

DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
COPS IN SHOPS INITIATIVE – FFY 2019

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

License Number: \_\_\_\_\_

I wish to voluntarily cooperate with the \_\_\_\_\_  
(Municipality)  
Police Department in implementing the Cops in Shops Initiative at the above-noted  
establishment.

\_\_\_\_\_  
Licensee Printed Name

\_\_\_\_\_  
Licensee Signature