



A.B.C.

APPLICANT'S "ALCOHOLIC BEVERAGE CONTROL" CHECKLIST

INITIAL LICENSE

- \$60.25 Money Order Only (made out to "NJSP SBI")
- \$25.00 Cash or Money Order Only -No Checks or Credit Cards
- Notarize page two
- Two forms of Identification (Either your Drivers License, Social Security, Birth Certificate, School I.D. Car Registration)
- Two References (can't be related and can't reside in the same house)
- Finger Printed (state prints and federal prints)
- Register into ID WORKS and IMC (records system)
- Take Photo

RENEWAL LICENSE

- \$10.00 Cash or Money Order Only -No Checks or Credit Cards
- Old ABC Card
- Notarize page two
- One form of Identification (Drivers License, Social Security, Birth Certificate, School I.D., etc.)
- Two References (can't be related and can't reside at the same house)
- Register into ID WORKS and IMC (records system)
- Take Photo
- ABC cards must be renewed within 1 year from expiration or you must START OVER.**

1st Page

EVERY LINE MUST BE FILLED OUT BEFORE APPLICATION IS PROCESSED!!!

-Must be signed by Manager/Management (**NO COPIES OF SIGNATURES**) and signature should match printed name of Licensee at the top of the First Page.

-Applicant's personal information must be filled out in small box

2nd Page

EVERY LINE MUST BE FILLED OUT BEFORE APPLICATION IS PROCESSED!!!

-Full Name – First, Middle, and Last

-**Present Date** is the date application is handed into at L.B. Police Records; **Address Of License Premises** is The Place of Work; **Registration** is your License Plate Number;

	<u>Date Submitted</u>	<u>Date Returned</u>
State Prints		
Federal Prints		
Entered into I.D. Works		
Entered into IMC (registry entry)		
Reference Forms		
Application submitted to Director		

Application Processed By: _____



CITY OF LONG BRANCH
POLICE DEPARTMENT
344 BROADWAY
LONG BRANCH, NJ 07740
(732) 222-1000

William A. Richards
Director of Public Safety

EMPLOYMENT VERIFICATION

Director:

I, _____, License of the New Jersey Liquor Licensed premises known as:

(NAME OF APPLICANT)

(ADDRESS)

(CITY & ZIP CODE)

(D.O.B.) (S.S. #)

(PERSON / COMPANY / CORPORATION TRADE NAME)

(ADDRESS AND ZIP CODE)

(LICENSE NUMBER) (PHONE)

I will employ the applicant starting _____ as _____

(DATE) (CAPACITY / JOB DESCRIPTION)

I have employed the applicant since _____ as _____

(DATE) (CAPACITY / JOB DESCRIPTION)

I am aware that, if, the applicant has a statutory disqualification which prohibits his / her association with the Liquor Industry of this state:

- (a) after acceptance of a Rehabilitation Permit or Disqualification Removal application by the Division of A.B.C., the applicant will present me with a dated temporary Work Letter, permitting his / her employment for a limited term while the application is in progress... and ...
- (b) in the event a Temporary Letter is not issued, I will not employ the applicant until I am presented with a current Rehabilitation Work Permit or a Disqualification Removal Order.

_____ (DATE) _____ (SIGNATURE) _____ (TITLE)

(THIS LETTER TO BE COMPLETED BY THE LIQUOR LICENSE LICENSEE)



**CITY OF LONG BRANCH
 POLICE DEPARTMENT
 344 BROADWAY
 LONG BRANCH, NJ 07740
 (732) 222-1000**

**ALCOHOLIC BEVERAGE CONTROL
 REGISTRATION APPLICATION**

Alcoholic Beverage Control permit, pursuant to Chapter 103, Sec.103-12, Revised Ordinances of the City of Long Branch, NJS et seq.: and 33:1-26

INITIAL RENEWAL FILE NUMBER

PLEASE TYPE OR PRINT CLEARLY

NAME:			
ADDRESS:			
HOME PHONE:		DATE OF BIRTH:	
S.S. #:		PLACE OF BIRTH:	
SEX:	RACE:	HEIGHT:	WEIGHT:
HAIR:	EYES:	MARITAL STATUS:	
SCARS, MARKS, TATTOOS:			
DRIVER LICENSE NUMBER:			STATE:
VEHICLE REGISTERED TO OR OPERATED BY APPLICANT			
MAKE:	MODEL:	YEAR:	REG:
PREVIOUS ADDRESSES (Past Ten Years)			
1.	From:	To:	
2.	From:	To:	
3.	From:	To:	
TWO CHARACTER REFERENCES			
NAME:	ADDRESS:	PHONE:	
NAME:	ADDRESS:	PHONE:	
HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, supply information below.)			
Date of Arrest:	Charge:	Place:	Disposition:
Date of Arrest:	Charge:	Place:	Disposition:
NAME OF LICENSED PREMISES:			
ADDRESS:			PHONE:
POSITION:		DUTIES:	
HAVE YOU EVER BEEN REVOKED OR DENIED A PERMIT: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, explain on back)			
I swear (or affirm) that all of the information provided above is true, complete and accurate to the best of my knowledge and belief. I understand that any false statements will result in denial of this application and prosecution for violation of NJS 2C: 28-3, a disorderly person.			
Sworn to and subscribed before me this ____ day of ____ 19__:		_____	
(Notary Public)		(Signature of Applicant)	
_____ (My commission expires)			
RECORDS BUREAU USE ONLY			
Fingerprinted By:	Date:	SBI:	FBI:
Approved By:	(Director of Public Safety)		Date Issued: