

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
140 EAST FRONT STREET, P.O. BOX 087
TRENTON, NJ 08625-0087

APPLICATION FOR AN ALCOHOLIC BEVERAGE SEMINAR [WS]

Fee: \$50.00 per day in the form of a check or money order payable to the Division of A.B.C.

1. Name of permitte_____
2. Address of permittee_____

3. Contact name_____
4. Contact telephone number_____
5. Contact email address_____
6. Name of event/course for which permit is requested

7. Provide the type of alcoholic beverages that will be present during the seminar_____
8. Name and address of location where event/course will be held

9. Date(s) of event/course_____
10. Hours of event/course. Designate each date if hours differ in multiple day events/courses.

NOTE: Petitioner must provide a course outline, agenda and tuition schedule.