

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

LICENSE NO: _____ - _____ - _____ - _____

IN THE MATTER OF AN _____)
AMENDMENT TO THE CURRENT)
PRICE LIST FOR THE _____)
(MONTH AND YEAR)
FILING)
_____)
(NAME OF LICENSEE))
_____)

AFFIDAVIT
IN SUPPORT OF REQUEST TO FILE
LATE CPL

1. I am _____ and _____. I make
(NAME) (STATE POSITION IN COMPANY)
this affidavit in support of a request by _____ to file
(LICENSEE OR REGISTRANT)
the _____ Current Price List ("CPL") with the Division of Alcoholic
(MONTH AND YEAR)
Beverage Control ("Division") out of time. I am fully familiar with the facts stated
herein, and am authorized to make this request on behalf of
_____.
(LICENSEE OR REGISTRANT)

2. STATE REASON(S) WHY CPL WAS NOT TIMELY RECEIVED BY THE
DIVISION (e.g., problems with mail, mailed to wrong address, mailed late, licensee waiting
for price list from supplier, etc.) NOTE: Along with this affidavit, affiant should submit
documentation which shows that s/he attempted to file the CPL in a timely fashion.
Appropriate documentation may include, but is not limited to, the following: United States
Postal Service mailing receipts, tracking documentation, certified mail or overnight mail
delivery receipts. (Attach additional pages, if needed.)

3. **DESCRIBE CORRECTIVE ACTION THAT LICENSEE WILL TAKE TO ENSURE TIMELY FILING OF CPLs IN THE FUTURE.** (Attach additional pages, if needed.)

4. State whether the product(s) subject to the amendment request are exclusive to the Licensee.

5. This affidavit is made in good faith, and will not give the _____
(LICENSEE OR REGISTRANT)
an unfair competitive advantage over any other wholesaler.

6. This is the _____ request for permission to file a late CPL by the
(NUMBER)
_____ for this calendar year.
(LICENSEE OR REGISTRANT)

7. Provide contact information including mailing address, telephone number, fax number and e-mail address.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

Dated: _____

(AFFIANT)

NOTE: AFFIANT'S SIGNATURE MUST BE NOTARIZED BEFORE A NOTARY PUBLIC OR AN ATTORNEY AT LAW LICENSED IN THE STATE OF NEW JERSEY.

PLEASE E-MAIL AFFIDAVIT, ANY SUPPORTING DOCUMENTATION AND CPL (IF NOT PREVIOUSLY SUBMITTED) TO CPL@LPS.STATE.NJ.US.