

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 CONSUMER TASTING PERMIT
FOR WHOLESALE LICENSEES [CTW]**

The initial fee for this Permit is **\$200.00**. An additional fee will be associated with this Permit in the amount of **\$200.00** for each solicitor listed on the attached *Schedule A* who will be representing the wholesale licensee at consumer tasting events. During the permit term, new solicitors may be added to *Schedule A* with the submission of **\$200.00** per solicitor. Payment should be made in the form of a check or money order payable to the Division of Alcoholic Beverage Control.

1. License term for which Permit is requested:

JULY 1, 2_____ TO JUNE 30, 2_____

2. Name of Licensed Company_____

3. Address of Licensed Company_____

4. Mailing address, if different than above address

5. Applicant's 12-Digit License No._____

6. Contact Name_____

7. Contact Phone Number_____

Permittee requests a Consumer Tasting Permit to describe samples of alcoholic beverages to consumers attending educational tasting events sponsored by New Jersey retail licensees, or bona fide non-profit organizations who have been issued a Special Permit for Social Affair. This Permit is annual in term and is renewal concurrent with the renewal of applicant's wholesale license.

Permittee agrees to submit an event notification form to participate in such events at least ten days in advance of the event on the form prescribed by the Director of the Division of Alcoholic Beverage Control. A copy of the form is attached.

Name/Title of Authorized Signator_____

Please Print

Signature_____ Dated:_____

CONSUMER TASTING EVENT NOTIFICATION FORM

FOR WHOLESALE LICENSEES HOLDING A CONSUMER TASTING PERMIT

Please complete the requested information and fax this form to the Division of ABC at (609) 633-9150 at least **10 days prior** to the date of the Consumer Tasting. Be advised all products to be sampled **must be** brand registered in the State of New Jersey.

TO: JOHN COCKLIN
SUPERVISING INVESTIGATOR
INVESTIGATIVE BUREAU

TELEPHONE NO. (609) 984-1984
FAX NO. (609) 633-9150

Please Type or Print Clearly

Wholesale Licensee Name _____

Wholesale License No. _____

Consumer Tasting Permit No. _____

Social Affair Permit No./Plenary Retail Consumption License No. _____

Permittee or Licensee Name _____

Date of Tasting _____

Time _____

Location and Address _____

Solicitor Permit No. _____ Solicitor's Name: _____

Solicitor Permit No. _____ Solicitor's Name: _____

Solicitor Permit No. _____ Solicitor's Name: _____

Solicitor Permit No. _____ Solicitor's Name: _____

Contact Person _____

Contact Person Telephone No. (_____) _____

Contact Person Fax No. (_____) _____

Solicitor Permit No. _____ **Solicitor's Name:** _____

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Solicitor Permit No. _____ **Solicitor's Name:** _____

BRAND REGISTRATION NUMBER AND ITEMS TO BE TASTED AT EVENT:

Please Type or Print Clearly

BRAND REGISTRATION NUMBER:

BRANDS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____
