

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

PETITION TO EXTEND LICENSED PREMISES [EP]

APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT

Petition must be accompanied by a **\$75.00** fee per day for New Jersey licensees in the form of a check or money order payable to the Division of Alcoholic Beverage Control.

TO: Director, Division of Alcoholic Beverage Control

Applicant Name _____

Address of Applicant _____

Petitioner is holder of Retail License No. _____

Petitioner is holding event for _____

to be held on _____ between the hours of _____

and _____. Rain Date _____

Petitioner intends to extend the license premises to include

**PLEASE ATTACH A SKETCH OF THE EXTENSION AREA TO THIS FORM.
APPLICATION WILL NOT BE PROCESSED WITHOUT SKETCH.**

Signature/Title of Applicant

Dated

Contact Name

Contact Phone Number

***NO PERMIT WILL BE GRANTED UNLESS WRITTEN APPROVALS,
ARE OBTAINED. SEE REVERSE SIDE.**

I hereby certify that there is no objection to the granting of a Special Permit to above applicant to sell alcoholic beverages at the affair to be held on aforesaid date and extended premises, subject, however, to the following Special Conditions (if any):

SIGNATURE OF POLICE CHIEF

MUNICIPALITY WHERE AFFAIR IS TO BE HELD

DATE OF SIGNATURE

I hereby certify that the license issuing authority of this municipality has no objection to the granting of a Special Permit herein applied for and consents thereto. I further certify that the issuance of said Permit is not contrary to any local ordinance, resolution, regulation or policy which would prohibit same.

SIGNATURE OF CLERK

MUNICIPALITY WHERE AFFAIR IS TO BE HELD

DATE OF SIGNATURE/SEAL

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FAX 609-292-0691

**THIS FORM MUST BE COMPLETED WHEN APPLYING FOR A
SOCIAL AFFAIR, CATERING OR EXTENSION OF PREMISES PERMIT**

**ALL APPLICATIONS MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR
TO THE DATE OF THE EVENT**

**APPLICATIONS WITHOUT THE APPROPRIATE SIGNATURES OF
MUNICIPAL OFFICIALS WILL NOT BE PROCESSED**

1. Name of Organization _____
2. Date of Event _____
3. Contact Name _____ Phone Number _____
4. How many people are expected to attend the event? _____
5. What is the approximate age group of the attendees? _____
6. Explain in detail the security plans for the event. The plan should include the number of people checking for ID's, plans to prevent pass-offs to minors, the type of security at the event and any other relevant information pertaining to the event. *Please use reverse side if necessary.* _____

7. What types of alcoholic beverages will be served at the event? Please include cup size and limits. _____

8. Please attach a detailed sketch of the area to be licensed. The sketch should include entrances and exits, ID checking area(s), location of where alcoholic beverages will be dispensed and any other relevant information pertaining to the event.

NOTE: A catering or social affair permit will **not be issued to a premises where other mercantile business is being conducted.**
N.J.S.A. 33:1-12.