

Instructions for Obtaining

A.B.C. License

(ALCOHOLIC BEVERAGE CONTROL)

The application must be filled out entirely before it will be processed.

EVERY LINE AND EVERY BOX MUST BE FILLED OUT COMPLETELY.

It will take approximately 15-30 minutes to process each applicant.

Monday – Friday 9:00 am – 3:30 pm

Payments must be made by Money Orders only. (No Cash, No Checks and No Credit/Debit Cards)

1st Page

Must be signed by Manager (**NO COPIES OF SIGNATURES**) and signature must match printed name of Licensee at the top of the 1st Page.

Applicants Job Description and Start Date must be filled in.

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

2nd Page

Present Date is the date application is handed in at the Long Branch Police Records.

Full Name – First, Middle, and Last

If a question does not apply, write N/A

Two pages of application need to be notarized by a Notary Public.

License - Two (2) Year Card

- \$50.00 Processing Fee (Money Order Only Made out to City Of Long Branch)
- Two pages (4&5) to be notarized by Notary Public
- Two forms of Identifications are needed: (One form must be a picture ID like a Passport/City ID/Driver's License/etc.)
- Two Character References needed. (They cannot be related to applicant and cannot reside at the same address as the applicant) ([Click for link](#))
- Applicants that let their temporary license lapse, agrees not to work and cannot re-apply**

Office Use

- Contributors Case # (LBPD Receipt #) Issued and written on fingerprint form
- Register into records management system (RMS)
- Photo will be taken at Police Department.

	Date Submitted	Date Returned
Entered into Spillman		
Reference 1		
Reference 2		
Fingerprint Confirmation		
Application Submitted to Chief		

Application Process By: _____



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

Jason Roebuck
Chief of Police

EMPLOYMENT VERIFICATION

Director:

I, _____, Licensee of the New Jersey Liquor Licensed premises
known as:
(PRINT MANAGER'S NAME)

(NAME OF APPLICANT)

(ADDRESS)

(CITY & ZIP CODE)

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

(COMPANY / CORPORATION TRADE NAME)

(ADDRESS AND ZIP CODE)

(LICENSE NUMBER) (PHONE)

I will employ the applicant starting _____ as _____.

(DATE) (CAPACITY / JOB DESCRIPTION)

- OR -

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) (MANAGER'S 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

DATE _____

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

PLEASE TYPE OR PRINT CLEARLY (BLUE INK ONLY)

APPLICANT INFORMATION			
FIRST NAME:	MIDDLE NAME:	LAST NAME:	
ADDRESS: STREET:		APT:	
CITY:	STATE:	ZIP:	
HOME PHONE:		CELL PHONE:	
S.S. #:		DATE OF BIRTH:	
PLACE OF BIRTH: CITY:		STATE:	COUNTRY:
SEX:	RACE:	HEIGHT:	WEIGHT:
HAIR:	EYES:	MARITAL STATUS:	
SCARS, MARKS, TATTOOS:			
DRIVER LICENSE NUMBER:		STATE:	

PRIMARY VEHICLE REGISTERED TO OR OPERATED BY APPLICANT			
MAKE:	MODEL: <input type="checkbox"/> 2 DR <input type="checkbox"/> 4DR <input type="checkbox"/> TRUCK	YEAR:	PLATE # / STATE:
PREVIOUS ADDRESSES (Past Ten Years)			
1.	From:	To:	
2.	From:	To:	
TWO CHARACTER REFERENCES (Complete Address With City, State & Zip)			
NAME:	ADDRESS:	PHONE:	
NAME:	ADDRESS:	PHONE:	
HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, supply information below.) (Use Back if needed.)			
INCLUDE ALL ARRESTS EVEN IF CHARGES WERE DISMISSED			
Date of Arrest:	Charge:	Place:	Disposition:
Date of Arrest:	Charge:	Place:	Disposition:
Date of Arrest:	Charge:	Place:	Disposition:
Date of Arrest:	Charge:	Place:	Disposition:
HAVE YOU EVER BEEN REVOKED OR DENIED A PERMIT: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, explain on back)			
<p>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.</p> <p>Sworn to and subscribed before me this ____ day of _____ 20____:</p> <p style="text-align: right;">_____ (Signature of Applicant)</p> <p>_____ (Notary Public)</p> <p>_____ (My commission expires)</p>			
RECORDS BUREAU USE ONLY			
Fingerprinted By:	Date:	SBI:	FBI:
Approved By:	(Chief of Police)		Date Issued:



**CITY OF LONG BRANCH
POLICE DEPARTMENT
344 BROADWAY
LONG BRANCH, NJ 07740**

PERSONAL INFORMATION

Applicant: _____

D.O.B.: _____

S.S. #: _____

Circle One: Firearms Application, ABC Application, Taxi Application, Mercantile Permit,
Other: _____

Date:

RELEASE FORM

I _____ swear that all the information furnished to the Long Branch Police Department is the truth, the whole truth and nothing but the truth.

I understand that any false information furnished to the Long Branch Police Department through this application or other means will constitute False Swearing (NJ.S. 2C:28-2). I understand that this a fourth degree crime that can, upon conviction, result in monetary fines and/or incarceration.

I AUTHORIZE the Long Branch Police department to investigate my background. They may have unlimited access to any information including but not limited to a criminal history check.

Name (signature)

Name (print or type)

Sworn and subscribed to
before me the ___ day
of _____

Notary Public

ATTENTION *ABC & TAXI* APPLICANTS

Your receipt is your temporary license. Applicants will retain a copy of their license and provide a copy to their job.

The license is valid for 30 days from the date application payment is received. Upon written verification that applicant has applied and paid for fingerprint check an additional 30 day extension will be granted.

Applicants must contact the Long Branch Police Department for a status check before temporary license expires. Applicants may be penalized, if they fail to do so.

If all requirements to complete the application are not submitted by the expiration date, applicants will not be permitted to work.

**** (NO RE-APPLYING AT ANYTIME) ****

With your initials, you hereby acknowledge and understand the above mention statements.

Applicants Initials: _____