



Representative/Attorney of Licensee/Brand Registrant without Access Code

Including but are not limited to Compliance Companies and Attorney's

GO LIVE JUNE 4, 2015

NOTE: DO NOT register in the system using a Licensee's or Brand Registrant's Access Code. If a licensee or brand registrant gives you their renewal notice or other paperwork with their access code on it, **return** it to the licensee. **EVERY** licensee/ brand registrant is required to log in with their own code to establish themselves as a user.

In order to register with the Division and get access to a specific license/brand registrant that a specific person or company has been given authorization to act on behalf of the Division must receive an Affidavit of Representation (copy attached to these instructions).

All of the above can be e-mailed to the Division at **POSSEAdmin@lps.state.nj.us**.

The **SUBJECT** of the e-mail must state "**Affidavit of Representation**". Any e-mails coming in that do not use the correct subject may be lost within other subject matter and create a delay in assignment.

Once you have e-mailed the above letter please follow the below directions

Register

If you have not yet created an account, click [here](#) to register.

Once you have selected to registered you will be directed to the page below.

The screenshot shows the official website header for the State of New Jersey, Department of Law & Public Safety, Office of the Attorney General. It includes the Division of Alcoholic Beverage Control logo and navigation links like 'ABC Home', 'Contact ABC', and 'Licensing/Permits'. The main heading is 'Online Registration' with a help icon.

Please register online. All fields with asterisks must be filled out in order to proceed. Once you have completed this screen, the system will send a confirmation email with a link to this website where you can confirm your registration.

* Email:

* Confirm Email: Password must:
 - be at least 8 characters
 - contain at least one (1) letter and one (1) number
 - contain at least 1 special character ! # @ \$ ^ + \ [] ~ - /

* Password:

* Confirm Password: - contain at least 1 Upper and 1 Lower case letter

YOUR INFORMATION

* First Name:

* Last Name:

* Phone Number: () -

1. Enter a valid Email address in the Email field.
2. Confirm the Email Address in the Confirm Email field.
3. Enter the desired password in the Password field.
4. Confirm the password entered from the previous step in the Confirm Password field.
5. Enter the first name of the user in the First Name field.
6. Enter the last name of the user in the Last Name field.

7. Enter the user's phone number in the Phone Number field.
8. Answer no to the question "Do you have an Online Access Code", using the radio buttons located to the right of the question.

ARE YOU AN EXISTING LICENSE HOLDER?

Have you received an Online Access Code? If so, answer Yes to the question below and you will be able to enter your code to link your new account to your existing account.

* Do you have an Online Access Code? Yes No

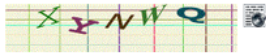
SECURITY QUESTION FOR PASSWORD RESET

The security question is used in case you forget your password. You will need to know the answer to this question in order to regain access to the system.

* Security Question:

* Security Answer:

* Code: Enter the code you see below.



The personal information that you provide on this form and any attachments will be used for communicating with you concerning your application and for billing purposes. It is collected under the authority of Section 133456789 of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions of the Act. Should you have any questions about the collection of this information, you may contact John Doe at (123) 456-7890.

[Finish Registration](#)

Screen ID: 1410035

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- a. No, continue on with the registration process.
9. Select a security question from the drop down list.
10. Enter the answer to the security question that was selected in the Security Answer field.
11. Enter the code visible in the graphic below the Code field into the Code field.
12. Select "Finish Registration"
 - a. An activation email will be sent to the email address provided during registration, this email will be needed in order to complete registration and activate the account.
13. Click the link that is in the email.
 - a. The link will open a new window
 - b. Put in the password that was used to register the account
 - c. Select the button that says Activate
 - d. From there it will navigate to the home page for the account

State of New Jersey
Department of Law and Public Safety
Division of Alcoholic Beverage Control

_____)
State of _____)
County of _____)
_____)

Affidavit of Representation of a New Jersey
Alcoholic Beverage Licensee and License and/or
Brand Registrant by Attorney or Compliance
Company

1. I _____ the _____
(Full Name) (Official Position or Title)

With _____ . I am submitting this affidavit to
(Full Legal Name of Business Entity)

the Division of Alcoholic Beverage Control of New Jersey (NJABC) as evidence of the authority to act on behalf of the Licensee's and/or Brand Registrants specified on the attached "Appendix A" in the licensing system as a registered user.

2. Permanent E-mail: _____
Phone Number: _____ - _____ - _____

3. The attached Appendix A gives the license name as it appears on their License Certificate and the current and valid license number for the company or the name of the brand registrant as they have registered with the NJABC.

4. By acting as Representative for a New Jersey Licensee and/or Brand Registrant;
- a. I understand that it is my duty to keep my clients records up to date and correct with all pertinent information;
 - b. I will notify the Licensee's and/or Brand Registrant's I represent of important information and correspondence from the NJABC;
 - c. It is my responsibility to notify NJABC and the Licensee/Brand registrant regarding my authority to act on their behalf has been severed. The severance will not occur until the licensee/brand registrant has re-assigned appropriate representation.

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

**State of New Jersey
Department of Law and Public Safety
Division of Alcoholic Beverage Control**

"APPENDIX A"

Affidavit of Representation of a New Jersey Alcoholic Beverage Licensee and License and/or Brand
Registrant by Attorney or Compliance Company

I hereby swear of affirm under penalties of perjury that the information set forth below is true,
correct and accurate.

1. License or Brand Registrant Name (circle one):

License Number: _____ - _____ - _____ - _____ (if applicable)

2. License or Brand Registrant Name (circle one):

License Number: _____ - _____ - _____ - _____ (if applicable)

3. License or Brand Registrant Name (circle one):

License Number: _____ - _____ - _____ - _____ (if applicable)

4. License or Brand Registrant Name (circle one):

License Number: _____ - _____ - _____ - _____ (if applicable)

5. License or Brand Registrant Name (circle one):

License Number: _____ - _____ - _____ - _____ (if applicable)

6. License or Brand Registrant Name (circle one):

License Number: _____ - _____ - _____ - _____ (if applicable)

Dated: _____

Signature of Affiant

Legal Title of Affiant

**Note: AFFIANTS SIGNATURE MUST BE NOTARIZED BEFORE
A NOTARY PUBLIC OR AN ATTORNEY AT LAW LICENSED IN THE STATE OF NEW JERSEY.**