

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
140 EAST FRONT STREET, P.O. BOX 087
TRENTON, NJ 08625-0087

APPLICATION FOR THE OMNIBUS PERMIT [OMB]

The application and a fee of **\$750.00** should be submitted to the Division of Alcoholic Beverage Control. 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, 20____ **to June 30, 20**____

2. Name of Licensed Company_____

3. Address of Licensed Company_____

4. Mailing Address, if Different than Above Address_____

5. New Jersey 12-Digit License Number_____-_____-_____-_____

6. Contact Person_____

7. Contact Telephone Number_____

Permittee requests an *OMNIBUS Permit* to combine and replace the following Permits: Gratuitous Gifts, Gratuitous Services, Product Information, Donation and Sampling Permits.

If the licensee does not wish to obtain the *OMNIBUS Permit*, he may continue to petition for the above permits on an individual basis.

Name/Title of Authorized Signator_____ (Please Print)

Signature_____ Date_____