

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
140 EAST FRONT STREET, P.O. BOX 087
TRENTON, NJ 08625-0087

APPLICATION FOR MERCHANDISING SHOW PERMIT [MS]

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

The fee for this permit is **\$75.00** per day for New Jersey licensees and **\$100.00** per day for any wholesaler or manufacturer who is not licensed in the State of New Jersey. Fee must be made in the form of a check or money order payable to the Division of Alcoholic Beverage Control.

1. Name of Company_____
2. Address of Company_____

3. 12-Digit License No.(if NJ licensee)_____
4. T.T.B. Permit No. (if not licensed in NJ)_____
5. Name of Event_____
6. Location where event will be held_____

7. Date(s) of Event_____
8. Time(s) of Event_____

Permittee requests to sample or display alcoholic beverages at a bona fide alcoholic beverage industry related event designated as a Merchandising Show by the Director of the Division of Alcoholic Beverage Control.

All products to be sampled must be brand registered in the State of New Jersey. You must attach a list of the participating wholesalers and any wholesaler or manufacturer, who is not licensed in the State of New Jersey, who will be participating in this event. The fee for each participating New Jersey licensee is \$75.00 and \$100 for all wholesalers and manufacturers not licensed in the State.

This permit, or a copy thereof, must be conspicuously displayed in each booth occupied by the permittee.

NOTE: If the permittee is not licensed in New Jersey, the New Jersey alcoholic beverage tax has to be paid on those products to be sampled or displayed; except when such products have been procured from tax-paid inventory of a New Jersey licensed wholesaler and identified with a New Jersey Brand Registration number. If applicable taxes are owed, you should contact the New Jersey Division of Taxation at (609) 984-4121.

Name/Title of Authorized Signator_____ (Please Print)

Signature_____ Date_____

Contact Name_____ Contact Phone #_____