

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

MARKETING AGENT NOTIFICATION FORM

To be used by Wholesale/Supplier Licensees who have acquired the services of an outside company to conduct alcoholic beverage tasting events.

Please complete this form and fax it to the Division of ABC at 609-292-0691 at least 10 days prior to the tasting event. Be advised that all products involved in the event **MUST BE** brand registered in the State of New Jersey and **MUST BE** part of the inventory of the retail licensee.

Please Type or Print Clearly

Name of Wholesale Licensee: _____

Special Marketing Agent Permit No.: _____

Name of Marketing Agency: _____

Contact Name: _____

Contact Phone Number: _____

Date and Time of Tasting Event: _____

Location Name and Address: _____

Locations 12 digit New Jersey Liquor License Number: _____ - _____ - _____ - _____

Please list individual agents who possess a NJ Marketing Agent ID Card that will be present:

Name	ID Card Number	Name	ID Card Number

Please list the brands and their NJ Brand Registration numbers that will be tasted at the event:

Brand Name	Brand Number	Brand Name	Brand Number

NOTE: TO AMEND A NOTIFICATION, PLEASE FAX OVER THE ORIGINAL AND AN AMENDED COPY TO SHOW THE CHANGES. AMENDMENTS MUST BE SUBMITTED PRIOR TO THE DATE OF THE EVENT.