

**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: KEVIN BARBER  
SUPERVISING INVESTIGATOR  
INVESTIGATIVE BUREAU**

**TELEPHONE NO. (609) 984-2648  
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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**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. \_\_\_\_\_

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