

SOLICITOR'S PERMIT PROCESSING

The following procedures must be completed when applying for a Solicitor's Permit:

APPLICATION

Section I must be completed by the employing wholesaler. **All** questions on Section II must be answered by the applicant. If applicant will be employed by two or more wholesalers within the same year or has previously been employed by a licensed New Jersey wholesaler, each company's name and license number **must be** listed for Question 22. The signatures of the applicant and an authorized representative of the employing wholesaler are **required** in the notarized statement in Section III.

FINGERPRINTS

All candidates for Solicitor's Permits **must comply** with the procedure for obtaining fingerprint impressions. (*Call Lori Rosati at 609-292-0322 for the form.*) Solicitors out of the industry for at least three years must be reprinted.

PHOTOGRAPHS

Each original application **must be** accompanied by one (1) passport size (2" X 2") photograph of the applicant.

FEES

The fees for Solicitor's Permits are as follows:

**\$15.00 for those employed by SBD licensees and
\$25.00 for those employed by all other wholesale licensees.**

Payment should be made in the form of a check or money order payable to the Division of Alcoholic Beverage Control.

NOTE: Upon termination of employment, the solicitor or his employer must surrender the original Solicitor's Permit to our Bureau for cancellation. If the solicitor commences employment with another wholesale licensee, he/she must apply for a new Solicitor's Permit by submitting a new application, fee and passport photograph to this Division.

08/2008

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

Revised 04/28/14

APPLICATION FOR SOLICITOR'S PERMIT

A.B.C. USE ONLY	
SOLICITOR NO. _____	
DATE _____ / _____ / _____	

THIS APPLICATION CONSISTS OF FOUR (4) PAGES WHICH MUST BE FULLY COMPLETED.

SECTION I: NEW JERSEY WHOLESALER LICENSE INFORMATION – TO BE COMPLETED BY LICENSEE

1. Employer's New Jersey License Number: 3403 - 26 - 623 - 001
2. License Name: _____
3. License Address: 66 West Broadway, Suite 301
(Street)

(City) (State) (Zip Code)
4. Contact Name: _____ 5. Contact Phone # _____
6. Contact E-Mail Address: _____
7. Type(s) of Compensation Received by Applicant:

Salary	[]
Commission	[]
Bonus	[]
Expenses	[]
Percentage	[]
No Compensation	[]
8. Date Employment will Commence: _____ / _____ / _____
Month Day Year

SECTION II: APPLICANT INFORMATION – TO BE COMPLETED BY APPLICANT

9. Solicitor Name: _____
(Last) (First) (Middle)
10. Home Address: _____
(Number/PO Box) (Street)

(City) (State) (Zip Code)
11. Mailing Address: _____
(If Different) (Number/PO Box) (Street)

(City) (State) (Zip Code)

12. E-Mail Address _____

13. Home Telephone Number (_____) _____

14. Cellular Telephone Number (_____) _____

15. Date of Birth ____/____/____
Month Day Year

16. Social Security No: ____ - ____ - ____

17. Drivers License No.: _____/_____
(State) (Number)

18. Height _____ 19. Weight _____ 20. Hair Color _____ 21. Eye Color _____

22. Have you been previously employed by a New Jersey wholesale licensee as a Solicitor?

Yes () **No** () If yes, please provide the following information.
List each previous employer individually (use extra paper if necessary):

A. Wholesaler's Name: _____

Dates Employed: **FROM** [____]/[____] **TO** [____]/[____]
Month Year Month Year

B. Wholesaler's Name: _____

Dates Employed: **FROM** [____]/[____] **TO** [____]/[____]
Month Year Month Year

23. Do you presently hold, or have you ever held, an interest, directly or indirectly, in any type of alcoholic beverage license in the United States, or are you receiving any payments from the sale of an alcoholic beverage license in the United States?

Yes [] **No** [] If yes, please provide the following:

A. State of Issue _____

Name of Licensed Entity _____ License No. _____

B. Type of License: Retail []
Wholesale/Supplier []
Manufacturer []

C. Indicate if your interest has been: Surrendered []
Revoked []
Canceled []
Transferred []
Lapsed []

D. Date interest was terminated: ____/____
Month Year

24. Do you have any immediate family members, defined as husband, wife, son, daughter, grandson, granddaughter, brother, sister, father, mother, brother-in-law, sister-in-law, son-in-law or daughter-in-law, who has an interest, directly or indirectly, in any type of alcoholic beverage license in New Jersey? If yes, provide the name of the person, the relationship between the two of you, the license number of the business they own and the address of the licensed premises.

Name _____

Relationship _____

License Number _____

Address of Licensed Premises _____

25. Do you currently hold any official position related to law enforcement in the State of New Jersey? **Yes** () **No** ()

If yes: Jurisdiction _____

Title _____

26. Have you ever been denied a New Jersey Solicitor's Permit? **Yes** () **No** () If yes, on what date and for what wholesaler had you been contracted to solicit?

_____ (Date)

_____ (Wholesaler/Employer)

27. Are you being investigated or have you **ever** been convicted of a violation of any law or regulation, etc., concerning the manufacture, sale, possession, distribution or transportation of alcoholic beverages? **Yes** () **No** ()

28. Are you being investigated or have you **ever** been convicted of any criminal matter of any type whatsoever? **Yes** () **No** ()

If yes: Nature of Offense _____

Penalty (or status of investigation) _____

Date of Conviction ____/____/____

Jurisdiction: Federal [] State [] County [] Municipal []

Identify Jurisdiction: _____

29. If you answered "YES" to Question 27 or 28, have you petitioned the Director of the Division of Alcoholic Beverage Control for a disqualification removal/eligibility? **Yes** () **No** ()

If Granted: Docket No. _____ Date of Determination ____/____/____



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
 Phone: (609) 984-2830

Affidavit for *NEW* Solicitor's Permit Applicant

The affidavit must be completed by the licensee and the applicant. Also it must be notarized by a Notary Public or an Attorney-at-Law of the State of New Jersey .

STATE OF _____)
)
 COUNTY OF _____)
)

The applicant specifically avers the following:

1. I do not presently have an interest, directly or indirectly, in any type of alcoholic beverage license other than described in my Solicitor's Permit Application; and
2. No immediate family member of mine, meaning husband, wife, son, daughter, grandson, granddaughter, brother, sister, father, mother, brother-in-law, sister-in-law, son-in-law or daughter-in-law has any direct or indirect financial interest or participates in the operation of a retail alcoholic beverage license except those described in my Solicitor's Permit Application.
3. I am aware of my continuing obligation to report to the Division of Alcoholic Beverage Control any changes to the facts contained in my Solicitor's Permit application.
4. All statements in this application required to be made by law or by rules and regulations shall be deemed material, and any person who shall knowingly misstate any material fact, under oath, in the application shall be guilty of a misdemeanor. Fraud, misrepresentation, false statements, misleading statements, evasions or suppression of material facts in the securing of a license is grounds for suspension or revocation of the license.
5. I am aware that this application is under review and I am not permitted to conduct business until I receive official word and documentation from the Division of Alcoholic Beverage Control granting me permission.

 SIGNATURE OF APPLICANT

 AUTHORIZED SIGNATURE OF LICENSEE

 PRINT NAME OF APPLICANT

 PRINT NAME OF LICENSEE

The above persons, being duly sworn according to law, upon their oaths, deposes and states that the answers, statements and declarations made in the foregoing application are true to the best of their knowledge and belief and are aware that if any of the foregoing answers, statements or declarations are willfully false, they will be subject to punishment.

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE

THIS _____ DAY OF _____, 20_____

 NOTARY PUBLIC OR OFFICER ADMINISTERING OATH
 (APPLICANT'S SIGNATURE MUST BE NOTARIZED.)