

**STATE OF NEW JERSEY  
CASINO CONTROL COMMISSION**



**CASINO HOTEL ALCOHOLIC BEVERAGE  
SOCIAL AFFAIR PERMIT APPLICATION**

# STATE OF NEW JERSEY CASINO CONTROL COMMISSION

## SOCIAL AFFAIR PERMITS

A social affair permit issued by the Casino Control Commission is required when certain groups or organizations sell or serve alcoholic beverages at functions or events for which fees are charged when these events are held on the premises of a casino hotel alcoholic beverage licensee. These groups or organizations must be civic, religious, educational, charitable, fraternal, social or recreational and not for private gain. The fees charged for the event can include direct charges for drinks, ticket or admission fees, donations, special assessments, or a charge for food, entertainment or anything else.

The organization sponsoring the event is required to file an application for a social affair permit which asks for general information about the sponsoring organization, and also requests specific information about the event and the purchase and service of alcoholic beverages during the event. The application must be filed at least 2 weeks before the date of the event and the casino hotel alcoholic beverage licensee hosting the event is required to complete a certification and agreement that is to be included as part of the application. The fee for a social affair permit is \$50.00 for each day of the event and is non refundable should the event be canceled.

A social affair permit is granted with conditions that address the purchase, storage, handling, selling and serving of alcoholic beverages at the event. In addition, the holder of a social affair permit is required to file an inventory report within 10 days after the event. The inventory report requests information about the amount of alcoholic beverages purchased for the event, the amount remaining at the end of the event and an explanation of the disposal of the excess alcoholic beverages.

Additional information about a social affair permit can be found in the social affair permit application form or by calling (609) 441-3441.

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

**APPLICATION  
SOCIAL AFFAIR PERMIT  
(TO DISPENSE ALCOHOLIC BEVERAGES)**

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**INSTRUCTIONS:**

1. A complete, original application must be filed with the Commission at least two weeks prior to the scheduled event. Please note this includes a certification that must be signed by a representative of the Casino Hotel Alcoholic Beverage (CHAB) licensee hosting your event.
2. The fee for a social affair permit is \$50.00 per day. 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.
3. Send your application and fee to:

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

4. You will be required to file a notarized inventory report describing the amount of alcohol purchased for the event and the amount of alcohol remaining at the end of the event. This report must be filed with the Commission within ten (10) days following the event. **FAILURE TO FILE THE INVENTORY REPORT WITHIN THE TEN DAYS MAY BE CAUSE FOR DENIAL OF ANY FUTURE APPLICATION FOR A SOCIAL AFFAIR PERMIT REQUESTED BY YOUR ORGANIZATION.** You should immediately advise the Commission if the event is canceled to prevent any action from being taken for failure to file the inventory report.
5. If you have any questions about this form, please call (609) 441-3441.

**NEW JERSEY CASINO CONTROL COMMISSION  
SOCIAL AFFAIR PERMIT**

1. Name, address and phone number of organization applying for the permit:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS: (NUMBER AND STREET)

\_\_\_\_\_  
CITY

STATE

ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER: (AREA CODE)

NUMBER

FAX NUMBER (IF APPLICABLE)

2. Specify the type of organization (Civic, religious, educational, fraternal, recreational, charitable, etc.):

NOTE: If this is a non-profit organization, please provide your federal/state tax exemption number, and/or a copy of your certificate of incorporation, or other proof of non-profit status.

3. Provide the name, address and daytime telephone 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)

4. Provide the name of the CHAB licensee where the event will be held.

\_\_\_\_\_  
Provide the name of the room where the event will be held. (i.e. Grand Ballroom, etc.)

5. Date(s) and time(s) of the event.

Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

6. What kinds of alcoholic beverages will be dispensed? (Check all that apply.)

Wine       Distilled spirits       Malt alcoholic beverages

7. Will the alcoholic beverages dispensed at the event be purchased exclusively from the CHAB licensee hosting the event?      Yes       No

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

NAME \_\_\_\_\_

ADDRESS: (NUMBER AND STREET) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

8. Will there be any charges or fees assessed?      Yes       No

If yes, how much is the charge or fee?      \$ \_\_\_\_\_

Specify how this charge or fee will be collected. (Ticket, entrance fee, donation, etc.)

\_\_\_\_\_

To whom, and for what purpose will the proceeds of the affair be used?

\_\_\_\_\_

\_\_\_\_\_

9. Attach a copy of the program or a program summary that will take place during the event.

10. Will there be persons under the legal age to consume alcoholic beverages attending the event?      Yes       No

If yes, what measures will be taken to ensure that they do not consume alcoholic beverages?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Has your organization ever been issued a CHAB permit by the New Jersey Casino Control Commission?      Yes       No

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

Date of event: \_\_\_\_\_

Place of event: \_\_\_\_\_

**SOCIAL AFFAIR PERMIT  
ACKNOWLEDGMENT OF EVENT SPONSOR**

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

I, \_\_\_\_\_,  
(Applicant Representative)

\_\_\_\_\_  
(Title of Applicant Representative)

at \_\_\_\_\_ acknowledge:  
(Applicant)

1. The event is nondiscriminatory and open to all the membership of the organization, or to all the public, as appropriate.
2. The permittee and the CHAB licensee shall be jointly and severally liable for any violations of all applicable alcoholic beverage laws and regulations during the event.
3. An inquiry is made to the Division of Alcoholic Beverage Control (ABC) to determine the necessity of any permit that may be required from the ABC. You may call them at (609) 984-2830. If an ABC permit is issued, a copy must be provided to the Casino Control Commission prior to the date of the event.
4. If the event is more than one day, arrangements must be made for the safekeeping and storage of all alcoholic beverages in an authorized and licensed storage area within the casino hotel facility.
5. The permittee shall not sample, sell, serve or deliver, or allow, permit or suffer the sampling, sale, service or delivery of any alcoholic beverage, directly or indirectly to or consumption by any person under the legal age to consume alcoholic beverages, nor to any person who is actually or apparently intoxicated.
6. Permission is given to the Casino Control Commission and the Division of Gaming Enforcement, and their duly authorized representatives, investigators and agents to investigate the sale of alcoholic beverages at the event for which this application is made.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF APPLICANT REPRESENTATIVE)

**SOCIAL AFFAIR PERMIT  
CERTIFICATION AND AGREEMENT FROM SPONSORING CHAB LICENSEE**

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

I, \_\_\_\_\_,  
(CHAB Licensee Representative)

\_\_\_\_\_  
(Title of CHAB Licensee Representative)

at \_\_\_\_\_,  
(CHAB Licensee)

certify that as of this date, no more than 25 special event permits have been authorized for these premises during this calendar year.

I further certify that I am a duly authorized agent for the owner of the facility and that I am fully authorized to and do hereby certify there are no objections to the sale and service of alcoholic beverages upon such premises at such event.

It is understood that as the Casino Hotel Alcoholic Beverage licensee,  
\_\_\_\_\_ will be jointly and severally liable,

along with the permittee, for any violation(s) of applicable alcoholic beverage laws and regulations of the New Jersey Division of Alcoholic Beverage Control and/or the Casino Control Commission.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF CHAB LICENSEE REPRESENTATIVE)

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

**INVENTORY REPORT**

Each organization that receives a Social Affair Permit authorizing the purchase and service of alcoholic beverages must fully complete this inventory report within ten (10) days following the event.

Attach to the completed inventory report a copy of any program describing the event, a copy of any ticket used for admittance to the event, and copies of invoices received for the purchase of alcoholic beverages.

**FAILURE TO FILE THE INVENTORY REPORT WITHIN TEN (10) DAYS FOLLOWING THE EVENT MAY BE CAUSE FOR DENIAL OF ANY FUTURE APPLICATION FOR A PERMIT BY YOUR ORGANIZATION.**

1. Permit number issued: \_\_\_\_\_

2. Name and address of organization granted the permit:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS: (NUMBER AND STREET)

\_\_\_\_\_  
CITY

STATE

ZIP CODE

3. Date of event: \_\_\_\_\_

4. Place of event: \_\_\_\_\_

5. Does your organization hold a liquor license?      Yes     No

If yes, provide the type of license and license number.

\_\_\_\_\_  
(TYPE OF LICENSE)

\_\_\_\_\_  
(LICENSE NUMBER)

6. Type of event for which the permit was issued: \_\_\_\_\_

7. Number of persons in attendance: \_\_\_\_\_

8. In the space below, list the specific quantities of each type of alcoholic beverages purchased for this event:

Wines: \_\_\_\_\_

Distilled spirits/liquors: \_\_\_\_\_

Malt alcoholic beverages/ beer: \_\_\_\_\_

9. Date alcoholic beverages were purchased: \_\_\_\_\_

10. Name and address of wholesaler or retailer from whom alcoholic beverages were purchased:

NAME \_\_\_\_\_

ADDRESS: (NUMBER AND STREET) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

11. List specific quantities of each type of alcoholic beverages on hand at the end of the event:

Wines: \_\_\_\_\_

Distilled spirits/liquors: \_\_\_\_\_

Malt alcoholic beverages/ beer: \_\_\_\_\_

12. Describe the disposition of any alcohol remaining at the end of the event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Attach a copy of any ticket and/or program used for the event.

If none used, check here: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ORGANIZATION OFFICIAL OR REPRESENTATIVE

\_\_\_\_\_  
PRINT NAME OF SIGNER

\_\_\_\_\_  
DATE

**NOTARIZATION**

Subscribed and sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
STATE