

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 \_\_\_\_\_ To \_\_\_\_\_  
(Date) (Time) (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. ( ) \_\_\_\_\_

**NO PERMIT WILL BE GRANTED UNLESS WRITTEN APPROVALS FOR BELOW ARE OBTAINED**

If a Special Permit is granted, applicant agrees that alcoholic beverages will not be sold or served to anyone under the legal age, nor will such persons be permitted to consume alcoholic beverages at aforesaid affair and certifies that all conditions set forth in said Permit, all rules and regulations pertaining thereto and all ordinances and/or resolutions of the municipality where aforesaid affair is to be held will be complied with; and that permission is hereby given the Director of the Division of Alcoholic Beverage Control, Division of Taxation, and their duly authorized investigators and agents, and to any local peace officer to investigate the sale of alcoholic beverages at the social affair for which this application is made.

Gambling, mock gambling and gambling paraphernalia are not permitted on the premises licensed by the Special Permit unless otherwise approved by the Legalized Games of Chance Commission (973) 273-8000. **I HEREBY CERTIFY THAT THIS ORGANIZATION HAS NOT EXCEEDED ITS LIMIT OF 12 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

\_\_\_\_\_  
(Signature of Authorized Officer and Title)

\_\_\_\_\_  
(Name of Organization)

Date of Signature \_\_\_\_\_

\*\*\*\*\*

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 premises, subject to, however, the following Special Conditions (if any):

\_\_\_\_\_  
(Signature of Chief of Police)

\_\_\_\_\_  
(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: \_\_\_\_\_

\*\*\*\*\*

The following consent is to be signed by the person so authorized of the premises where the affair is to be held.

I hereby certify that I am the person in charge of the premises upon which the herein affair will be held, that I am fully authorized to and do hereby certify that there are no objections to the sale and service of alcoholic beverages upon such premises at such affair. **I HEREBY CERTIFY THAT THIS PREMISE HAS NOT EXCEEDED ITS LIMIT OF 25 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

\_\_\_\_\_  
(Signature and Title)

Date of Signature \_\_\_\_\_

**NOTICE: NO REBATE, REFUND OR TRANSFER WILL BE GRANTED  
IN EVENT THE AFFAIR IS NOT HELD**

Issuance of the Special Permit will allow the organization to purchase alcoholic beverages for resale at the affair specified in the application from any licensed wholesaler or retailer. All advertising, tickets, etc., for the affair which contain reference to alcoholic beverages must include this Permit Number.

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DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
P.O. BOX 087, 140 EAST FRONT STREET  
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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.



## STATE OF NEW JERSEY

OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

P.O. BOX 087

TRENTON, NJ 08625-0087

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CHRIS CHRISTIE  
GOVERNOR

KIM GUADAGNO  
LT. GOVERNOR

PAULA T. DOW  
ATTORNEY GENERAL

JERRY FISCHER  
DIRECTOR

### NOTICE TO ALL SPECIAL PERMIT APPLICANTS

The Division of Alcoholic Beverage Control must receive your application for a special permit two weeks prior to the date of the event. Please be advised that processing time is generally three to four working days upon receipt of your application. This permit **must be** posted on your premises at the time of your affair and must be available for inspection. All future applications, fees and sketches must be sent to the Division at **least two weeks prior to the date of your event** as stated on the application in order to receive your permit back in a timely manner. Please also take into consideration mailing time. The mere filing of an application for such permit does not imply that the Division has granted the authority to operate as if a permit had been issued.

Should you have any questions concerning this matter, please contact the Special Permit Unit at the Division of Alcoholic Beverage Control at 609-984-1954.

