

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. BOX 087, 140 EAST FRONT STREET
TRENTON, NEW JERSEY 08625-0087

DISPLAY SERVICE REGISTRATION FORM

The Display Service Registration Form must be submitted prior to the implementation of any display service.

Pursuant to N.J.A.C. 13:2-24.12, the undersigned certifies to the correctness of the following information:

1. Name of Display Service: _____

2. Address of Display Service: _____

Contact Email: _____

State fully the nature of your business: _____

3. List all officers, directors, partners, shareholders and/or employees of the display service (if publicly traded, only list officers, directors and stockholders having at least one percent interest):

NAME	ADDRESS

4. Please attach a notarized Affidavit or Certification stating that no person listed in No. 3 above would be disqualified from having an interest in an alcoholic beverage license.

5. Please attach copies of all existing display service agreements with licensees, permittees, registrants, suppliers, importers, manufacturers or cooperatives doing business in the State. Please supplement with any amendments to include additional agreements entered into after the date of filing.

The Display Service shall renew its registration with the Division on or before May 1 of each year.

Signature of Applicant: _____ Date: _____