

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

**PETITION FOR TEMPORARY PERMIT TO OPERATE PENDING ACTION BY
MUNICIPAL ISSUING AUTHORITY UPON PETITIONER'S
APPLICATION FOR LICENSE RENEWAL [AI]**

This application must be filed with the State Division of Alcoholic Beverage Control. It is necessary to be filed with appropriate fee when application for renewal of license and renewal fees have been filed with the municipality, but the municipal governing body has not renewed the license by July 1st, and the licensee wishes to conduct business. The fee is **\$75.00** plus the daily fee of **\$5.00** per day in the form of a **certified check, attorney check or money order** payable to the Division of Alcoholic Beverage Control. **No cash, personal checks or business checks will be accepted.** The application must be completed in full, signed by the applicant, and endorsed by the municipality. The application **MUST** be **hand-delivered** to the Division of A.B.C. at the above-captioned address with a copy of the applicant's Tax Clearance Certificate or a copy of the applicant's Temporary Tax Clearance Certificate issued by the Division of Taxation. If you have any questions regarding tax clearance, please contact the Division of Taxation at 609-292-0043. If you have any questions regarding this permit, please contact the ABC at 609-984-1954.

1. Name of licensee as it appears on the license certificate:

2. Address of licensed business as it appears on the license certificate:_____

3. New Jersey 12-digit license number _____ - _____ - _____ - _____

4. Contact Name _____

5. Contact Phone Number _____

6. Requested effective dates for Ad Interim Permit:

From _____ to _____ inclusive.
Day/Month/Year Day/Month/Year

Name/Title of Authorized Signator _____

[Please Print]

Signature _____ Date _____/_____/_____

[Signator's name must appear on 12-page license application: as President, Vice President, Sole Proprietor or Partner.]

**[OTHER SIDE TO BE COMPLETED BY MUNICIPAL CLERK
OR A.B.C. BOARD SECRETARY]**

OVER 

TO BE COMPLETED BY MUNICIPAL AUTHORITIES

1. Provide the date that the online renewal application was submitted and the State renewal filing fee paid:

____/____/____ and the date Municipal renewal filing fee paid:
(State fee paid)

____/____/____.
(Municipal fee paid)

OR

The date template (paper) renewal application was filed and Municipal and State filing fees paid: ____/____/____.

2. Date Municipal Council or A.B.C. Board will meet to act on renewal of this license: ____/____/____.

3. Please state reason why the license was not renewed by resolution prior to July 1st.: _____

4. Does the municipality object to the issuance of an *Ad Interim Permit* by the State Division of Alcoholic Beverage Control?
____Yes ____No

Municipal Clerk or A.B.C. Board Secretary:

[Please Print]

Signature: _____

THE FOLLOWING FORMULA PERTAINS TO ALL RETAIL LICENSEES:

\$5.00 PER DAY X [No. of Days] _____ = _____ [AI Fee]

[AI Fee] _____ + \$75.00 = \$ _____
[Total Fee]

If an additional permit is needed, the following formula applies:

\$5.00 [Per Day] X _____ [No. of Days] = \$ _____
[Total Fee]

**APPLICATIONS MUST BE HAND DELIVERED TO THE ABC.
NO OTHER METHOD OF DELIVERY WILL BE ACCEPTED.
MAILED APPLICATIONS WILL BE RETURNED TO SENDER.**