

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

INVENTORY REPORT

Each organization that received a *Social Affair Permit* must complete as Inventory Report form within ten (10) days following the event.

ALL QUESTIONS MUST BE ANSWERED

FAILURE TO FILE THIS REPORT SHALL BE CAUSE FOR DENIAL OF FUTURE APPLICATIONS FOR A SOCIAL AFFAIR PERMIT. DO NOT ORDER MORE ALCOHOLIC BEVERAGES THAN CAN BE REASONABLY CONSUMED AT THE EVENT FOR WHICH THIS PERMIT IS ISSUED.

PLEASE NOTE: All permittees, with the exception of Club Licensees, must return all unopened alcoholic beverages purchased at wholesale to the point of purchase. Attach a legible copy of invoice.

1. Permit Number _____
2. Name of Organization _____
Address _____
3. Date affair was held _____
4. Contact Name _____
5. Contact Telephone Number _____
6. Does Applicant hold a Liquor License? _____ If so, give type and number: _____

7. Location of premises where affair was held:
Name _____
Address _____
8. Specific type of affair for which Permit was issued (i.e., dance, picnic, etc.) _____
9. Number of Persons in attendance _____
10. Were alcoholic beverages (Check One): Purchased () or Donated ()?

11. List name and address of Wholesaler or Retailer from whom alcoholic beverages were purchased: (Note: If alcoholic beverages were donated, give name and address of donor.)

Name _____

Address _____

12. Date of purchase/donation _____

13. List the specific quantity of each type of alcoholic beverage purchased or donated for this affair:

Wines _____ Distilled Spirits (Liquors) _____

Malt Alcoholic Beverages _____

14. List specific quantity of each type of alcoholic beverage on hand upon expiration of affair:

Wines _____ Distilled Spirits (Liquors) _____

Malt Alcoholic Beverages _____

15. Excess alcoholic beverages were disposed of as follows:

16. Attached a copy of any tickets or program cover used for the affair.

THIS FORM MUST BE NOTARIZED

Subscribed and sworn to before me this _____ day
of _____, 20 ____ .

Signature(s) of Person(s) Taking Oath

Signature(s) of Person(s) Taking Oath

Signature/Title of Officer (Notary Public or
Attorney at Law of New Jersey) Administering Oath

Printed Name of Officer Administering Oath