

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

INDIVIDUAL RETAIL LICENSEE INFORMATION FORM

This application must be completed in full by **EACH** cooperative member. It should be submitted to the Division of Alcoholic Beverage Control in company with a Cooperative Group Application form which has been completed and signed by an officer of the Cooperative Group. Each member should submit a fee of **\$15.00** (payable by check or money order) at the time of application.

ACTION REQUESTED: (Check One)

_____ Renew Membership in Cooperative Group _____
_____ New Membership in Cooperative Group _____
_____ Delete Membership in Cooperative Group _____

License Name _____

12-Digit License Number _____

Address of Licensed Premises:

Street _____

City _____ Zip _____

Telephone No. () _____ - _____

Signature of Licensee _____

Print Name _____

Title _____

Date _____

Please note, this application must be signed by licensee if an individual; by a general partner if a partnership, general or limited; or by a corporate president or vice president if a corporation.