

STATE OF NEW JERSEY  
OFFICE OF THE ATTORNEY GENERAL  
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]**

**PLENARY RETAIL CONSUMPTION LICENSEE TO SERVE OFF THE LICENSED PREMISES**

Application must be accompanied by a fee of **\$100.00** for each 24-hour period, payable by CHECK or MONEY ORDER 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.

1. Name of Licensee \_\_\_\_\_
2. License Number \_\_\_\_\_
3. Address of Licensed Premises \_\_\_\_\_  
\_\_\_\_\_
4. For what type of event is this Permit sought? \_\_\_\_\_  
\_\_\_\_\_
5. Location of premises where affair will be held:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Is affair to be held indoors or outdoors? \_\_\_\_\_

**APPLICATIONS SHOULD BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT**

**SUBMIT A DETAILED SKETCH OF THE LOCATION WHERE ALCOHOLIC BEVERAGES ARE TO BE DISPENSED. PLEASE INCLUDE THE BAR AREA AND LOCATION OF PERSON/PERSONS CHECKING ID'S FOR ANYONE UNDER THE LEGAL AGE.**

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. Will a charge be assessed by ticket, contribution or otherwise? Yes( ) No( )
8. Will there be a cash bar? Yes( ) No( )
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? \_\_\_\_\_
10. Is affair to be held on church property? Yes( ) No( )  
Are the premises where affair is to be held licensed? Yes( ) No( )  
If yes, state the license number \_\_\_\_\_

11. Check the types of alcoholic beverages to be dispensed if Permit is granted:

Wine( ) Distilled Spirits( ) Malt Alcoholic Beverages( )

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.

\_\_\_\_\_  
Print Name of Authorized Signator

\_\_\_\_\_  
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

\_\_\_\_\_  
Print Name and Title of Signator

\_\_\_\_\_  
Signature

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

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 (Name)

\_\_\_\_\_  
Municipal Clerk (Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Municipality

\_\_\_\_\_  
Name of Municipality

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**MUNICIPAL SEAL**

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. ( ) \_\_\_\_\_