

CONSUMER TASTING EVENT NOTIFICATION FORM

FOR WHOLESALE LICENSEES HOLDING A CONSUMER TASTING PERMIT

Please complete the requested information and email this form to the Division of ABC Abc.Tastings@njoag.gov 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
CHIEF INVESTIGATOR
INVESTIGATIONS BUREAU

TELEPHONE NO. (609) 376-9734

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. _____
