

CASE #

**DEPARTMENT OF POLICE
THE TOWNSHIP OF MIDDLETOWN
TOWNSHIP HALL/1 KINGS HWY
MIDDLETOWN, NJ 07748 (732) 615-2060**

**Alcohol Beverage Control (ABC) Application
FEE 20.00 CHECK OR MONEY ORDER NO CASH**

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Age: _____

Email: _____

Telephone #: _____ Social Security #: _____

Weight: _____ Height: _____ Eye color: _____ Hair: _____

Licensed Premises Name (JOB): _____

Driver's License # _____ Expiration Date: _____

| | | | |
|---|-----------------------------------|-----|----|
| Have you ever had a permit revoked or denied? | (If yes, explain on rear of form) | Yes | No |
| Have you ever been convicted of a crime? | (If yes, explain on rear of form) | Yes | No |
| Have you ever been arrested for any offense? | (If yes, explain on rear of form) | Yes | No |

| Date of Arrest | Place of Arrest | Charges | Disposition |
|----------------|-----------------|---------|-------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

I swear (or affirm) that all the information provided above is true, complete, and accurate, to the best of knowledge and belief. I understand that any false statements will result in denial for this application & Prosecution of violation of N.J.S.A. 2C:28-3, a crime of the 4th degree.

Application Signature: _____ Date: _____

Department use only.

Date of issued: _____ Issued date: _____ Clerk: _____

Method of payment: Check: _____ Money order: _____

This application is Approved: _____ Denied: _____ By: _____