

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

**APPLICATION FOR CONSUMER TASTING PERMIT
FOR SUPPLIER REPRESENTATIVES [CTS]**

The initial fee for this Permit is **\$200.00**. An additional fee will be associated with this permit in the amount of **\$200.00** for each supplier representative who possesses an ownership interest in an out-of-state winery, brewery or distillery that does not hold a New Jersey Wholesale License.

1. Term for which Permit is requested:

JULY 1, 2_____ TO JUNE 30, 2_____

2. Name of Supplier_____

3. Address of Supplier_____

4. Mailing address, if different than above address

5. Contact Name_____

6. Contact Phone Number_____

7. Supplier's Federal Permit No._____

8. Names of Supplier Representatives to attend events in New Jersey:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Permittee requests a *Consumer Tasting Permit* to describe and pour samples of alcoholic beverages to consumers attending educational tasting events sponsored by New Jersey retail licensees, or bona fide non-profit organizations who have been issued a Special Permit for Social Affair. This Permit is annual in term and is renewable on July 1st of each year.

Permittee agrees to submit an event notification form to participate in such events at least ten days in advance of the event on the form prescribed by the Director of the Division of Alcoholic Beverage Control. A copy of the form is attached.

Name/Title of Authorized Signature:

(Please Print)

Signature

CONSUMER TASTING EVENT NOTIFICATION FORM

FOR OUT-OF-STATE SUPPLIER LICENSEES HOLDING A CONSUMER TASTING PERMIT

Please complete the requested information and fax this request to the Division of ABC at (609) 292-0691 at least **10 days prior** to the date of the Consumer Tasting. Be advised all products to be sampled **must be** brand registered in the State of New Jersey.

**TO: PATTI VALSAC
BUREAU CHIEF
LICENSING BUREAU**

**TELEPHONE NO. (609) 984-2736
FAX NO. (609) 292-0691**

Please Type or Print Clearly

Supplier Licensee Name _____

Supplier License No. _____

Consumer Tasting Permit No. For Supplier Representatives _____

Social Affair Permit No./Plenary Retail Consumption License No. _____

Permittee or Licensee Name _____

Date of Tasting _____

Time _____

Location and Address _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Contact Person _____

Contact Person Telephone No. (_____) _____

Contact Person Fax No. (_____) _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

Supplier Representative Name _____ **Interest:** _____

BRAND REGISTRATION NUMBER AND ITEMS TO BE TASTED AT EVENT:

Please Type or Print Clearly

BRAND REGISTRATION NUMBER:

BRANDS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____
