

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
PO BOX 087, 140 E. FRONT ST.
TRENTON NJ 08625-0087

APPLICATION FOR MARKETING AGENT IDENTIFICATION CARD

MARKETING AGENT ID CARD WILL ONLY BE ISSUED TO AN EMPLOYEE OF A
MARKETING COMPANY WHO HAS BEEN HIRED BY A LICENSED
NJ WHOLESALER/SUPPLIER PURSUANT TO N.J.A.C. 13:2-5.6

EACH AGENT SHALL WEAR THEIR CURRENT MARKETING AGENT ID CARD AT EVERY EVENT

Application must be accompanied by a \$15.00 fee in the form of a check or money order payable to the Division of Alcoholic Beverage Control and will expire June 30, 2016.

APPLICANT INFORMATION: (Type or Print Clearly)

Name of Applicant: _____

Mailing Address: _____

Phone No: _____ E-mail Address: _____

Date of Birth: _____/_____/_____

Drivers License No: _____
(State) (Number)

Proof of Employment: Please attach business card or employee ID card.

EMPLOYER INFORMATION: (Type or Print Clearly)

Name of Marketing Agent Employer: _____

Employer Address: _____

City _____ State _____ Zip _____

Contact Name: _____ Phone No: _____

E-mail Address: _____

Marketing Agent Permit #: _____

Name of NJ Wholesale Licensee: _____

(This information must be provided or a Marketing Agent ID card will not be issued.)

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF MARKETING AGENT EMPLOYER

DATE