

DIVISION OF ALCOHOLIC BEVERAGE CONTROL
COPS IN SHOPS SUMMER SHORE INITIATIVE 2017

Name of Establishment: _____

Address of Establishment: _____

License Number: _____

I wish to voluntarily cooperate with the _____
(Municipality)
Police Department in implementing the Cops in Shops Summer Shore Initiative
2017 at the above-noted establishment.

Licensee Printed Name

Licensee Signature