

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

LICENSE NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME OF LICENSEE: \_\_\_\_\_ )
t/a: \_\_\_\_\_ )
IN THE MATTER OF A \_\_\_\_\_ )
SPECIAL RULING PURSUANT TO N.J.S.A. 33:1-12.39 \_\_\_\_\_ )
FOR LICENSE TERM(S) 2019-20; 2020-21;
(circle term(s) requested)

“VERIFIED PETITION FORM”
AFFIDAVIT IN
SUPPORT OF REQUEST
FOR A SPECIAL RULING

(LIST PRIOR TERM(S) IF
NOT ALREADY RECEIVED)

1. I am \_\_\_\_\_
(NAME) (POSITION OR TITLE)

Contact email address is: \_\_\_\_\_

I make this affidavit in support of a request for a Special Ruling pursuant to N.J.S.A. 33:1-12.39 with the Division of Alcoholic Beverage Control (“Division”). I am fully familiar with the facts stated herein, and am authorized to make this request on behalf of \_\_\_\_\_
(LICENSEE)

2. Briefly state the reasons why the license has remained inactive, and the prognosis for activation of the license. NOTE: Along with this REQUIRED form, you MAY submit documentation which shows steps taken to activate the license. Attach additional pages if needed.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

3. Provide complete contact information including your mailing address, telephone number, and fax number. Failure to provide this information will delay the processing of the Special Ruling.

Mailing Address: \_\_\_\_\_
(STREET) (CITY/TOWN) (STATE) (ZIP)
Personal Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PLEASE MAIL THIS DOCUMENT, ANY OPTIONAL SUPPORTING DOCUMENTATION AND MONEY ORDER OR CHECK TO:
Division of ABC, 140 East Front Street, PO Box 087, Trenton, NJ 08625-0087 ATTN: Petitions
Note: you must include a \$100 filing fee for EACH term requested, made payable to the Division of ABC

I certify that I have provided a copy of this Verified Petition Form to the municipality, submitted on \_\_\_\_\_
(DATE)

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 willfully false, I am subject to punishment.

(SIGNATURE)

(SIGNATURE OF NOTARY/ATTORNEY-AT-LAW)

(DATE)

(DATE)

NOTE: AFFIANT’S SIGNATURE MUST BE NOTARIZED BEFORE A NOTARY PUBLIC OR AN ATTORNEY AT LAW.

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This section for Division of Alcoholic Beverage Control Use ONLY:

JOB NUMBER: \_\_\_\_\_

DOCKET NUMBER: \_\_\_\_\_

I have reviewed the petition filed in this matter and have considered all the facts and circumstances related to the inactive status of this license. I find that the petitioner or licensee has established good cause in accordance with the statutory requirements to warrant an application for renewal of the license for the license term(s). Accordingly, the municipal issuing authority is hereby authorized to consider the application for renewal of the subject license for the \_\_\_\_\_ license term(s) and to thereupon grant or deny said application in the reasonable exercise of its discretion. This authorization does not abrogate the licensee's obligation to timely submit the license renewal application and requisite fees prior to any consideration of renewal, including obtaining a tax clearance. Please note that the approval granted herein is conditional, and is based upon the representations set forth in the petitioner's notarized verified petition form. This approval is subject to review and/or modification should the factual circumstances warrant.

Date

Director