

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 TEMPORARY STORAGE PERMIT [TE]

Print or type answers to questions. Applications must be accompanied by a CHECK or MONEY ORDER payable to the DIVISION OF ALCOHOLIC BEVERAGE CONTROL in the amount of **\$25.00 plus \$2.00 per day** for the number of days the Permit is needed.

1. Name of Licensee _____

2. License Number _____

3. Address of Licensed Premises _____

4. Contact Person _____

5. Contact Telephone Number _____

6. Location of place where alcoholic beverages will be temporarily stored: _____

7. Dates requested for use of Temporary Storage Permit:
From _____ Through _____

8. State reason why temporary additional storage is needed:

Date _____ (Type or Print Name of Licensee)

(Signature of Licensee)

NO PERMIT WILL BE GRANTED WITHOUT MUNICIPAL ENDORSEMENTS

*This application is to be endorsed by the **Chief of Police** of the municipality wherein the place of temporary storage is located.*

I certify that there is no objection by the police department to the granting of a Special Permit to this applicant to temporarily store alcoholic beverages at the address indicated on this application.

(Type or Print Name of Chief of Police)

(Signature of Chief of Police)

*This application is also to be endorsed by the **Municipal Clerk** of the municipality wherein the place of temporary storage is located.*

I certify that the municipality has no objection to the issuance of a Special Permit to the applicant to temporarily store alcoholic beverages at the address indicated on this application.

(Type or Print Name of Municipal Clerk)

(Signature of Municipal Clerk)