## REPRESENTATION AND STATEMENT OF AGE FOR PURCHASE OF ALCOHOLIC BEVERAGES

I understand that misrepresentation of age to induce the sale, service or delivery of alcoholic beverages to me is cause for my arrest, prosecution and punishment which can result in:

- 1. payment of a fine not less than \$500 nor more than \$1,000;
- 2. possible imprisonment up to 6 months;
- 3. mandatory loss or deferment of driver's license privileges for 6 months;
- 4. a requirement to participate in an alcohol education or treatment program for a period not to exceed 6 months.

Knowing the possible penalties for misstatement, I hereby represent and state for the purpose of inducing

|          | (Name     | of Licensee)   |               |        |            |
|----------|-----------|----------------|---------------|--------|------------|
| (Ac      | ddress of | Licensed Premi | ses)          |        |            |
| to sell, | serve or  | deliver alcoho | lic beverages | to me, | that I was |
| born     |           |                |               |        |            |
|          | (Mont     | ch)            | (Day)         |        | (Year)     |
| and I am |           | years          | of age.       |        |            |
| Date     |           | Print N        | ame           |        |            |
|          |           | Address        |               |        |            |
|          |           |                |               |        |            |
|          |           |                |               |        |            |
|          |           | Signatu        | re            |        |            |

| OTHER IDENTIFICATION PRESENTED: |   |  |  |  |  |  |
|---------------------------------|---|--|--|--|--|--|
| •                               | Non-Photo Driver's License - Number and State |  |  |  |  |  |
| •                               | Photo Driver's License - Number and State     |  |  |  |  |  |
| •                               | Credit Card - Company and Number              |  |  |  |  |  |
| •                               | Draft Registration - Number and Date          |  |  |  |  |  |
| •                               | Other - Specify                               |  |  |  |  |  |

Signature of person who witnessed completion of this statement by patron.

| <br>(Signature) |  |
|-----------------|--|

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