



STATE OF NEW JERSEY
 DEPARTMENT OF LAW AND PUBLIC SAFETY
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL
 P.O. BOX 087, 140 EAST FRONT STREET
 TRENTON, NJ 08625-0087

**APPLICATION FOR
 CATERING PERMIT [CT]**

APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT

Application must be accompanied by a fee of **\$100.00** for each 24-hour period, in the form of a check or money order payable to the Division of Alcoholic Beverage Control.

Pursuant to N.J.S.A. 33:1-74, undersigned makes application for a Special Permit to sell, dispense and serve alcoholic beverages **off the licensed premises.**

Licensee Information

1. Name of Licensee _____ d/b/a _____
2. License Number _____ 32 _____
3. Address of Licensed Premises _____

4. Contact for License _____ Phone Number _____ - _____ - _____
5. Email Address: _____

Premise Information

6. What is the specific catering event being held? _____
7. Location of premises where affair will be held:
 Name of the premises where the event will be held _____
 Address _____
 Is affair to be held outdoors? Yes No
8. Are the premises where affair is to be held licensed? Yes No
 If yes, state the license number _____ - _____ - _____
9. Are the premises where the affair is to be held owned by a municipality, county or the State? Yes No
 If yes, state the name of owner _____
 For what purpose is premises normally used? _____
 Does the premise conduct mercantile business? Yes No If yes, what is sold? _____

Event Information

10. What date(s) will affair be held and between what hours alcoholic beverages will be dispensed (Dates **must be consecutive** to be on one application):

MM/DD/YY	START	END
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>

Rain Date (only **one** rain date): _____

11. How will a charge be assessed? Ticket Contribution Other: _____
 (SPECIFY OTHER)
12. Will there be a cash bar? Yes No If no, how will the event be paid for? _____
13. Check the types of alcoholic beverages to be dispensed if permit is granted:
 Wine Distilled Spirits Malt Alcoholic Beverages
14. What are cup sizes for alcoholic beverages? Wine _____ Beer _____ Spirits _____
15. How many people are expected to attend your event on a daily basis? _____

16. What is the approximate age group of the attendees? _____

17. Will persons under the legal age to consume alcohol be in attendance? Yes No

18. Explain in detail the security plans for the event. The plan should include the number of people checking for ID's, plans to prevent pass-offs to minors, the type of security at the event, the limit of alcoholic beverages per transaction, and any other relevant information pertaining to the event. *Please attach another sheet if necessary.*

19. Please use the space below or attach a detailed sketch of the area to be licensed. The sketch should include entrances and exits, ID checking area(s), location of where alcoholic beverages will be dispensed and any other relevant information pertaining to the event. **No permit will be issued if a sketch is not attached.**

Licensee Customer Information

• Identify client utilizing services: _____
Client contact: _____ Phone Number _____ - _____ - _____
Email address: _____

Event Organizer Information

• Is the event being handled by a promoter, Production Company, or other entities? Yes No If yes, attach contract.
If yes, company Name _____
Contact _____ Phone Number _____ - _____ - _____
Email address: _____

NO PERMIT WILL BE GRANTED UNLESS WRITTEN MUNICIPAL APPROVALS PROVIDED FOR BELOW ARE FIRST OBTAINED.
ORIGINAL SIGNATURES ONLY

AUTHORIZED SIGNATURE OF APPLICANT: This application must be filed by an official of the company which holds the Retail Consumption License who has full authority to act on behalf of the company and who is disclosed in the applicant's most recent full license application filed with the Division of Alcoholic Beverage Control (i.e., corporate president or vice president, general or managing partner, individual proprietor).

The applicant represents that if a Special Permit is issued, the permittee will fully abide by all provisions of the New Jersey Alcoholic Beverage Law, State Rules and Regulations, and Municipal Ordinances and Regulations, the same as if the sale and service were occurring upon the applicant's licensed premises.

Printed Name

Title of Signatory

Signature

The following consent is to be signed by the person so authorized at the premises where the affair is to be held, including property under the control of a unit of government, municipality, county or State; a church; or a premises under license or other privately owned facility.

I certify that I am the person authorized to permit the sale and service of alcoholic beverages on the premises described in the application form, and I certify that there is no objection to the sale and service of alcoholic beverages as herein specified.

Date

Printed Name and Title of Signatory

Signature

This is to certify that there are no objections to the issuance of the Permit applied for herein and that NOT MORE THAN 25 SPECIAL PERMITS HAVE BEEN AUTHORIZED FOR THESE PREMISES DURING THIS CALENDAR YEAR.

Police Chief (Printed Name)

Municipal Clerk (Printed Name)

Signature

Signature

Name of Municipality

Name of Municipality

Date

Date

NOTE: THE DIVISION MUST BE NOTIFIED FOR CANCELLATION OR RESCHEDULING PRIOR TO THE DATE OF THE EVENT.

TYPE OR PRINT NAME AND ADDRESS OF PERSON TO WHOM PERMIT IS TO BE MAILED/E-MAILED:	
NAME	_____
E-MAIL	_____
ADDRESS	_____

TELEPHONE: _____	
IF NO ADDRESS OR E-MAIL IS SUPPLIED IT WILL BE SENT TO THE LICENSED PREMISES.	