

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 TEMPORARY STORAGE PERMIT [TE]**

Print or type answers to questions. Applications must be accompanied by a CHECK or MONEY ORDER payable to the DIVISION OF ALCOHOLIC BEVERAGE CONTROL in the amount of **\$25.00 plus \$2.00 per day** for the number of days the Permit is needed.

1. Name of Licensee\_\_\_\_\_

2. License Number\_\_\_\_\_

3. Address of Licensed Premises\_\_\_\_\_

\_\_\_\_\_

4. Contact Person\_\_\_\_\_

5. Contact Telephone Number\_\_\_\_\_

6. Location of place where alcoholic beverages will be  
temporarily stored: \_\_\_\_\_

7. Dates requested for use of Temporary Storage Permit:  
From\_\_\_\_\_ Through\_\_\_\_\_

8. State reason why temporary additional storage is needed:  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_  
(Type or Print Name of Licensee)

\_\_\_\_\_  
(Signature of Licensee)

<b>NO PERMIT WILL BE GRANTED WITHOUT MUNICIPAL ENDORSEMENTS</b>
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*This application is to be endorsed by the **Chief of Police** of the municipality wherein the place of temporary storage is located.*

I certify that there is no objection by the police department to the granting of a Special Permit to this applicant to temporarily store alcoholic beverages at the address indicated on this application.

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(Type or Print Name of Chief of Police)

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(Signature of Chief of Police)

*This application is also to be endorsed by the **Municipal Clerk** of the municipality wherein the place of temporary storage is located.*

I certify that the municipality has no objection to the issuance of a Special Permit to the applicant to temporarily store alcoholic beverages at the address indicated on this application.

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(Type or Print Name of Municipal Clerk)

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(Signature of Municipal Clerk)