

**--INSTRUCTIONS --**  
**PETITION FOR REMOVAL OF A CRIMINAL DISQUALIFICATION OR AN**  
**APPLICATION FOR A REHABILITATION EMPLOYMENT PERMIT**

You will find a blank application/petition form which should be used to apply for either of the above referenced matters. The petitioner/applicant should carefully read and follow the instructions contained on the form.

**Application for a Rehabilitation Employment Permit**

Any person who has been convicted of a crime involving moral turpitude and who desires to work at a specific licensed premises must apply for a **Rehabilitation Employment Permit** if the required five year waiting period to apply for a **Removal of a Criminal Disqualification** has not passed. The application for a Rehabilitation Employment Permit may take a period of time for the NJABC to process as it will involve an investigation into your background. The time frame will vary depending on the complexity of each individual case. If you are requesting employment as soon as possible, be sure to indicate YES to question 6 - "Does Applicant Request a Temporary Work Letter?" You must also include a completed "Employment Verification Letter" (EVL) with your application.

**Petition for Removal of a Criminal Disqualification**

Any person convicted of a crime of moral turpitude must wait five (5) years from the date of conviction or the release from incarceration, whichever date is later, before a petition for the **Removal of a Criminal Disqualification** can be filed. Any involvement in the alcoholic beverage industry which was not authorized by a **Rehabilitation Employment Permit** or **Temporary Work Letter (TWL)** is added to the five year time period and could further result in a determination that the applicant has not met the burden of establishing that the petitioner has behaved in a law abiding manner during the previous five year time period. The application for a Removal of a Criminal Disqualification may take a period of time for the NJABC to process as it will involve an investigation into your background. The time frame will vary depending on the complexity of each individual case. If you are requesting employment as soon as possible, be sure to indicate YES to question 6 - "Does Applicant Request a Temporary Work Letter?" You must also include a completed "Employment Verification Letter" (EVL) with your application.

**Instructions for Filing Either a Disqualification and or Rehabilitation with the NJABC**

Prior approval by this Division of a Rehabilitation Employment Permit or a TWL is required before the applicant may be employed at a licensed business. Submission of either a petition or application requires all of the following:

- (1) A completed and notarized petition or application form;
- (2) Two (2) current full-face passport type photos;
- (3) A non-refundable fee of **\$100.00** is required for the submission of either application. Payment may be made by money order or certified check payable to "**NJ Div. of ABC**". (Please **do not** send cash through the mail);
- (4) Certified Judgment(s) of Conviction and information concerning the dates of all arrest(s), conviction(s) and sentencing(s); **and** submission of certified copies of **all** municipal matters. These documents can usually be obtained by the records retention section of the

court that handled each matter. All incidences must also be addressed in full detail in "Section Five - Criminal History," parts 32 and 33 of the NJABC *Rehab/Disqual Form 1415*. If additional "Section Five - Criminal History" are needed, you can photocopy the blank pages, download additional pages from the NJABC Internet page or request additional pages be mailed to you. Information on all municipal court disorderly person offenses must be included, even if they resulted in a not guilty or dismissal. (Failure to fully disclose **all arrest** information may result in the denial of any temporary employment authorization, as well as, the applied for permit or disqualification removal.)

### **Additional Information Required for a Temporary Work Letter (TWL)**

If the applicant wishes to work at a licensed business while the application is being investigated by the NJABC, a **Temporary Work Letter (TWL)** must first be obtained by the applicant. To request a TWL, the applicant must submit all of the above required documents, as well as the following:

- (1) An Employment Verification Letter (EVL) completed and signed by the prospective employer (the licensee). Absent a properly **completed** EVL, a TWL will not be considered.
- (2) The Division must receive the results of the fingerprint check before a TWL will be issued.

A preliminary review of all the required documents will be made and a determination to grant or deny the TWL will be rendered. **Any employment, at any NJABC licensed business, is prohibited without written authorization from this Division.**

If the applicant is in an alternative incarceration program, such as the "home arrest" program or electronic bracelet monitoring, the applicant generally is not eligible for a Temporary Work Letter. The Division will consider each request, however, on a case-by-case basis. Such applicants must:

- (1) Provide a copy of the Work Release Plan or similar documents for other programs;
- (2) Provide specific information about anticipated workdays and hours (and extent of monitoring);
- (3) Understand that any authorization granted is subordinate to the determinations of the appropriate Governmental Parole/Probation/Correction oversight authorities regarding the applicant's employment status; **and**
- (4) Be aware that, employment authorization can be cancelled at will, by the Director of this Division without specific cause or notice.

### **Fingerprinting Requirements**

Be advised that there is a new procedure for fingerprinting. The fingerprint form will be forwarded to you once this office receives your completed application and fee.

### **Reminder Regarding Employment in a NJABC Licensed Business**

**This letter will also serve as notification that you are not permitted to be employed on any liquor licensed premises in this State until all information and fees are received and reviewed, and written employment authorization is issued by this office.**

If you have any questions, please feel free to call the New Jersey Division of Alcoholic Beverage Control, Enforcement Bureau, Rehab Permit / Disqual Removal Coordinator at: **609-984-1520**.

### **New Jersey Statutes**

No license of any class shall be issued to any person under the age of 21 years or to any person who has been convicted of a crime involving moral turpitude. Each applicant shall submit to the director the applicant's name, address, fingerprints and written consent for a criminal history record background check to be performed. The director is authorized to receive criminal history record information from the State Bureau of Identification in the Division of State Police and the Federal Bureau of Investigation consistent with applicable State and federal laws, rules and regulations. The applicant shall bear the cost for the criminal history record background check, including all costs of administering and processing the check. The Division of State Police shall promptly notify the director in the event a current holder of a license or prospective applicant, who was the subject of a criminal history record background check pursuant to this section, is arrested for a crime or offense in this State after the date the background check was performed.

### **New Jersey Administrative Regulations**

#### 13:2-14.5 Restrictions upon employing criminally disqualified persons

No licensee shall knowingly employ or have connected with him in any business capacity any person who has been convicted of a crime involving moral turpitude unless the statutory disqualification resulting from such conviction has been removed by order of the Director, in accordance with N.J.A.C. 13:2-15, or such person has first obtained the appropriate rehabilitation employment permit or temporary work letter from the Director.

### **New Jersey Administrative Regulations - Rehabilitation Employment Permits**

#### 13:2-14.6 Application for a rehabilitation employment permit; temporary work letter

- (a) Any person convicted of a crime involving moral turpitude may apply to the Director, in the manner and form prescribed by the Director, for a rehabilitation employment permit. Whenever that application is made and it appears to the satisfaction of the Director that such person's employment in the alcoholic beverage industry will not be contrary to the public interest, the Director may, in the exercise of sound discretion, issue such employment permit.
- (b) Upon the proper filing of an application and proof of promised employment, the Director may, in the exercise of sound discretion, issue the applicant temporary work letters not to exceed 90 days at any one time, authorizing employment upon a specified licensed premises pending determination on the application for a permit.
- (c) A Temporary Work Letter may be issued if the applicant demonstrates to the Director's satisfaction, that the applicant has behaved in a law abiding manner and has not engaged in and will not participate in any conduct detrimental to the integrity of the alcoholic beverage industry or the public interest.

#### 13:2-14.7 Rehabilitation employment permit; duration; types; fees

- (a) A rehabilitation employment permit shall be issued for a one year period, and shall be renewable annually for the term of disqualification, as set forth in N.J.S.A. 33:1-31.2.
- (b) Rehabilitation employment permits shall consist of the following types:
  - 1. Unlimited employment permit: This permit shall allow the holder thereof to be employed by any class license, without restriction as to type of employment. Such permits may not be issued to persons who have been convicted of crimes which, in the opinion of the Director, present a special risk to the alcoholic beverage industry.
  - 2. Limited employment permit: This permit shall allow the holder thereof to be employed by any class license in any non-managerial capacity, and may allow the holder to sell, serve or deliver alcoholic beverages.
- (c) The fee for either type of rehabilitation employment permit shall be \$ 100.00 per annually, payable on the date of application.

#### 13:2-14.8 Restrictions upon limited rehabilitation employment permittee

No licensee shall allow, permit or suffer the holder of limited rehabilitation employment permit to act in a managerial capacity with respect to the licensed business or to sell, serve or deliver any alcoholic beverage if the limited permit so prohibits; nor shall the holder of a limited rehabilitation permit engage in any activity prohibited by the permit

#### 13:2-14.9 Termination of employment of disqualified person

No licensee shall employ in any manner whatsoever on the licensed premises any criminally disqualified person upon the withdrawal or denial of the application of such person for an Rehabilitation Employment Permit or upon the cancellation, suspension, revocation or expiration of a Rehabilitation Employment Permit or a Temporary Work Letter.

#### 13:2-14.10 Nontransferability of permits; term of permit; applicant's photograph and fingerprints

- (a) Employment permits are not transferable from person to person.
- (b) All individual permits, except rehabilitation permits, expire on March 31st following their issuance unless otherwise specified therein.
- (c) Each applicant for his first permit shall submit with the application one color passport-type photograph, two inches by two inches, taken not more than 30 days prior to the date of application.
- (d) Applications for a rehabilitation employment permit shall require fingerprinting of the applicant and payment of the necessary fingerprinting processing fees attendant thereto.

#### 13:2-14.11 Amendment of application

Whenever any change shall occur in any of the facts set forth in the application for a permit, the permittee shall file with the Director a notice in writing of the change within 10 days after its occurrence.

#### 13:2-14.12 Prohibited conduct of permittee

No permittee shall engage in any conduct which is prohibited to his employer by the Alcoholic Beverage Control Act, N.J.S.A. 33:1-1 et seq. or any regulation adopted thereunder, or by any valid municipal ordinance or regulation pertaining to employment upon licensed premises.

#### 13:2-14.13 Cancellation, suspension and revocation of permit

- (a) Any employment permit may be canceled or suspended or revoked by the Director for cause, including, but not limited to, any of the following:
  - 1. Violation by the holder of any provision of the alcoholic beverage law or any regulation adopted thereunder;
  - 2. For any fraud, misrepresentation, false statement, misleading statement, evasion or suppression of a material fact in the application for the permit;
  - 3. Proof that the holder has a prohibited interest in any license issued by the Director or any other issuing authority;
  - 4. The permit holder is disqualified from being employed by a licensee for reasons other than the disqualification referred to in the employment permit;
  - 5. Any other act or happening, occurring after the time of making an application for an employment permit which, if it had occurred before said time, would have prevented issuance of the permit; and

6. With respect to rehabilitation employment permits or temporary work letters issued pursuant to N.J.A.C. 13:2-14.6, proof of arrest or conviction of the permit holder of any crime or disorderly persons offense.

## New Jersey Administrative Regulations - Disqualification Removal

### 13:2-15.1 Time for petition filing; removal of statutory disqualification

Any person convicted of a crime involving moral turpitude may, after the lapse of five years from the date of conviction, or release from incarceration, whichever is later, petition the Director of the Division of Alcoholic Beverage Control pursuant to N.J.S.A. 33:1-31.2 for an order removing the resulting statutory disqualification from obtaining or holding any license or permit.

### 13:2-15.2 Petition; contents

The petition for removal of disqualification shall be in verified form accompanied by payment of a filing fee of \$ 100.00. The petitioner shall be required to submit a set of fingerprints and a recent color passport photograph (two inches by two inches) with said application, as well as any fingerprinting processing fees attendant thereto.

### 13:2-15.3 Hearing

No petition shall be denied without first affording the petitioner a hearing, which the Director shall schedule to be held at this Division by the Director under N.J.S.A. 52:14F-8 or by an Administrative Law Judge as a contested case pursuant to N.J.A.C. 1:1-3.2. The petitioner and two character witnesses will be required to appear in person at said hearing and to testify under oath.

### 13:2-15.4 Removal of disqualifications; causes

- (a) The Director may, in the exercise of sound discretion, enter an order removing the disqualification, if the Director is satisfied from the petitioner's testimony, the witnesses produced or the investigative record that:
  - 1. At least five years have elapsed from the later of the date of conviction or release from incarceration;
  - 2. The petitioner has behaved in a law-abiding manner during such period; and
  - 3. The petitioner's association with the alcoholic beverage industry will not be contrary to the public interest.
  
- (b) Any person, who applies for and is denied the removal of a disqualification for any reason, may not re-apply for a period of up to five years from the date of final administrative or judicial action, whichever is later, regarding the subject application. The Director shall set the period of time during which a disqualified person may not re-apply in the Order denying the disqualification removal and shall specify the reasons therefor.



Mail Completed Application to:  
 State of New Jersey  
 Department of Law & Public Safety  
 Division of Alcoholic Beverage Control  
 PO Box 087  
 Trenton, New Jersey 08625-0087

For DHL, FedEx, UPS and other couriers use:  
 State of New Jersey  
 Department of Law & Public Safety  
 Division of Alcoholic Beverage Control  
 140 East Front Street, 5<sup>th</sup> Floor  
 Trenton, New Jersey 08625-0087

**APPLICATION FOR REHABILITATION PERMIT / DISQUALIFICATION REMOVAL**

	Application for Rehabilitation Permit		Permit Year
	Application for Disqualification Removal		
	Applicant has also applied for a Solicitor's Permit		

Applicant's Name: \_\_\_\_\_  
 (last) (first) (full middle)

Present Address: \_\_\_\_\_  
 (mailing) (number and street) (town)

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Any Temporary Address:(If "yes", show address and length of stay) \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

Business Phone:( ) \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

Business Name:

<u>Date of Most Recent Conviction:</u>		<u>Total Number of Arrests</u>	
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**For Division of Alcoholic Beverage Control Use Only**

<b><u>N.J.A.B.C. File Number</u></b> (To be issued at time of fee payment)	<b><u>Photos</u></b> (To be attached by N.J.A.B.C.)	<b><u>Fee Paid</u></b>

1. **How Did Applicant Learn That He /She Is Disqualified?**

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2. **Has Applicant Ever Made Application For A Rehabilitation Work Permit Or Disqualification Removal Previously?**

YES  NO

(If "yes", was application denied, any permit suspended or revoked, describe circumstances)

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3. **Does The Jurisdiction (TOWN) In Which The Application Seeks Employment Require Separate Local A.B.C. Permit?**

YES  NO

(If "yes", state local authority name and date of application, information available at local police department)

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(local authority name)

(date of application)

4. **Is Applicant Now Pending Any Investigation, Arrest, Indictment Or Any Other Court Or Police Action?**

YES  NO

(If "yes", describe fully - include name of court or police department)

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5. **Has Applicant Ever Been Involved In Any Investigation Which Resulted In His/Her Place Of Liquor Licensed Employment Or Ownership Being Charged With An A.B.C. Violation?**

YES  NO

(If "yes", state date, type of violation charged, your involvement, etc.)

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6. **Does Applicant Request A "Temporary Work Letter"?**

YES  NO

7. **Is "Employment Verification" Letter Provided With Completed Application?**

(Required if question #6 is "Yes")

YES  NO

8. **List The Full Names, Addresses And Phone Numbers Of Three (3) Unrelated Persons For Whom You Have Not Been Employed And Who Have Known You Before And After Your Most Recent Conviction:**

Full Name	Address (Street, City, State, Zip)	Telephone Number(s)

**Section Two - Family Background**

9. **Date Of First Marriage:** \_\_\_\_\_ **Wife Then Maiden Name:** \_\_\_\_\_  
**Date Of Divorce/Separation:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Date Of Second Marriage:** \_\_\_\_\_ **Wife Then Maiden Name:** \_\_\_\_\_  
**Date Of Divorce/Separation:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_

10. **Parent's Name: Mother's Present** \_\_\_\_\_  
**Mother's Maiden** \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_

11. **List Full Names Of Brothers And Sisters: (Indicate living or deceased)**


12. **Children: (Or other dependent persons within/without your household)**

Name	Age	Name	Age

13. **Name And Address Of Nearest Relative Not Residing With You:**

\_\_\_\_\_ **Relationship** \_\_\_\_\_

14. **List Former Residences: (Last 10 Years, begin with current residence and list back)**

Address: (Street, City, State, Zip Code)	Date From	Date To



**15. List Persons Who Reside With Applicant: (Other than listed in #12)**

Name	Date of Birth	Relationship

**16. Do Any Person Or Persons Listed In Questions 8, 9, 10, 11, 12, 13, And 15 have Any Ownership Or Interest, including employment, In Any New Jersey Liquor Licensed Place?**

YES  NO

(If “yes”, name of person, relationship to applicant, name and license number of the premise and percentage of ownership held):

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**17. Any OtherRelative Have Any Ownership In Any New Jersey Licensed Place?**  YES  NO

(If “yes”, name of relative, name and license number of the premise, relationship to applicant and percentage of ownership held):

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**Section Three - Financial Background**

**18. The Applicant:**

- a.) Rents Residence  YES  NO Monthly Payment \$ \_\_\_\_\_
- b.) Is Owner of Residence  YES  NO Monthly Payment \$ \_\_\_\_\_  
 Original Purchase Price \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_
- c.) Other: \_\_\_\_\_

**19. List All Real Estate And Businesses in which the Applicant has an Ownership or Interest:**

Street Address	City, State, ZipCode	Current Value

**20 Does Applicant Have Any Of The Following Pending Or In Effect?**

- Liens       Civil Litigations       Judgements (including domestic court orders)

**If Yes, explain:**

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**21. Has Applicant Ever Filed Personal, Company Or Corporate Bankruptcy?**

- If Yes, explain:**  YES  NO

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### Section Four - Employment History

**22. Present Employer (Primary Employment):**

Employer/Company Name	Street Address	City, State, Zip Code	Phone #			
Immediate Supervisor	Your Job Title	Indicate Full Time / Part Time & Hours per Week	Date Started			
Is This Business Licensed by the NJ ABC?		NO		YES	NJABC License #	

**Present Employer (Secondary Employment):**

Employer/Company Name	Street Address	City, State, Zip Code	Phone #			
Immediate Supervisor	Your Job Title	Indicate Full Time / Part Time & Hours per Week	Date Started			
Is This Business Licensed by the NJ ABC?		NO		YES	NJABC License #	

**23. Previous Employment: (last five (5) years)**

Employer/Company Name	Street Address	City, State, Zip Code	Phone #			
Immediate Supervisor	Your Job Title	Indicate Full Time / Part Time & Hours per Week	Date Started / Date Ended			
Is This Business Licensed by the NJ ABC?		NO		YES	NJABC License #	

**Previous Employment Continued:**

Employer/Company Name	Street Address				City, State, Zip Code	Phone #
Immediate Supervisor	Your Job Title				Indicate Full Time / Part Time & Hours per Week	Date Started / Date Ended
Is This Business Licensed by the NJ ABC?		NO		YES	NJABC License #	

**Previous Employment Continued:**

Employer/Company Name	Street Address				City, State, Zip Code	Phone #
Immediate Supervisor	Your Job Title				Indicate Full Time / Part Time & Hours per Week	Date Started/ Date Ended
Is This Business Licensed by the NJ ABC?		NO		YES	NJABC License #	

**Previous Employment Continued:**

Employer/Company Name	Street Address				City, State, Zip Code	Phone #
Immediate Supervisor	Your Job Title				Indicate Full Time / Part Time & Hours per Week	Date Started/ Date Ended
Is This Business Licensed by the NJ ABC?		NO		YES	NJABC License #	

**24: The Applicant Wishes To (Check Which Applies):**

- Be Employed by a NJABC Licensed Business
- Continue Employment in a NJABC Licensed Business
- Purchase a NJABC Licensed Business
- Correct Situation For Licensed Place Already Purchased

**25: Name And Address Of Premises For Which This Application Is Submitted: (n/a in Disqualification Removal)**

<b>Person/Corporation Name/Company Name</b>	<b>Trade Name (Trading as)</b>
<b>Street Address</b>	<b>Municipality</b>
<b>County</b>	<b>State, ZipCode</b>
<b>NJABC License Number</b>	<b>Telephone Number</b>
<b>List Previous Trade Names Used in the Past Five Years</b>	

**26: Names Of Owners For Licensed Premises Applicant Will Be Employed:  
(include self if now owner or if will be owner)**

	Percent of Ownership	
	Percent of Ownership	
	Percent of Ownership	
	Percent of Ownership	
	Percent of Ownership	
	Percent of Ownership	

**27: How was Applicant Offered This Employment?** \_\_\_\_\_

**28: Duties/Responsibilities:** \_\_\_\_\_

**Starting Date:** \_\_\_\_\_ **Hours Of Work:** \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Full Time     
  Part Time     
 Days Of Week:    S   S   M   T   W   T   F      (circle)

**Salary: \$** \_\_\_\_\_
  Annually     
  Weekly     
  Hourly

29: Does Applicant Seek Employment In More Than One (1) Licensed Business? YES  NO   
 (If "yes", list other premises)

<b>Person/Corporation Name/Company Name</b>	<b>Trade Name (Trading as)</b>
<b>Street Address</b>	<b>Municipality</b>
<b>County</b>	<b>State, ZipCode</b>
<b>NJABC License Number</b>	<b>Telephone Number</b>

<b>List Previous Trade Names Used in the Past Five Years</b>

**Names Of Owners For the Additional Licensed Business Applicant Will Be Employed:**  
 (include self if now owner or if will be owner)

	<b>Percent of Ownership</b>	
	<b>Percent of Ownership</b>	
	<b>Percent of Ownership</b>	
	<b>Percent of Ownership</b>	
	<b>Percent of Ownership</b>	

30: **Ownership Status:**

<b>If Not Disqualified, Would Applicant Be Listed On License Application As Licensee/Co-Licensee Or Have Any Interest In Any NJABC Licensed Business?</b>	<b>YES</b>		<b>NO</b>	
<b>Applicant Is Former Licensee (owner) Of This Premises?</b>	<b>YES</b>		<b>NO</b>	
<b>Applicant Is Former Licensee (owner) Of Any Premises?</b>	<b>YES</b>		<b>NO</b>	
<b>Applicant Will Be Listed On Application As Owner</b>	<b>YES</b>		<b>NO</b>	
<b>Applicant Now Holds Interest (ownership) In Any NJABC Licensed Business?</b>	<b>YES</b>		<b>NO</b>	



**Section Five - Criminal History**

**32. CRIMINAL HISTORY - Part One**

Application must complete separate "Criminal History Part One" for each arrest, all arrests must be shown in application, use separate sheet if more than one (1) arrest, complete all questions with correct information:

<b>Name You Used When Arrested</b>									
<b>Date of Arrest</b>		<b>Name of Police Department/Agency</b>							
<b>Date of Indictment</b>		<b>Name of Prosecutor's Office</b>							
<b>Case Number</b>		<b>Indictment Number</b>							
<b>Date of Conviction</b>		<b>Plea (Plead Guilty / Found Guilty)</b>							
<b>Exact Name of the Court</b>									
<b>Name of the Judge</b>									
<b>Exact Language of Conviction Charges</b>									
<b>Sentence Imposed</b>									
<b>Incarceration Term</b>		<b>Years</b>		<b>Months</b>		<b>Suspended?</b>		<b>YES</b>	<b>NO</b>
<b>Probation Term</b>		<b>Years</b>		<b>Months</b>		<b>Completed?</b>		<b>YES</b>	<b>NO</b>
<b>Total of Fines Imposed</b>	\$					<b>Paid?</b>		<b>YES</b>	<b>NO</b>
<b>V.C.C.B. Penalty</b>	\$					<b>Paid?</b>		<b>YES</b>	<b>NO</b>
<b>Community Service</b>					<b>Completed</b>		<b>YES</b>	<b>NO</b>	
<b>Pre-Trial Intervention</b>					<b>Completed</b>		<b>YES</b>	<b>NO</b>	
<b>Charges Dismissed?</b>	<b>If Yes, Date Dismissed</b>						<b>YES</b>	<b>NO</b>	
<b>Found Not Guilty?</b>	<b>If Yes, Date of Verdict</b>						<b>YES</b>	<b>NO</b>	
<b>Charges Disposed of In Municipal Court?</b>	<b>If Yes, Name of Court</b>						<b>YES</b>	<b>NO</b>	
<b>Other Conditions Imposed?</b>	<b>If Yes, What Conditions</b>						<b>YES</b>	<b>NO</b>	
<b>Did Arrest Involve a NJABC Licensed Business? If Yes, Complete Below</b>								<b>YES</b>	<b>NO</b>
<b>Person/Corporation Name/Company Name at Time of Arrest</b>					<b>Trade Name (Trading as at Time of Arrest)</b>				
<b>Street Address</b>					<b>Municipality</b>				
<b>County</b>					<b>State, ZipCode</b>				
<b>NJABC License Number</b>					<b>Telephone Number</b>				





**Section Six - Personal Information**

**34. Has Applicant Ever Been Under Treatment For:**

Alcohol Abuse / Alcoholism	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Gambling Addiction	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Narcotics Use / Drug Abuse	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Other (Any condition that may adversely effect your ability to perform the job for which you are seeking or be aggravated by the consumption of alcohol)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If Yes, for Any of the Above, Explain the Circumstances.				

**35. Motor Vehicle Operator's Information**

Driver's License Number	<input type="text"/>	State	<input type="text"/>	
Is Driver's License Currently Suspended	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is Driver's License Currently Revoked	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

**Documents Required To Be Submitted With Application:**

- Certified copy of Judgement of Conviction for each case where there is a conviction. (usually found in the records of the court which disposed of the case, not usually found in POLICE records).**
- Court record or letter from court clerk showing the disposition of any Disorderly Persons charges heard in any Municipal Court. (this is to show that these charges are NOT criminal disqualifies under A.B.C. Law).**
- "Employment Verification Letter" if applicant is seeking a "Temporary Work Letter" (blank copy is attached to this application).**
- Two (2) Passport type full-face photos.**
- Copy of complete current license application (if applicant is currently an owner of any interest or if the applicant will be the owner of any interest).**

Total Pages of <i>Criminal History - Part One</i> Submitted	<input type="text"/>
Total Pages of <i>Criminal History - Part Two</i> Submitted	<input type="text"/>





Mail Completed Application to:  
 State of New Jersey  
 Department of Law & Public Safety  
 Division of Alcoholic Beverage Control  
 PO Box 087  
 Trenton, New Jersey 08625-0087

For DHL, FedEx, UPS and other couriers use:  
 State of New Jersey  
 Department of Law & Public Safety  
 Division of Alcoholic Beverage Control  
 140 East Front Street, 5<sup>th</sup> Floor  
 Trenton, New Jersey 08625-0087

## EMPLOYMENT VERIFICATION LETTER (EVL)

**INSTRUCTIONS: THIS LETTER MUST BE COMPLETED AND SIGNED BY THE EMPLOYER LICENSE HOLDER. SPECIFICALLY, THE SOLE OWNER, MANAGING PARTNER OR MEMBER, CORPORATION PRESIDENT OR APPROPRIATE CORPORATE OFFICER, OR THE INDIVIDUAL WHO HAS AUTHORITY TO SIGN THE NJABC LICENSE APPLICATION AND RENEWAL**

- a. If someone other than those specified above signs the EVL, evidence must be presented to the NJABC which will show that he/she has authority from the licensee to hire personnel, including persons who would be disqualified by reasons of a conviction of a crime.
- b. Attach to the EVL a copy of the licensee's business letterhead as further evidence that the applicant is requesting employment by the licensee
- c. The EVL must be completed in its entirety. An incomplete EVL will not be accepted and will be returned without further consideration, until a completed EVL is received.
- d. False or misleading answers can lead to immediate cancellation of the applicant's work authority, in addition to SUSPENSION or REVOCATION of your NJABC License.

<b>Person/Corporation Name/Company Name</b>	<b>Trade Name (Trading as)</b>
<b>Street Address</b>	<b>Municipality</b>
<b>County</b>	<b>State, ZipCode</b>
<b>NJABC License Number</b>	<b>Telephone Number</b>

**1. I am aware that Applicant: \_\_\_\_\_ has a statutory disqualification**

(First, MI, Last Name of Applicant)

**which prohibits his/her association with the New Jersey Alcoholic Beverage Industry because of his/her # \_\_\_\_\_**

**CONVICTION(S) of a crime(s) involving moral turpitude. I understand this/these criminal convictions are:**

(Briefly list your understanding of each of the criminal convictions that are against the applicant).


**2. Relationship of applicant to the Licensee (or owners/managers). Describe FULLY, any blood, marriage, romantic, social/ and or business relationships.**


3. Were any convicted crimes connected to a NJABC Licensed Business			YES		NO
4. Did any convicted crimes involve narcotics, controlled dangerous substances or alcohol			YES		NO
5. If YES to above questions, attach a written plan which describes the steps you will take to ensure that the applicant's conduct will not re-occur at your NJABC licensed business.					
6. Beginning Date of Applicant's Employment					
7. Applicant's Job Title or Job Description					
a. Will Applicant Have a Management Position in the Business			YES		NO
b. Will Applicant Sell, Serve or Deliver Alcoholic Beverages			YES		NO
8. Is Applicant Filing for Work Permission Because of an Investigation of Your Business			YES		NO
a. If Yes to Question 8, Date of Investigation or Inspection					
b. Name of (State/county/local) Agency					
<p>I understand that PRIOR TO (AND CONTINUING) MY EMPLOYING THE APPLICANT, authorization is required from the NJABC and the applicant either has or will:</p> <p>a. File an application for a Rehabilitation Employment Permit or Disqualification Removal with the NJABC.</p> <p>b. Submit the required \$100.00 fee, all required documents and additional fees (e.g., fingerprint fees).</p> <p>c. Request from the NJABC a Temporary Work Letter (TWL), which permits his/her employment for a limited term, and have the applicant provide a copy of the TWL to me which I will maintain as part of the business's records.</p> <p>d. Two weeks prior to the expiration of the TWL, the applicant must contact the NJABC at (609) 984-1520, to request a renewal of the TWL, and report any changes in facts (including, but not limited to, arrests, convictions, or changes in address) at that time.</p> <p>e. Failure of the applicant to renew the TWL, or to complete the Rehabilitation Permit / Disqualification Removal process will result in an additional \$100.00 fee upon re-application</p>					
<p>In the event that the NJABC does not issue a TWL, an issued TWL expires without renewal, or the TWL's authority is otherwise discontinued by the NJABC, I will not employ the applicant until I am presented with either:</p> <p>a. A valid Temporary Work Letter;</p> <p>b. A current Rehabilitation Work Permit, or;</p> <p>c. An Order from the NJABC Director removing the applicant's disqualification.</p>					
9. Does the applicant have ANY beneficial interest in the NJABC licensed Business			YES		NO
10. If not disqualified, would the applicant be listed on the NJABC license application as a licensee or co-licensee			YES		NO
If Yes to either Question 9 or Question 10, describe, in detail, the circumstances on additional sheets of paper.					
I swear (or affirm) that the information contained on the entire Employment Verification Letter (EVL) is true and complete to the best of my knowledge and belief and I am aware that a false answer will subject me as well as the NJABC associated licenses to penalties as provided by law.					
Date	Signature	Title			