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

PETITION TO EXTEND LICENSED PREMISES [EP]

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

Petition must be accompanied by a $75.00 fee per day for New Jersey licensees in the form of a check or money order payable to the Division of Alcoholic Beverage Control.

TO: Director, Division of Alcoholic Beverage Control

Applicant Name__________________________________________

Address of Applicant_____________________________________

_________________________________________________________________________________

Petitioner is holder of Retail License No. ______________________

Petitioner is holding event for _____________________________

to be held on __________________ between the hours of ___________ and ______________. Rain Date ____________________________

Petitioner intends to extend the license premises to include _____________________________________________

_________________________________________________________________________________

PLEASE ATTACH A SKETCH OF THE EXTENSION AREA TO THIS FORM.
APPLICATION WILL NOT BE PROCESSED WITHOUT SKETCH.

_________________________  __________________________
Signature/Title of Applicant  Dated

_________________________  __________________________
Contact Name  Contact Phone Number

*NO PERMIT WILL BE GRANTED UNLESS WRITTEN APPROVALS, ARE OBTAINED. SEE REVERSE SIDE.

OVER
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 extended premises, subject, however, to the following Special Conditions (if any):

SIGNATURE OF POLICE CHIEF

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

08/08
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.