



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

**APPLICATION FOR LIMITED  
 BREWERY OFF-PREMISES  
 EVENT PERMIT**

**APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT**

Application must be accompanied by a check or money order in the amount \$200.00 per day. If an event is scheduled for consecutive days, a separate application must be made for each day.

Off-Premises events include, but are not limited to: Civic and community events not sponsored or organized by a non-profit entity, music or arts festivals that do not qualify for a Festival Permit, athletic events (5k races, mud runs, bike races), Limited Brewery anniversary celebrations, and Holiday celebrations (July 4<sup>th</sup> or Memorial Day Events).

Pursuant to **“Special Ruling Authorizing Certain Activities by Holders of Limited Brewery Licenses”**, undersigned makes application for a Special Permit to sell, dispense and serve alcoholic beverages **off the licensed premises** in open containers to patrons for the specified event or in original packages (four or six packs of bottles or cans) not to exceed 72 ounces per patron.

**Licensee Information**

1. Name of the Licensee: \_\_\_\_\_
2. Address of the Brewery: \_\_\_\_\_
3. 12 Digit License Number or Temporary Authorization Permit No.: \_\_\_\_\_
4. Contact \_\_\_\_\_ Phone Number: \_\_\_\_\_
5. E-mail address \_\_\_\_\_

**Premise Information**

6. Is the event location contiguous to the already licensed premise: Yes \_\_\_ No \_\_\_  
 If yes, describe area: \_\_\_\_\_  
 (skip to #9)
7. If no, location Name: \_\_\_\_\_
8. Location Address: \_\_\_\_\_
9. Is the event premise licensed or is there a winery salesroom/outlet on the premise: Yes \_\_\_ No \_\_\_  
 If yes, provide the complete license number or permit number: \_\_\_\_\_
10. Does the premise conduct mercantile business? Yes \_\_\_ No \_\_\_ If yes, what is sold? \_\_\_\_\_

**Event Information**

11. What is the specific event being held:  
 \_\_\_\_\_

12. Date and time of the event:

Date MM/DD/YYYY	Start Time	End Time
_____	_____ am pm	_____ am pm

13. Rain Date:

Date MM/DD/YYYY	Start Time	End Time
_____	_____ am pm	_____ am pm

14. Will a charge be assessed by a ticket or cover charge for the event? Yes \_\_\_ No \_\_\_

If yes, what is the cost and what is included in the cost: \_\_\_\_\_

15. Will there be a cash bar? Yes \_\_\_ No \_\_\_

If no, how are alcoholic beverages being paid for: \_\_\_\_\_

16. In what cup size(s) will malt alcoholic beverages be served: \_\_\_\_\_

**NOTE: An inventory listing is required for submission of this application. See attached template.**

17. Will there be sales of package goods: Yes \_\_\_ No \_\_\_

If yes, provide limit per patron: \_\_\_\_\_

18. How many people are expected to attend the event on a daily basis?: \_\_\_\_\_

19. What is the approximate age group of the attendees?: \_\_\_\_\_

20. Will persons under the legal age to consume alcohol be in attendance?: Yes \_\_\_ No \_\_\_

21. Provide a detailed security plan to assure general safety, as well as emergency medical assistance. The plan must provide for: age verification to prevent underage consumption; "pass-off" controls; prevention of intoxication; identification of security personnel, duties, numbers and experience; confirmation that all servers shall be employees of the applicant and shall be certified by a nationally-recognized server training program.

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22. Please use the space below or attach a **detailed** sketch of the area to be licensed. The sketch should include entrances and exits, ID checking area(s), location of where alcoholic beverages will be dispensed and any other relevant information pertaining to the event. **No permit will be issued if a sketch is not included.**

23. Has the Limited Brewery hired a promoter, production company or other entity to manage this event? Yes \_\_\_ No \_\_\_

**NOTE: A Limited Brewery shall not hire a third party promoter to engage or assist in the planning, administration and/or operation of the off-premises event.**

24. Provide information regarding any entertainment and/or recreational activities provided at the event:

\_\_\_\_\_  
.....  
**NO PERMIT WILL BE GRANTED UNLESS WRITTEN MUNICIPAL APPROVALS PROVIDED FOR BELOW ARE FIRST OBTAINED.**  
**ORIGINAL SIGNATURES ONLY**

**AUTHORIZED SIGNATURE OF APPLICANT:** This application must be filed by an official of the company which holds the Limited Brewery License who has full authority to act on behalf of the company and who is disclosed in the applicant's most recent full license application filed with the Division of Alcoholic Beverage Control (i.e., corporate president or vice president, general or managing partner, individual proprietor).

The applicant represents that if a Special Permit is issued, the permittee will fully abide by all provisions of the New Jersey Alcoholic Beverage Law, State Rules and Regulations, and Municipal Ordinances and Regulations, the same as if the sale and service were occurring upon the applicant's licensed premises. **I HEREBY CERTIFY THAT THIS LICENSEE HAS NOT EXCEEDED ITS LIMIT OF 12 OFF-PREMISES EVENT PERMITS DURING THIS CALENDAR YEAR.**

\_\_\_\_\_  
**Printed Name** \_\_\_\_\_  
**Signature**  
\_\_\_\_\_  
**Title of Signatory** \_\_\_\_\_  
**Date**

The following consent is to be signed by the person so authorized at the premises where the affair is to be held, including property under the control of a unit of government, municipality, county or State; a church; or a premises under license or other privately owned facility.

I certify that I am the person authorized to permit the sale and service of alcoholic beverages on the premises described in the application form, and I certify that there is no objection to the sale and service of alcoholic beverages as herein specified.

\_\_\_\_\_  
**Printed Name** \_\_\_\_\_  
**Signature**  
\_\_\_\_\_  
**Title of Signatory** \_\_\_\_\_  
**Date**

This is to certify that there are no objections to the issuance of the Permit applied for herein and that NOT MORE THAN 25 SPECIAL PERMITS HAVE BEEN AUTHORIZED FOR THESE PREMISES DURING THIS CALENDAR YEAR.

\_\_\_\_\_  
**Police Chief (Printed Name)** \_\_\_\_\_  
**Municipal Clerk (Printed Name)**  
\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Signature**  
\_\_\_\_\_  
**Name of Municipality** \_\_\_\_\_  
**Name of Municipality**  
\_\_\_\_\_  
**Date** \_\_\_\_\_  
**Date**

**NOTE: The division must be notified for cancellation or rescheduling prior to the date of the event.**

It is the responsibility of the applicant to ensure that their permit application for the event meets all criteria. If application is approved it must be printed and displayed at the event premises during the duration of the event. To print the permit certificate after issuance the applicant must login to the Division's Online Licensing System.