

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 SPECIAL PERMIT FOR SOCIAL AFFAIR [SA]

SOCIAL AFFAIR PERMITS WILL ONLY BE ISSUED TO NON-PROFIT ORGANIZATIONS

APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE DATE OF THE AFFAIR

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.** 33:74-1 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:

PLEASE PRINT CLEARLY OR TYPE

1. Name of Organization _____
Address _____
2. Has organization held a Special Permit for Social Affair during the past 3 years? _____ **If no, show proof of non-profit status.**
3. Location of premises where affair will be held: **(Describe Specifically)**
Name _____
Address _____
4. For what type of Social Affair is this Permit requested? _____
5. Are premises where affair is to be held licensed? _____ If Yes, give type and License Number _____
6. State date affair will be held and between what hours alcoholic beverages will be dispensed:
_____ 20 _____ From _____ To _____
(Date) (Time) (Time)

RAIN DATE: _____

7. For what purposes was your Non-Profit Organization formed? _____
8. How many members does organization have? _____ How many under the legal age? _____
9. Does organization hold a liquor license? _____ If yes, give type and License Number _____
10. How will a charge be assessed? TICKET () CONTRIBUTION () OTHER _____
11. Are the premises where the affair is to be held owned by a municipality, county or State? _____
If so, state name of owner _____
For what purposes are premises used? _____
12. Check kinds of alcoholic beverages to be dispensed if Permit is granted:
WINE _____ DISTILLED SPIRITS _____ MALT ALCOHOLIC BEVERAGES _____
13. Are persons under the legal age to be admitted? _____
If Yes, will they be accompanied by adults of age to consume alcoholic beverages? _____
14. To whom and for what will the proceeds of the affair accrue? _____

PLEASE ATTACH A SKETCH OF THE LOCATION WHERE ALCOHOLIC BEVERAGES ARE TO BE DISPENSED. INCLUDE THE BAR AREA AND LOCATION OF PERSON/PERSONS CHECKING ID'S FOR ANYONE UNDER THE LEGAL DRINKING AGE. PERMITS WILL NOT BE ISSUED WITHOUT SKETCH.

TYPE/PRINT NAME AND ADDRESS OF PERSON TO WHOM PERMIT IS TO BE MAILED:

NAME _____
ADDRESS _____

TELEPHONE NO. () _____

NO PERMIT WILL BE GRANTED UNLESS WRITTEN APPROVALS FOR BELOW ARE OBTAINED

If a Special Permit is granted, applicant agrees that alcoholic beverages will not be sold or served to anyone under the legal age, nor will such persons be permitted to consume alcoholic beverages at aforesaid affair and certifies that all conditions set forth in said Permit, all rules and regulations pertaining thereto and all ordinances and/or resolutions of the municipality where aforesaid affair is to be held will be complied with; and that permission is hereby given the Director of the Division of Alcoholic Beverage Control, Division of Taxation, and their duly authorized investigators and agents, and to any local peace officer to investigate the sale of alcoholic beverages at the social affair for which this application is made.

Gambling, mock gambling and gambling paraphernalia are not permitted on the premises licensed by the Special Permit unless otherwise approved by the Legalized Games of Chance Commission (973) 273-8000. **I HEREBY CERTIFY THAT THIS ORGANIZATION HAS NOT EXCEEDED ITS LIMIT OF 12 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

(Signature of Authorized Officer and Title)

(Name of Organization)

Date of Signature _____

I hereby certify that there is no objection to the granting of a Special Permit to above applicant to sell alcoholic beverages at the affair to be held on aforesaid date and premises, subject to, however, the following Special Conditions (if any):

(Signature of Chief of Police)

(Municipality where affair is to be held)

Date of Signature _____

I hereby certify that the License Issuing Authority of this municipality has no objection to the granting of a Special Permit herein applied for and consents thereto. I further certify that the issuance of said Permit is not contrary to any local ordinance, resolution, regulation or policy which would prohibit same.

(Signature of Clerk)

(Municipality where affair is to be held)

Date of Signature/Seal: _____

The following consent is to be signed by the person so authorized of the premises where the affair is to be held.

I hereby certify that I am the person in charge of the premises upon which the herein affair will be held, that I am fully authorized to and do hereby certify that there are no objections to the sale and service of alcoholic beverages upon such premises at such affair. **I HEREBY CERTIFY THAT THIS PREMISE HAS NOT EXCEEDED ITS LIMIT OF 25 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

(Signature and Title)

Date of Signature _____

**NOTICE: NO REBATE, REFUND OR TRANSFER WILL BE GRANTED
IN EVENT THE AFFAIR IS NOT HELD**

Issuance of the Special Permit will allow the organization to purchase alcoholic beverages for resale at the affair specified in the application from any licensed wholesaler or retailer. All advertising, tickets, etc., for the affair which contain reference to alcoholic beverages must include this Permit Number.

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
FAX 609-292-0691

**THIS FORM MUST BE COMPLETED WHEN APPLYING FOR A
SOCIAL AFFAIR, CATERING OR EXTENSION OF PREMISES PERMIT**

**ALL APPLICATIONS MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR
TO THE DATE OF THE EVENT**

**APPLICATIONS WITHOUT THE APPROPRIATE SIGNATURES OF
MUNICIPAL OFFICIALS WILL NOT BE PROCESSED**

1. Name of Organization _____
2. Date of Event _____
3. Contact Name _____ Phone Number _____
4. How many people are expected to attend the event? _____
5. What is the approximate age group of the attendees? _____
6. 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 and any other relevant information pertaining to the event. *Please use reverse side if necessary.* _____

7. What types of alcoholic beverages will be served at the event? Please include cup size and limits. _____

8. Please 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.

NOTE: A catering or social affair permit will **not be issued to a premises where other mercantile business is being conducted.**
N.J.S.A. 33:1-12.