

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

APPLICATION FOR SPECIAL PERMIT FOR SOCIAL AFFAIR [SA]

SOCIAL AFFAIR PERMITS WILL ONLY BE ISSUED TO NON-PROFIT ORGANIZATIONS

APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE DATE OF THE AFFAIR

Applications must be accompanied by a fee of **\$100.00 PER DAY** for Civic, Religious, or Educational Organizations; **\$150.00 PER DAY** for all other NON-PROFIT organizations, in the form of a check or money order payable to the DIVISION OF ALCOHOLIC BEVERAGE CONTROL.

NOTICE: ORGANIZATIONS MAKING APPLICATION FOR THE FIRST TIME, MUST SUBMIT PROOF OF NON-PROFIT STATUS IN NEW JERSEY. COMBINATIONS OF CERTIFICATE OF INCORPORATION, CHARTER OR BY-LAWS, FEDERAL TAX EXEMPT CERTIFICATE, FINANCIAL RECORDS AND MEMBERSHIP LIST (NAMES AND ADDRESSES INCLUDED) ARE ACCEPTABLE FORMS OF PROOF. THE DIVISION OF ALCOHOLIC BEVERAGE CONTROL RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION IF DOCUMENTATION SUBMITTED IS NOT SUFFICIENT.

Pursuant to **N.J.S.A. 33:74-1** and **N.J.A.C. 13:2-5.1**, the undersigned makes application for a Special Permit to sell, dispense and serve alcoholic beverages for consumption at an affair as stated herein:

PLEASE PRINT CLEARLY OR TYPE

1. Name of Organization _____
Address _____
 2. Has organization held a Special Permit for Social Affair during the past 3 years? _____ **If no, show proof of non-profit status.**
 3. Location of premises where affair will be held: **(Describe Specifically)**
Name _____
Address _____
 4. For what type of Social Affair is this Permit requested? _____
 5. Are premises where affair is to be held licensed? _____ **If Yes, give type and License Number** _____
 6. State date affair will be held and between what hours alcoholic beverages will be dispensed:
_____, 20____ From _____ (Time) To _____ (Time)
- RAIN DATE:** _____
7. For what purposes was your Non-Profit Organization formed? _____
 8. How many members does organization have? _____ **How many under the legal age?** _____
 9. Does organization hold a liquor license? _____ **If yes, give type and License Number** _____
 10. How will a charge be assessed? TICKET () CONTRIBUTION () OTHER () _____
 11. Are the premises where the affair is to be held owned by a municipality, county or State? _____
If so, state name of owner _____
For what purposes are premises used? _____
 12. Check kinds of alcoholic beverages to be dispensed if Permit is granted:
WINE _____ DISTILLED SPIRITS _____ MALT ALCOHOLIC BEVERAGES _____
 13. Are persons under the legal age to be admitted? _____
If Yes, will they be accompanied by adults of age to consume alcoholic beverages? _____
 14. To whom and for what will the proceeds of the affair accrue? _____

PLEASE ATTACH A SKETCH OF THE LOCATION WHERE ALCOHOLIC BEVERAGES ARE TO BE DISPENSED. INCLUDE THE BAR AREA AND LOCATION OF PERSON/PERSONS CHECKING ID'S FOR ANYONE UNDER THE LEGAL DRINKING AGE. PERMITS WILL NOT BE ISSUED WITHOUT SKETCH.

TYPE/PRINT NAME AND ADDRESS OF PERSON TO WHOM PERMIT IS TO BE MAILED:

NAME _____
ADDRESS _____
TELEPHONE NO. (____) _____