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 CERT IFICATE OF INCORPORATION, CHARTER OR BY-LAWS, FEDERAL TAX EXEMPT CERTIFICATE, FINANCIAL RECORDS A ND MEMBERSHIP LIST (NAMES AND A DDRESSES 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☐pm☐	am☐pm☐
/ /	am☐pm☐	am☐pm☐
/ /	am☐pm☐	am☐pm☐

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 t ype of securit y at the event, the limit of alco holic beverages per transacti on, 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.

TOWNSHIP OF LONG HILL

FIRE PREVENTION BUREAU
MORRIS COUNTY – NEW JERSEY

Edward Tencza
Fire Official
915 Valley Road
Gillette, N.J. 07933
Office-(908) 647-8000 x307
Fax-(908)-647-4150

APPLICATION FOR PERMIT

The Uniform Fire Code states:

"Permits shall be required, and obtained from the local enforcing agency for the activities specified in this section, except where they are an integral part of a process or activity by reason of which a use is required to be registered and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the fire official." [N.J.A.C. 5:70-2.7(a)]

Date of application: _____

Location where activity will occur _____

Date _____ Time _____

Applicant Name _____ Address _____

Organization Name _____

Phone/Fax Number _____ Emerg.# _____

Block/Lot _____ Registration# _____

The above named applicant hereby requests permission to conduct the following activity at the above indicated location:

_____

_____

And for the keeping, storage, occupancy, sale, handling or manufacture of the following:

_____

_____

(State quantities for each category to be stored, or used and the method stored or used:)

_____

_____

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed by the fire official.

_____ _____
Applicant Signature Fire Official Signature

_____ _____
Fee Amount Permit Type