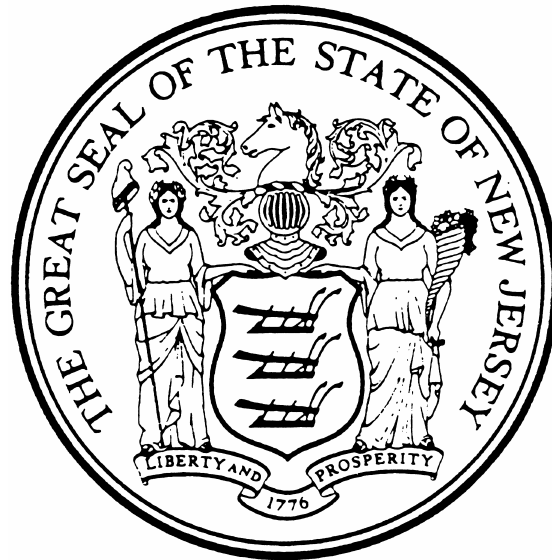


**STATE OF NEW JERSEY**  
**CASINO CONTROL COMMISSION**



**CASINO HOTEL ALCOHOLIC BEVERAGE**  
**SPECIAL DISPOSAL PERMIT APPLICATION**

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

**APPLICATION  
SPECIAL DISPOSAL PERMIT**

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**INSTRUCTIONS:**

1. A complete, original application must be filed with the Commission at least 30 days prior to the scheduled event. For this application to be complete it must include a listing of all alcoholic beverages to be sold and detailed internal controls describing the conduct of the sale.
2. Fees are in accordance with N.J.A.C. 19:41-9.7 and are to 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 appropriate fee to:

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

4. If you have any questions about this form, please call (609) 441-3442.

**NEW JERSEY CASINO CONTROL COMMISSION**  
**SPECIAL DISPOSAL PERMIT**

1. Name of the CHAB licensee applying for the permit:

\_\_\_\_\_

2. Name and telephone number of the person who should be contacted regarding this permit.

NAME \_\_\_\_\_

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

3. Describe the event that this special disposal permit will be used for:

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

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

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

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

5. Authorized location where the event will be held.

\_\_\_\_\_

6. Attach a listing of the type and quantity of alcoholic beverages to be sold and the amount that will be charged for each. This list is to identify the amount of profit that will be made on each bottle sold.

7. Attach a description of the procedures for conducting the sale. This is to include a description of the inventory procedures that will be followed before and after the sale, security measures, accounting controls, procedures for any breakage that occurs and any transportation requirements. This description should also include the job titles and a description of the responsibilities of each employee involved in the conduct of the sale.

## ACKNOWLEDGMENT OF CHAB LICENSEE

The following conditions must be agreed to before a special disposal permit is issued:

1. The CHAB licensee shall be liable for any violations of all applicable alcoholic beverage laws and regulations during the sale.
2. If the sale for which this permit is requested 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.
3. The CHAB licensee 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.
4. 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.

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(DATE)

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(SIGNATURE/TITLE OF APPLICANT REPRESENTATIVE)

**CERTIFICATION AND AGREEMENT FROM CHAB LICENSEE**

I certify that not more than 25 special event permits have been authorized for these premises during this calendar year.

I further certify that I am the person in charge of the premises, or an agent for the owner of the facility, upon which the sale will be held and that I am fully authorized to and do hereby certify that there are no objections to the sale of alcoholic beverages upon these premises.

It is understood that as the Casino Hotel Alcoholic Beverage licensee, I will be liable 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/TITLE OF CHAB LICENSEE REPRESENTATIVE)