

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

**COOPERATIVE PURCHASING GROUP APPLICATION FOR 20 - 20**

Co-Op Number \_\_\_\_\_

Cooperative Group Name \_\_\_\_\_

Mailing Address: c/o \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**THE REASON FOR THIS APPLICATION IS:**

\_\_\_\_\_ **CREATE A NEW CO-OP**

\_\_\_\_\_ **DELETE AN EXISTING MEMBER**

\_\_\_\_\_ **RENEW EXISTING CO-OP NUMBER** \_\_\_\_\_

\_\_\_\_\_ **ADD A NEW MEMBER**

The fee enclosed with this application is \$\_\_\_\_\_.  
Payment should be made in the form of a check or money order  
payable to the Division of Alcoholic Beverage Control.

**ONE CHECK PER CO-OP - \$15.00 PER MEMBER**

The above group hereby petitions the Director of the Division of  
Alcoholic Beverage Control to issue a Special Permit which  
reflects the changes in membership requested above.

Name of Co-Op Officer \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Co-Op Officer Phone Number \_\_\_\_\_

Date \_\_\_\_\_

**CONTACT PERSON IF OTHER THAN CO-OP OFFICER:**

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**NOTE:**

This form must be accompanied by a *Licensee Information Form* completed by each licensee wishing to begin or end membership with the applicant cooperative group. [N.J.A.C. 13:2-26.1(b)1.]

**NEW COOPERATIVES** are required to provide their **COOPERATIVE AGREEMENT** endorsed by each cooperative member. [N.J.A.C. 13:2-26.1(b)2.]

An original signed copy of this form must be submitted each time a member of the Cooperative Purchasing Group is added or deleted.