorsoffice@carteret.net; sgoetz@cranbury-nj.com; Rseader@negd.net; mayor@eastbrunswick.org; mayoriankey@edisonnj.org; helmettamayor@aol.com; brillmittlerhp@gmail.com; mLOWANDE@jamesburgborough.org; Tom Vahall; mayor@middlesexboro-nj.gov; esteeber@milltownboro.com; rpucci@monroetwp.com; Judi Smith; mayorwomack@northbrunswickonline.com; Owen Henry; w.diaz@perthamboynj.org; bwahler@piscatawaynj.org; Cantu, Peter; Mayor@sayreville.com; anesh@southplainfieldnj.com; John Krenzle; npoliseno@spotswoodboro.com; wbmayor@twp.woodbridge.; mayor@southamboynj.gov; mayor@sbtNJ.net

Cc: Lowman, Taqualla; carol.bellisano@eastbrunswick.org; Claribel Azcona-Barber; Vicki A. Demarco; Lissette Martinez; judy@sayreville.com; Debbie Jones; Kacie Manzo

Subject: Health & Wellness Council

Dear Mayor,

On behalf of Freeholder James Polos, Chairman of Public Safety and Health and the entire Board of Freeholders, please view the attached resolution creating a Health and Wellness Council for Middlesex County. I'm sure you'll agree, health and fitness is a priority for all age groups, from our youngest residents to our seniors. Everyone can benefit from exercise, eating healthy and learning proper ways of taking care of oneself. The goal of this Council is to provide education and information regarding health and overall wellness, including an annual county-wide Health Fair.

In this spirit, we need your help to identify someone as your representative/s that would fully embrace the opportunity to work at improving overall health and wellness. This may be a business owner, chiropractor, health care professional or anyone who's passion is fitness and health. We would appreciate if you could forward contact information of any individuals that may be interested in participating on the Health & Wellness Council in the next few weeks.

Looking forward to hearing from you soon!

Carol

Carol Byrnes
Program Manager
Middlesex County Dept. of Public Safety & Health
1001 Fire Academy Drive, Sayreville, NJ 08872
Phone - 732-721-7401
Cell - 732-715-6958



Middlesex County

Adopted

Resolution: 13-969-R

Administration Building
75 Bayard Street
New Brunswick, NJ
08901

File Number: 13-969-R

Resolution Establishing the Middlesex County Health and Wellness Council

WHEREAS, the Focus of the Middlesex County Health and Wellness Council will provide a mechanism for a Public-Private Venture to provide Health Fairs, Screenings and Education on the Health and Wellness Services available to Middlesex County Residents; and

WHEREAS, the Middlesex County Health and Wellness Council will be comprised of representation from each Municipality within Middlesex County; and

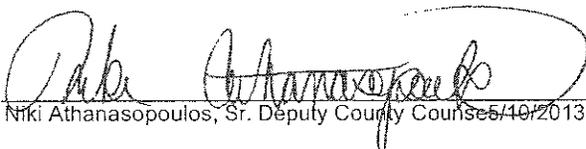
WHEREAS, the Membership will consist of professionals from the Business Community who provide health and Wellness products or services to Middlesex County residents; and

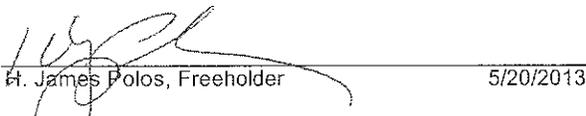
WHEREAS, the Council will also comprise Membership from Middlesex County Governmental Agencies to assist in the Development and provisions of quality programs to Middlesex County residents; and

WHEREAS, the Council will form By-Laws, Program and Membership requirements;

NOW, THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Middlesex that this Board agrees to Establish the Middlesex County Health and Wellness Council which will provide a mechanism for a public-private venture to provide Health Fairs, Screenings and Education on the Health and Wellness Services available to Middlesex County residents, as more fully set forth above;

Approved as to form and legality


Niki Athanasopoulos, Sr. Deputy County Counsel 5/10/2013


H. James Polos, Freeholder 5/20/2013

May 16, 2013



Middlesex County

Adopted

Resolution: 13-969-R

Administration Building
75 Bayard Street
New Brunswick, NJ
08901

RESULT:	ADOPTED BY CONSENT VOTE [UNANIMOUS]
MOVER:	Charles E. Tomaro, Freeholder
SECONDER:	Blanquita B. Valenti, Freeholder
AYES:	Kenneth Armwood, Charles E. Tomaro, Blanquita B. Valenti, Ronald G. Rios
ABSENT:	Carol Barrett Bellante, Stephen J. Dalina, H. James Polos

I, Margaret E. Pemberton, Clerk of the Board of Chosen Freeholders of the County of Middlesex and State of New Jersey, do hereby certify that the above is a true copy of a resolution adopted at a meeting of the Board held on May 16, 2013


Margaret E. Pemberton, Clerk of the Board 5/17/2013

May 16, 2013