APPLICATION FOR SPECIAL EVENT PERMIT

(Application must be accompanied by a fee of $100.00 PER DAY in the form or a check or money order payable to the DIVISION OF ALCOHOLIC BEVERAGE CONTROL.)

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

1. Name of Permittee______________________________________________________________
   Address________________________________________________________________________

2. Annual State Permit No. 34________-14-________-________

3. Contact Name__________________________________ 4. Contact Phone #__________________

5. For what type of Special Event is this Permit requested?

_________________________________________________________________________________

6. Location of premises where affair will be held: (Describe in relation to the permanently licensed premises.)

_________________________________________________________________________________

7. Please submit a detailed sketch of the premises. In the sketch identify all entrances, exits, areas where alcoholic beverages are to be dispensed and the location of all security or law enforcement officers who will be present.

8. Indicate the date(s) and hours during which the event will be held:

   ___________________, 20____ from _________ to _________ (TIME) (TIME)

   ___________________, 20____ from _________ to _________ (TIME) (TIME)

9. Indicate the anticipated number of attendees at this event________
   Indicate the anticipated age-group of attendees__________

10. Check kinds of alcoholic beverages to be dispensed if permit is granted:
   Wine( ) Distilled Spirits( ) Malt Alcoholic Beverages( )

11. Indicate size, type of container and price for each size container in which alcohol will be dispensed:

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<thead>
<tr>
<th>SIZE</th>
<th>TYPE OF CONTAINER</th>
<th>PRICE</th>
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12. How will payment for alcoholic beverages be assessed:
   Pre-paid Ticket( ) Cash ( ) Other( )

13. How many containers will be sold to each patron in a single transaction?__________
13. Describe the security provisions which will be in place during the event. In particular, identify how you will identify underage patrons and how you will prevent their access to sale/service areas. Additionally, indicate what security resources are available and how you propose to handle intoxicated patrons or other emergencies. **PLEASE SUBMIT ANSWERS AND COMMENTS ON ATTACHED PAGE.**

14. Identify any promoters, production companies or other entities involved in the conduct of this event:

_____________________________________________________________________________________

_____________________________________________________________________________________

15. To whom and for what will the proceeds of the event accrue?

_____________________________________________________________________________________

_____________________________________________________________________________________

**AUTHORIZED SIGNATURE OF APPLICANT:** This application must be filed by an official of the company which holds the Annual State Permit 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 abide by all provisions of the NJ Alcoholic Beverage Control Law, State Rules and Regulations and applicable Municipal Ordinances and Regulations, the same as if the sale and service of alcoholic beverages were occurring on the applicant’s permanently permitted premises.

The applicant certifies that not more than twenty-five (25) Special Permits of any type have been authorized for these premises during this calendar year.

The applicant further represents that a copy of this application and all attachments have been delivered to the Municipal Clerk of the municipality in which the above-described special event will occur and that all recommendations of the municipality with regard to security controls have been incorporated into the description contained herein.

Printed Name and Title of Signator _______________________________ Signature ________________

Date: __________________________

**WRITTEN APPROVAL OF OWNER OF PREMISES:** The following consent is to be signed by the person authorized by the landlord unit of the government where the affair is to be held.

I certify that I am the person designated to authorize the sale and service of alcoholic beverages at the premises described in this application and that I am aware of no reason why such sale or service should not occur and that there is no objection to such sale and service as herein specified.

I certify that the special event described herein is unique in nature and that the applicant’s services are required to fulfill its contractual obligation to this governmental unit or public authority.

I further certify that not more than twenty-five (25) Special Permits of any type have been authorized for these premises during this calendar year.

Printed Name and Title of Signator _______________________________ Signature ________________

Date: __________________________

**ON BEHALF OF:** __________________________________________________________

Unit of Government or Public Authority ________________________________

06/11