

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 TEMPORARY STORAGE PERMIT [TE]

Print or type answers to questions. Applications must be accompanied by a CHECK or MONEY ORDER payable to the DIVISION OF ALCOHOLIC BEVERAGE CONTROL in the amount of \$25.00 plus \$2.00 per day for the number of days the Permit is needed.

1. Name of Licensee _____

2. License Number _____

3. Address of Licensed Premises _____

4. Telephone Number _____
(Area Code)

5. Location of place where alcoholic beverages will be temporarily stored: _____

6. Dates requested for use of Temporary Storage Permit:
From _____ Through _____

7. State reason why temporary additional storage is needed:

Date _____
(Type or Print Name of Licensee)

(Signature of Licensee)

OVER 

NO PERMIT WILL BE GRANTED WITHOUT MUNICIPAL ENDORSEMENTS

This application is to be endorsed by the Chief of Police of the municipality wherein the place of temporary storage is located.

I certify that there is no objection by the police department to the granting of a Special Permit to this applicant to temporarily store alcoholic beverages at the address indicated on this application.

(Type or Print Name of Chief of Police)

(Signature of Chief of Police)

*This application is also to be endorsed by the **Municipal Clerk** of the municipality wherein the place of temporary storage is located.*

I certify that the municipality has no objection to the issuance of a Special Permit to the applicant to temporarily store alcoholic beverages at the address indicated on this application.

(Type or Print Name of Municipal Clerk)

(Signature of Municipal Clerk)