



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  
 SOCIAL AFFAIR PERMIT [SA]**

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

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. 33:1-74 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:

**Organization Information**

1. Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_
2. Does organization hold a liquor license? Yes  No  If yes, \_\_\_\_\_ - 31 - \_\_\_\_\_  
(CLUB LICENSE'S ONLY)
3. Has organization held a special permit for Social Affair during the past 3 years? Yes  No  If no, supply proof of non-profit status from **NOTICE** paragraph above. Previous Permit No: \_\_\_\_\_
4. Contact \_\_\_\_\_ Phone Number: \_\_\_\_\_
5. E-mail address \_\_\_\_\_
6. Mailing address \_\_\_\_\_

**Premises Information**

7. Location of premises where affair will be held: **(Describe Specifically)**  
 Name of premises \_\_\_\_\_  
 Address of premises \_\_\_\_\_
8. Is the above named premises licensed? Yes  No  If yes, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
9. Are the premises where the affair is to be held owned by a municipality, county or state? Yes  No   
 If yes, state the name of owner \_\_\_\_\_  
 For what purposes are premises used? \_\_\_\_\_
- Does the premise conduct mercantile business? Yes  No  If yes, what is sold? \_\_\_\_\_

**Event Information**

10. What date(s) will affair be held and between what hours alcoholic beverages will be dispensed (Dates **must be consecutive** to be on one application):

MM/DD/YY	START	END
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>
/ /	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>

Rain Date (only **one** rain date): \_\_\_\_\_

11. What is the specific fundraising event being held? \_\_\_\_\_
12. How is a charge assessed? Ticket  Contribution  Other: \_\_\_\_\_  
(SPECIFY OTHER)
13. Who is the recipient of the proceeds? \_\_\_\_\_

14. Check the types of alcoholic beverages to be dispensed if permit is granted:

Wine  Distilled Spirits  Malt Alcoholic Beverages

15. What are cup sizes for alcoholic beverages? Wine \_\_\_\_\_ Beer \_\_\_\_\_ Spirits \_\_\_\_\_

16. How many people are expected to attend your event on a daily basis? \_\_\_\_\_

17. What is the approximate age group of the attendees? \_\_\_\_\_

18. Will persons under the legal age to consume alcohol be in attendance? Yes  No

19. 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, the limit of alcoholic beverages per transaction, and any other relevant information pertaining to the event. *Please attach another sheet if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Please use the space below or 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. **No permit will be issued if a sketch is not attached.**

**Event Organizer Information**

• Is the event being handled by a promoter, Production Company, or other entities? Yes  No  If yes, attach contract.

Company Name \_\_\_\_\_

Company Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_ Title \_\_\_\_\_

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

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: \_\_\_\_\_

.....  
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 \_\_\_\_\_

**NOTE: THE DIVISION MUST BE NOTIFIED FOR CANCELLATION OR RESCHEDULING PRIOR TO THE DATE OF THE EVENT.**

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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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.