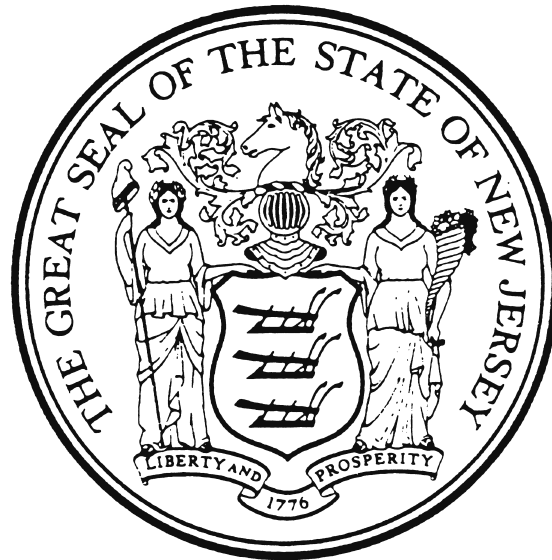


**STATE OF NEW JERSEY
CASINO CONTROL COMMISSION**



**CASINO HOTEL ALCOHOLIC BEVERAGE
DONATION PERMIT APPLICATION**

STATE OF NEW JERSEY CASINO CONTROL COMMISSION

DONATION PERMIT

A CHAB donation permit issued by the Casino Control Commission is required when a licensed wholesaler or other person that does not hold an annual special permit to donate alcoholic beverages issued by the Division of Alcoholic Beverage Control seeks to donate alcoholic beverages for consumption at a social affair held on the premises of Casino Hotel Alcoholic Beverage (CHAB) licensee. The holder of a CHAB donation permit may donate alcoholic beverages to qualified alcoholic beverage industry trade organizations and bona fide charitable organizations

A licensed wholesaler or other person that holds an annual permit to donate alcoholic beverages issued by the Division of Alcoholic Beverage Control may donate alcoholic beverages for consumption at a social affair held on the premises of a CHAB licensee provided that a copy of the permit is filed with the Commission no later than one day prior to the event.

Each wholesaler or other person that files an application for a CHAB donation permit must provide specific information about the affair and the alcoholic beverages to be donated. A copy of the 12-digit New Jersey ABC (Alcoholic Beverage Control) license must be included with this application. In addition, any applicant for a CHAB donation permit must include an inventory report that describes the type (brand name) and the amount of alcoholic beverages to be donated.

The application must be filed **at least 30 days before the date of the affair** and is to include a fee of \$50.00 for each day that donated alcoholic beverages are delivered to the affair. The fee is non-refundable should the event be canceled.

A CHAB donation permit is granted with conditions that address the donation of alcoholic beverages at the affair.

Additional information about a CHAB donation permit can be found in the CHAB donation application form or by calling (609) 441-3442.

**STATE OF NEW JERSEY
CASINO CONTROL COMMISSION
TENNESSEE AVENUE AND THE BOARDWALK
ATLANTIC CITY, NEW JERSEY 08401**

**DONATION PERMIT APPLICATION
(FOR ALCOHOLIC BEVERAGES)**

INSTRUCTIONS:

1. A complete, original application must be filed with the Commission at least 30 days prior to the date of the social affair to which alcoholic beverages are to be donated.
2. All questions must be answered. If a question does not apply, write "Does not apply" in response to that question.
3. The fee for a CHAB donation permit is \$50.00 for each day that donated alcoholic beverages are delivered to the affair. A check or money order for the appropriate amount, payable to the CASINO CONTROL FUND, must be included with the completed application. Pursuant to N.J.A.C. 19:41-9.19, this fee is non-refundable should the event be canceled.
4. Send your application and fee to:

**Casino Control Commission
Casino Hotel Alcoholic Beverage Licensing
Tennessee and the Boardwalk
Atlantic City, NJ 08401**

5. A copy of the 12-digit New Jersey ABC (Alcoholic Beverage Control) license must be included with this application.
6. You must include an inventory report or listing describing the alcohol to be donated. This inventory report or listing must be included with this application.
7. Your permit application will be processed only after the CHAB licensee whose premises are being used for the affair files a Social Affair Permit Certification and Agreement with the Commission. Your permit will be forwarded to you by mail once it is approved.
8. If you have any questions about this form, please call (609) 441-3442.

NEW JERSEY CASINO CONTROL COMMISSION

CHAB DONATION PERMIT

1. Name, address and phone number of permit applicant:

NAME

ADDRESS: (NUMBER AND STREET)

CITY STATE ZIP CODE

TELEPHONE NUMBER: (AREA CODE) (NUMBER) FAX NUMBER (IF APPROPRIATE)

2. 12 digit New Jersey license number (if NJ licensee) _____

NOTE: *As part of this application, provide a copy of the 12-digit New Jersey ABC (Alcoholic Beverage Control) license.*

3. Name, address and daytime phone number of the person who should be contacted regarding this permit.

NAME

ADDRESS: (NUMBER AND STREET)

CITY STATE ZIP CODE

TELEPHONE NUMBER: (AREA CODE) (NUMBER) FAX NUMBER (IF APPROPRIATE)

4. Name of the social affair: _____

Name of alcoholic beverage industry trade organization or charitable organization sponsor:

5. Name of the CHAB licensee and the room(s) where the affair will be held.

CHAB licensee: _____

Room name: _____

6. Date(s) and time(s) of the affair.

Date(s): _____

Time(s): _____

7. Identify the types of alcoholic beverages to be donated: (Check all that apply.)

Wine Distilled spirits Malt alcoholic beverages

NOTE: *As part of this application include an inventory report that describes the type (brand name) and the amount of each alcoholic beverage to be donated.*

8. Will the alcoholic beverages donated to the affair be provided exclusively from the business or company applying for this permit?

Yes No

If no, indicate from where the alcoholic beverages will be obtained or purchased.

NAME

ADDRESS: (NUMBER AND STREET)

CITY

STATE

ZIP CODE

NOTE: *If the alcoholic beverages will be obtained or purchased from more than one source, identify all of these sources as attachment to this application.*

9. Will the alcoholic beverages donated to the affair be delivered on more than one day?

Yes No

If yes, indicate the dates: _____

10. Has your organization ever been issued any CHAB permit by the New Jersey Casino Control Commission?

Yes No

If yes, provide the following information about the most recent event.

Type of permit issued: _____

Date of event: _____

Place of event: _____

**DONATION PERMIT
ACKNOWLEDGMENT OF APPLICANT**

I, _____
(Applicant Representative)

(Title of Applicant Representative)

at _____ acknowledge:
(Applicant)

- 1. The alcoholic beverages to be donated to a social affair must be receipted for by an officer of the organization conducting the affair and the receipt must be retained on the permittee's licensed premises attached to the original request of the organization and this permit for a period of one year.
- 2. The alcoholic beverages to be donated to the affair, whether transported in a vehicle bearing a Division of Alcoholic Beverage Control transit insignia or not, must be accompanied by a copy of this permit.
- 3. If there are any modifications or changes to the information provided in this application, prior approval must be obtained from the Casino Control Commission.

(DATE)

(SIGNATURE OF APPLICANT REPRESENTATIVE)