

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

PETITION FOR TEMPORARY PERMIT TO OPERATE PENDING ACTION BY  
MUNICIPAL ISSUING AUTHORITY UPON PETITIONER'S  
APPLICATION FOR LICENSE RENEWAL [AI]

This application must be filed with the State Division of Alcoholic Beverage Control. It is necessary to be filed with appropriate fee when application for renewal of license and renewal fees have been filed with the municipality, but the municipal governing body has not renewed the license by July 1<sup>st</sup>, and the licensee wishes to conduct business. The fee is \$75.00 plus the daily fee of \$5.00 per day in the form of a certified check, attorney check or money order payable to the Division of Alcoholic Beverage Control. No cash, personal checks or business checks will be accepted. The application must be completed in full, signed by the applicant, and endorsed by the municipality. The application MUST be hand-delivered to the Division of A.B.C. at the above-captioned address with a copy of the applicant's Tax Clearance Certificate or a copy of the applicant's Temporary Tax Clearance Certificate issued by the Division of Taxation. If you have any questions regarding tax clearance, please contact the Division of Taxation at 609-292-0043. If you have any questions regarding this permit, please contact the ABC at 609-984-1954.

1. Name of licensee as it appears on the license certificate:

\_\_\_\_\_

2. Address of licensed business as it appears on the license certificate:

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

3. New Jersey 12-digit license number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Contact Name \_\_\_\_\_

5. Contact Phone Number \_\_\_\_\_

6. Requested effective dates for Ad Interim Permit:

From \_\_\_\_\_ to \_\_\_\_\_ inclusive.  
Day/Month/Year Day/Month/Year

Name/Title of Authorized Signator \_\_\_\_\_  
[Please Print]

Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

[Signator's name must appear on 12-page license application: as President, Vice President, Sole Proprietor or Partner.]

[OTHER SIDE TO BE COMPLETED BY MUNICIPAL CLERK  
OR A.B.C. BOARD SECRETARY]

**TO BE COMPLETED BY MUNICIPAL AUTHORITIES**

1. Date renewal application was filed and renewal fees paid:  
\_\_\_\_/\_\_\_\_/\_\_\_\_.
  
2. Date Municipal Council or A.B.C. Board will meet to act on renewal of this license: \_\_\_\_/\_\_\_\_/\_\_\_\_.
  
3. Please state reason why the license was not renewed by resolution prior to July 1st.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Does the municipality object to the issuance of an *Ad Interim Permit* by the State Division of Alcoholic Beverage Control?  
\_\_\_\_ Yes      \_\_\_\_ No

Municipal Clerk or A.B.C. Board Secretary:

\_\_\_\_\_  
[Please Print]

Signature: \_\_\_\_\_

**THE FOLLOWING FORMULA PERTAINS TO ALL RETAIL LICENSEES:**

\$5.00 PER DAY X [No. of Days] \_\_\_\_\_ = \_\_\_\_\_ [AI Fee]

[AI Fee] \_\_\_\_\_ + \$75.00 = \$ \_\_\_\_\_  
[Total Fee]

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If an additional permit is needed, the following formula applies:

\$5.00 [Per Day] X \_\_\_\_\_ [No. of Days] = \$ \_\_\_\_\_  
[Total Fee]

**APPLICATIONS MUST BE HAND DELIVERED TO THE ABC.  
NO OTHER METHOD OF DELIVERY WILL BE ACCEPTED.  
MAILED APPLICATIONS WILL BE RETURNED TO SENDER.**