



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  
 SOCIAL AFFAIR PERMIT [SA]**

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

Applications must be accompanied by a fee of **\$100.00 PER DAY** for Civic, Religious, or Educational Organizations; **\$150.00 PER DAY** for all other NON-PROFIT organizations, in the form of a check or money order payable to the DIVISION OF ALCOHOLIC BEVERAGE CONTROL.

**NOTICE: ORGANIZATIONS MAKING APPLICATION FOR THE FIRST TIME, MUST SUBMIT PROOF OF NON-PROFIT STATUS IN NEW JERSEY.** COMBINATIONS OF CERTIFICATE OF INCORPORATION, CHARTER OR BY-LAWS, FEDERAL TAX EXEMPT CERTIFICATE, FINANCIAL RECORDS AND MEMBERSHIP LIST (NAMES AND ADDRESSES INCLUDED) ARE ACCEPTABLE FORMS OF PROOF. THE DIVISION OF ALCOHOLIC BEVERAGE CONTROL RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION IF DOCUMENTATION SUBMITTED IS NOT SUFFICIENT.

Pursuant to N.J.S.A. 33: 1-74 and N.J.A.C. 13:2-5.1, the undersigned makes application for a Special Permit to sell, dispense and serve alcoholic beverages for consumption at an affair as stated herein:

**Organization Information**

1. Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_
2. Does organization hold a liquor license? Yes  No  If yes, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 31 \_\_\_\_\_  
(CLUB LICENSE'S ONLY)
3. Has organization held a special permit for Social Affair during the past 3 years? Yes  No  If no, supply proof of non-profit status from **NOTICE** paragraph above. Previous Permit No: \_\_\_\_\_
4. Contact \_\_\_\_\_ Phone Number: \_\_\_\_\_
5. E-mail address \_\_\_\_\_
6. Mailing address \_\_\_\_\_

**Premises Information**

7. Location of premises where affair will be held: **(Describe Specifically)**  
 Name of premises \_\_\_\_\_  
 Address of premises \_\_\_\_\_
8. Is the above named premises licensed? Yes  No  If yes, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
9. Are the premises where the affair is to be held owned by a municipality, county or state? Yes  No   
 If yes, state the name of owner \_\_\_\_\_  
 For what purposes are premises 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. What is the specific fundraising event being held? \_\_\_\_\_
12. How is a charge assessed? Ticket  Contribution  Other: \_\_\_\_\_  
(SPECIFY OTHER)
13. Who is the recipient of the proceeds? \_\_\_\_\_

14. Check the types of alcoholic beverages to be dispensed if permit is granted:  
 Wine       Distilled Spirits       Malt Alcoholic Beverages
15. What are cup sizes for alcoholic beverages?    Wine \_\_\_\_\_    Beer \_\_\_\_\_    Spirits \_\_\_\_\_
16. How many people are expected to attend your event on a daily basis? \_\_\_\_\_
17. What is the approximate age group of the attendees? \_\_\_\_\_
18. Will persons under the legal age to consume alcohol be in attendance?    Yes     No
19. 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.*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

20. 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.**

**Event Organizer Information**

- Is the event being handled by a promoter, Production Company, or other entities? Yes     No     If yes, attach contract.
- Company Name \_\_\_\_\_
- Company Contact \_\_\_\_\_
- Phone Number \_\_\_\_\_ x \_\_\_\_\_ Title \_\_\_\_\_

