



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  
 SEASONAL LICENSE EVENT  
 PERMIT**

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

Pursuant to N.J.S.A. 33:1-12, seasonal retail consumption licensees are permitted to sell alcoholic beverages for consumption on the licensed premises and also to sell alcoholic beverages in original containers for consumption off the licensed premises during the summer season, from May 1 until November 14, or during the winter season from November 15 until April 30. Pursuant to N.J.S.A. 33:1-12(2), seasonal retail consumption licensees are now permitted to apply for **one-day** permits to sell alcoholic beverages for consumption **on the licensed premises in open containers** during the season when the licensee is not authorized to sell alcoholic beverages.

The application for a permit must be accompanied by a fee of \$500.00 for each one-day permit, in the form of a check or money order payable to the Division of Alcoholic Beverage Control. A one-day permit is valid for 24 consecutive hours. A licensee may not exceed 14 permits in one calendar year.

The undersigned makes application for a permit to sell alcoholic beverages **on the licensed premises in open containers** during out-of-season dates when the licensee is not normally permitted to sell alcoholic beverages.

**Licensee Information**

1. Name of the Licensee: \_\_\_\_\_
2. Trade Name: \_\_\_\_\_
3. Address of Licensed Premises: \_\_\_\_\_  
 \_\_\_\_\_
4. License Number: \_\_\_\_\_ -34- \_\_\_\_\_ - \_\_\_\_\_
5. Contact for License: \_\_\_\_\_ Phone Number: \_\_\_\_\_
6. E-mail Address: \_\_\_\_\_

**Event Information**

7. What is the specific event being held: \_\_\_\_\_
8. Date and time of the event: (A one-day permit is valid for one event in a 24 consecutive hour period. A multiple day event requires a separate application and one-day permit for each day).

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

9. Rain Date:

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

10. 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: \_\_\_\_\_
11. Will there be a cash bar? Yes\_\_\_ No \_\_\_  
 If no, how are alcoholic beverages being paid for: \_\_\_\_\_

12. Are there special conditions imposed on this license? Yes\_\_\_ No \_\_\_

If yes, a copy of the municipal resolution imposing the special conditions must accompany this application.

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

**PLEASE NOTE THAT ANY PREVIOUSLY IMPOSED SPECIAL CONDITIONS ON THE LICENSE WILL ALSO BE IMPOSED ON THE ONE-DAY PERMIT. IF THE ISSUING AUTHORITY IMPOSES ANY ADDITIONAL REASONABLE CONDITIONS ON THE ONE-DAY PERMIT, THOSE CONDITIONS MUST BE ATTACHED TO THIS APPLICATION.**

**AUTHORIZED SIGNATURE OF APPLICANT:** This application must be filed by an official of the company which holds the 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, Rules and Regulations, and Municipal Ordinances. **I HEREBY CERTIFY THAT THE LICENSEE HAS NOT EXCEEDED ITS LIMIT OF 14 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

_____ <b>Printed Name</b>	_____ <b>Signature</b>
_____ 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 14 SPECIAL PERMITS HAVE BEEN AUTHORIZED FOR THESE PREMISES DURING THIS CALENDAR YEAR.

_____ <b>Police Chief (Printed Name)</b>	_____ <b>Municipal Clerk (Printed Name)</b>
_____ Signature	_____ Signature
_____ Name of Municipality	_____ Name of Municipality
_____ Date	_____ Date

**NOTE: The Division must be notified of 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 the permit certificate must be printed and displayed at the event premises during the duration of the event. To print the permit certificate the applicant must login to their ABC Posse Online Licensing System account.