## STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF ALCOHOLIC BEVERAGE CONTROL P.O. BOX 087, TRENTON, NJ 08625-0087 (609) 984-2830

## THIS FORM MUST BE FULLY COMPLETED AND KEPT ON LICENSED PREMISES AND AVAILABLE FOR INSPECTION

PERSONS EMPLOYED ON RETAIL LICENSED PREMISES BY:

NAME OF LICENSEE

ADDRESS

MUNICIPALTIY

12 DIGIT LICENSE NUMBER

## **EMPLOYEES:**

Name	Address of Actual Residence while in your Employ	Age	Place and Date of Birth	U.S. Citizen YES NO	Employed As	Sell, Serve Or Deliver Alc. Bev. YES NO	Date Employment Commenced	Date Employment Terminated	ABC Employment Permit No. ( <i>If Held</i> )	Convicted Of Crime YES NO