

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 CATERING PERMIT [CT]**

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

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

Application must be accompanied by a fee of \$100.00 for each 24-hour period, in the form of a check or money order payable 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. Contact Person \_\_\_\_\_
5. Contact Telephone Number \_\_\_\_\_
6. For what type of event is this Permit sought? \_\_\_\_\_  
\_\_\_\_\_
7. Location of premises where affair will be held:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Is affair to be held indoors or outdoors? \_\_\_\_\_

**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.**

8. State date affair will be held and between what hours alcoholic beverages will be dispensed:  
\_\_\_\_\_, 20\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Time) (Time)  
Rain Date: \_\_\_\_\_
9. Will a charge be assessed by ticket, contribution or otherwise? Yes( ) No( )
10. Will there be a cash bar? Yes( ) No( )
11. 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? \_\_\_\_\_
12. 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 \_\_\_\_\_

13. 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. ( ) \_\_\_\_\_

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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.