## 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 SPECIAL EVENT PERMIT

(NOT FOR USE BY RETAIL ESTABLISHMENTS. FOR USE BY CONCESSIONAIRE PERMITTEES ONLY.)

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	MTTCT	DG	CTTDMTTTTTD	$\lambda T$	T & A CT	TTATO	ないしいせい	DDTOD	$T \cap$	TUC	ידיאים דים
APPLICALION	MUSI	Dr.	SUBMITTIN	AI	LEASI	IWO	WEEKS	PRIUR	$\perp \cup$	I A P.	r.v r.n l

Name of Permittee		
Address		
Annual State Permit No. 34_	14	
Contact Name	4. Contact P	hone #
For what type of Special Ev	ent is this Permit requested?	
Location of premises where permanently licensed premis	affair will be held: (Describe i es.)	n relation to the
EXITS, AREAS WHERE ALCOHOLIC	TH OF THE PREMISES. IN THE SKETC C BEVERAGES ARE TO BE DISPENSED A W ENFORCEMENT OFFICERS WHO WILL I	AND THE LOCATION OF ALL
Indicate the date(s) and ho	urs during which the event will	be held:
, 20	from to to	
		•
, 20	from to (TIME)	ME)
	mber of attendees at this event_ e-group of attendees	
	verages to be dispensed if permits( ) Malt Alcoholic Beverages(	
<pre>Indicate size, type of con will be dispensed:</pre>	tainer and price for each size	container in which alcoh
SIZE	TYPE OF CONTAINER	PRICE
	lia hoverages be aggreged:	
HOW WILL DAVMENT FOR ALCONO		
How will payment for alcoho Pre-paid Ticket( ) Cash		

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?
which is d Alco part	IORIZED SIGNATURE OF APPLICANT: This application must be filed by an official of the company h holds the Annual State Permit who has full authority to act on behalf of the company and who lisclosed in the applicant's most recent full license application filed with the Division of holic Beverage Control (i.e., corporate president or vice president, general or managing ner, individual proprietor).
prov Muni	applicant represents that if a Special Permit is issued, the permittee will abide by all isions of the NJ Alcoholic Beverage Control Law, State Rules and Regulations and applicable cipal Ordinances and Regulations, the same as if the sale and service of alcoholic beverages occurring on the applicant's permanently permitted premises.
	applicant certifies that not more than twenty-five (25) Special Permits of any type have been orized for these premises during this calendar year.
deli occu	applicant further represents that a copy of this application and all attachments have been vered to the Municipal Clerk of the municipality in which the above-described special event will r and that all recommendations of the municipality with regard to security controls have been rporated into the description contained herein.
 Pri	nted Name and Title of Signator Signature
	Date:
	TIEN APPROVAL OF OWNER OF PREMISES: The following consent is to be signed by the person orized by the landlord unit of the government where the affair is to be held.
I ce at t serv	rtify that I am the person designated to authorize the sale and service of alcoholic beverages he premises described in this application and that I am aware of no reason why such sale or ice should not occur and that there is no objection to such sale and service as herein ified.
serv	ertify that the special event described herein is unique in nature and that the applicant's ices are required to fulfill its contractual obligation to this governmental unit or public ority.
	urther certify that not more than twenty-five (25) Special Permits of any type have been orized for these premises during this calendar year.
Pri	nted Name and Title of Signator Signature
	Date:
ON E	BEHALF OF:
	Unit of Government or Public Authority

PLEASE	SUBMIT	ANSWERS	AND	COMMENTS	то	QUESTION	13