

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. BOX 087, 140 EAST FRONT STREET
TRENTON, NJ 08625-0087

**APPLICATION FOR SPECIAL PERMIT AUTHORIZING EMPLOYMENT
OF PERSONS UNDER 18 YEARS OF AGE BY AN ALCOHOLIC
BEVERAGE LICENSEE [EMP]**

This application must be accompanied by a fee of \$15.00 in the form of check or money order payable to the Division of A.B.C.
NEW APPLICANTS MUST ALSO SUBMIT THE FOLLOWING:

- I. One passport-size photograph (full face) taken within the last 30 days.
- II. A photocopy of applicant's Employment Certificate (working papers) issued by his/her District Board of Education.

CHECK ONE: NEW APPLICANT () RENEWAL APPLICANT ()

1. Full Name of Applicant: _____
PLEASE PRINT CLEARLY OR TYPE

2. Home Address of Applicant: _____
STREET ADDRESS

CITY/TOWN

STATE

ZIP CODE

3. Social Security Number _____ - _____ - _____

4. Description of Applicant:

Age _____ Date of Birth ____/____/____

Hair Color _____ Eye Color _____

Height _____ Weight _____

Male/Female _____

NOTE:

- 5. Are you presently, or have you ever been under the supervision of any parole or probation authority? If yes, you must attach a copy of your court disposition or a letter from your parole officer. YES () NO ()

NOTE: BOTH PAGES OF THIS APPLICATION MUST BE FILLED OUT IN IT'S ENTIRETY BEFORE A PERMIT IS ISSUED.

THIS AREA TO BE COMPLETED BY ALCOHOLIC BEVERAGE LICENSEE... (EMPLOYER):

6. Name of Licensee: _____
PLEASE PRINT CLEARLY OR TYPE

7. Attention: _____

8. Address of Licensed Premises: _____
STREET ADDRESS

CITY/TOWN STATE ZIP CODE

9. 12-Digit License Number _____ - _____ - _____
MUST BE FILLED IN CORRECTLY

10. Description of Applicant's Job Duties: _____

SIGNATURE OF LICENSEE DATED

THIS AREA TO BE COMPLETED BY PARENT OR GUARDIAN OF APPLICANT:

I, _____, parent/guardian of
_____, hereby consent to his/her
employment by the New Jersey Alcoholic Beverage Licensee named
herein.

SIGNATURE OF PARENT/GUARDIAN DATED