



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.

**Licensee Information**

1. License name: \_\_\_\_\_ d/b/a: \_\_\_\_\_
2. Address of Licensed Premises: \_\_\_\_\_  
 \_\_\_\_\_
3. Petitioner is holder of Retail License No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
4. Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**Event Information**

5. Specific event petitioner is holding? \_\_\_\_\_
6. What adjoining property does the petitioner intend to include for this extension?  
 \_\_\_\_\_
7. Does licensee own property? Yes  No  If no, state owner \_\_\_\_\_
8. What date(s) will affair be held and between what hours alcoholic beverages will be dispensed (Dates **must be consecutive** to be on one application)

| MM/DD/YY | START | END   |
|----------|-------|-------|
| / /      | am pm | am pm |
| / /      | am pm | am pm |
| / /      | am pm | am pm |

Rain Date: \_\_\_\_\_ (One rain date)

9. How will a charge be assessed? Ticket  Contribution  Other: \_\_\_\_\_  
 (SPECIFY OTHER)
10. Will there be a cash bar? Yes  No  If No, how will the event be paid for? \_\_\_\_\_
11. Check the type of alcoholic beverages to be dispensed if permit is granted:  
 Wine  Distilled Spirits  Malt Alcoholic Beverages
12. What are cup sizes for alcoholic beverages? Wine \_\_\_\_\_ Beer \_\_\_\_\_ Spirits \_\_\_\_\_
13. How many people are expected to attend your event on a daily basis? \_\_\_\_\_
14. What is the approximate age group of the attendees? \_\_\_\_\_
15. Will persons under the legal age to consume alcohol be in attendance? Yes  No

16. Explain in detail the security plans for the event. The plan should include the number of people check for ID's, plans to prevent pass-offs to minors, the type of security at the event, the limit of alcoholic beverages per transaction, and any other relevant information pertaining to the event. *Please attach another sheet if necessary.*

---

---

---

---

---

---

---

17. Please use the space below or 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. **No permit will be issued if a sketch is not attached.**

---

**Client Information**

- Identify client utilizing services: \_\_\_\_\_  
Client contact: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail address: \_\_\_\_\_

---

**Event Organizer Information**

- Is the event being handled by a promoter, Production Company, or other entities? Yes  No  If yes, attach contract.  
If yes, company name: \_\_\_\_\_  
Company contact: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail address: \_\_\_\_\_

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

**AUTHORIZED SIGNATURE OF APPLICANT:** This application must be filed by an official of the company which holds the Retail Consumption License who has full authority to act on behalf of the company and who is disclosed in the applicant's most recent full license application filed with the Division of Alcoholic Beverage Control (i.e., corporate president or vice president, general or managing partner, individual proprietor).

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.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
Title of Signatory

\_\_\_\_\_  
Signature

The following is to be signed, **if applicant does not own property**, by the person so authorized for the premises in which the license is going to extend. Including property under the control of a unit of government, municipality, county or State.

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

\_\_\_\_\_  
**Printed Name** and Title of Signatory

\_\_\_\_\_  
Signature

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 (**Printed Name**)

\_\_\_\_\_  
Municipal Clerk (**Printed Name**)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**NOTE: THE DIVISION MUST BE NOTIFIED FOR CANCELLATION OR RESCHEDULING PRIOR TO THE DATE OF THE EVENT.**

|  |
|--|
| <b>TYPE OR PRINT NAME AND ADDRESS OF PERSON TO WHOM PERMIT IS TO BE MAILED/E-MAILED:</b> |
| NAME _____   |
| E-MAIL _____   |
| ADDRESS _____  |
| _____  |
| TELEPHONE: _____ - _____ - _____   |
| IF NO ADDRESS OR E-MAIL IS SUPPLIED IT WILL BE SENT TO THE LICENSED PREMISES.            |