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)
SS
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