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

	LICENS	E NO:	
NAME OF LICENSEE:	IN G PURSUANT TO <u>N.J.S.A.</u>	"VERIFIED PETITION FO CERTIFICATION IN SUPPORT OF REQUES FOR A SPECIAL RULIN	Т
(LIST PRIOR TI	ERM(S) IF NOT ALREADY RECE	IVED)	
I am(NAME)	(POSITION)	OR TITLE)	
My email address is:	for a Special Ruling pursuant to N.	J.S.A. 33:1-12.39 with the Division	of Alcoholic Beverag
1. The license became inactive on			
provide a prognosis for activation of the documentation if needed. 3. Please state whether there is a need for			
4. Have you previously sought relief from	the Director pursuant to N.J.S.A	A. 33:1-12.39?	
5. Provide complete contact information i to provide this information will delay the	processing of the Special Ruling		lure
Mailing Address:(ST	REET) (CITY/TOW	N) (STATE)	(ZIP)
Personal Phone:	Business Phone:	Email:	
Note: You must pay a \$100 filing fee CANNOT process the Petition. I certify that I have provided a copy of this You continue that the foregoing statements made.	Verified Petition Form to the muni	cipality, submitted on(DATE)	
I certify that the foregoing statements made false, I am subject to punishment.	by me are true. I am aware that if a	ny of the foregoing statements mac	e by me are willfully
(DATE)	_	(SIGNATURE)	