TO: Department of Law and Public Safety
Division of Alcoholic Beverage Control
P.O. Box 087
Trenton, NJ 08625-0087

FROM: ________________________________________________________________

______________________________________________________________

LICENSE NO.: ________________________________________________________________

Please furnish a certified copy of Solicitor’s Permit Number ___________________ which was
issued by your Division. The reason for requiring a certified copy is as follows:

______________________________________________________________

Enclosed is a fee of $2.00 made payable to the Division of Alcoholic Beverage Control.
(Payment must be in the form of a check or money order. No cash will be accepted.)

Dated:

State of )

County of )

________________________________, being duly sworn according to law upon his oath deposes

(NAME OF AFFIANT)

and says that he/she is the

1. Individual;

2. Member of the partnership;

3. ______________________________ of the corporation above named;

that he/she is the person who signed the above application and that all matters and things above
stated are true.

Sworn to and subscribed before me this

_______ day of ____________, ________.

___________________________________________
SIGNATURE OF AFFIANT

__________________________________________________
SIGNATURE OF OFFICER ADMINISTERING OATH

__________________________________________________
TITLE OF OFFICER ADMINISTERING OATH