

# Instructions for Obtaining

## A.B.C. License

(ALCOHOLIC BEVERAGE CONTROL)

The application must be filled out entirely before it will be processed.

**EVERY LINE AND EVERY BOX MUST BE FILLED OUT COMPLETELY.**

It will take approximately 15-30 minutes to process each applicant.

Monday – Friday 9:00 am – 3:30 pm

**Payments must be made by Money Orders only. (No Cash, No Checks and No Credit/Debit Cards)**

### 1st Page

Instructions/check list

### 2nd Page

Must be signed by Manager (**NO COPIES OF SIGNATURES**) and signature must match printed name of Licensee at the top of the 2<sup>nd</sup> Page.

Applicants Job Description and Start Date must be filled in.

Applicant's personal information must be filled out in small box.

### 3rd & 4th Page

Present Date is the date application is handed in at the Long Branch Police Records.

Full Name – First, Middle, and Last

If a question does not apply, write N/A

Page 4 needs to be notarized by a Notary Public.

### 5th Page

Complete Release Form and have notarized by a Notary Public

### 6th - 9th Page

License Information, Privacy Rights & Reference Forms

## License - Two (2) Year Card

- \$50.00 Processing Fee (Money Order Only Made out to City Of Long Branch)
- Two pages (4&5) to be notarized by Notary Public
- Two forms of Identifications are needed: (One form must be a picture ID like a Passport/City ID/Driver's License/etc.)
- Two Character References needed. (They cannot be related to applicant and cannot reside at the same address as the applicant)
- Applicants that let their temporary license lapse, agrees not to work and cannot re-apply**

### Office Use

- Contributors Case # (LBPD Receipt #) Issued and written on fingerprint form
- Register into records management system (RMS)
- Photo will be taken at Police Department.

	Date Submitted	Date Returned
Entered into Spillman		
Reference 1		
Reference 2		
Fingerprint Confirmation		
Application Submitted to Chief		

Application Process By: \_\_\_\_\_



**CITY OF LONG BRANCH  
POLICE DEPARTMENT  
344 BROADWAY  
LONG BRANCH, NJ 07740  
(732) 222-1000**

**Jason Roebuck**  
Chief of Police

**EMPLOYMENT VERIFICATION**

Director:

I, \_\_\_\_\_, Licensee of the New Jersey Liquor Licensed premises  
known as:  
(PRINT MANAGER'S NAME)

_____
(NAME OF APPLICANT)
_____
(ADDRESS)
_____
(CITY & ZIP CODE)
_____
(D.O.B.) (S.S. #)

_____
(COMPANY / CORPORATION TRADE NAME)
_____
(ADDRESS AND ZIP CODE)
_____
(LICENSE NUMBER) (PHONE)

I will employ the applicant starting \_\_\_\_\_ as \_\_\_\_\_.  
(DATE) (CAPACITY / JOB DESCRIPTION)

**- OR -**

I have employed the applicant since \_\_\_\_\_ as \_\_\_\_\_.  
(DATE) (CAPACITY / JOB DESCRIPTION)

I am aware that, if, the applicant has a statutory disqualification which prohibits his / her association with the Liquor Industry of this state:

- (a) after acceptance of a Rehabilitation Permit or Disqualification Removal application by the Division of A.B.C., the applicant will present me with a dated temporary Work Letter, permitting his / her employment for a limited term while the application is in progress... and ...
- (b) In the event a Temporary Letter is not issued, I will not employ the applicant until I am presented with a current Rehabilitation Work Permit or a Disqualification Removal Order.

\_\_\_\_\_  
(DATE) (MANAGER'S SIGNATURE) (TITLE)

**(THIS LETTER TO BE COMPLETED BY THE LIQUOR LICENSE LICENSEE)**



CITY OF LONG BRANCH  
POLICE DEPARTMENT  
344 BROADWAY  
LONG BRANCH, NJ 07740  
(732) 222-1000

DATE \_\_\_\_\_

**ALCOHOLIC BEVERAGE CONTROL**  
**REGISTRATION APPLICATION**

Alcoholic Beverage Control permit, pursuant to Chapter 103, Sec.103-12, Revised Ordinances of the City of Long Branch, NJS et seq.:  
and 33:1-26

***PLEASE TYPE OR PRINT CLEARLY (BLUE INK ONLY)***

<b>APPLICANT INFORMATION</b>			
FIRST NAME:	MIDDLE NAME:	LAST NAME:	
ADDRESS: STREET:		APT:	
CITY:	STATE:	ZIP:	
HOME PHONE:		CELL PHONE:	
S.S. #:		DATE OF BIRTH:	
PLACE OF BIRTH: CITY:		STATE:	COUNTRY:
SEX:	RACE:	HEIGHT:	WEIGHT:
HAIR:	EYES:	MARITAL STATUS:	
SCARS, MARKS, TATTOOS:			
DRIVER LICENSE NUMBER:		STATE:	

PRIMARY VEHICLE REGISTERED TO OR OPERATED BY APPLICANT			
MAKE:	MODEL: <input type="checkbox"/> 2 DR <input type="checkbox"/> 4DR <input type="checkbox"/> TRUCK	YEAR:	PLATE # / STATE:
PREVIOUS ADDRESSES (Past Ten Years)			
1.		From:	To:
2.		From:	To:
TWO CHARACTER REFERENCES (Complete Address With City, State & Zip)			
NAME:	ADDRESS:	PHONE:	
NAME:	ADDRESS:	PHONE:	
HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, supply information below.) (Use Back if needed.)			
INCLUDE ALL ARRESTS EVEN IF CHARGES WERE DISMISSED			
Date of Arrest:	Charge:	Place:	Disposition:
Date of Arrest:	Charge:	Place:	Disposition:
Date of Arrest:	Charge:	Place:	Disposition:
Date of Arrest:	Charge:	Place:	Disposition:
HAVE YOU EVER BEEN REVOKED OR DENIED A PERMIT: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, explain on back)			
I swear (or affirm) that all of the information provided above is true, complete and accurate to the best of my knowledge and belief. I understand that any false statements will result in denial of this application and prosecution for violation of NJS 2C: 28-3, a disorderly person.			
Sworn to and subscribed before me this ____ day of _____ 20____:		_____ (Signature of Applicant)	
_____ (Notary Public)			
_____ (My commission expires)			
RECORDS BUREAU USE ONLY			
Fingerprinted By:	Date:	SBI:	FBI:
Approved By:	(Chief of Police)		Date Issued:



**CITY OF LONG BRANCH  
POLICE DEPARTMENT**  
344 BROADWAY  
LONG BRANCH, NJ 07740

**PERSONAL INFORMATION**

**Applicant:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**S.S. #:** \_\_\_\_\_

**Circle One:** Firearms Application, ABC Application, Taxi Application, Mercantile Permit,  
Other: \_\_\_\_\_

**Date:**

**RELEASE FORM**

I \_\_\_\_\_ swear that all the information furnished to the Long Branch Police Department is the truth, the whole truth and nothing but the truth.

I understand that any false information furnished to the Long Branch Police Department through this application or other means will constitute False Swearing (NJ.S. 2C:28-2). I understand that this a fourth degree crime that can, upon conviction, result in monetary fines and/or incarceration.

I AUTHORIZE the Long Branch Police department to investigate my background. They may have unlimited access to any information including but not limited to a criminal history check.

\_\_\_\_\_  
Name (signature)

\_\_\_\_\_  
Name (print or type)

Sworn and subscribed to  
before me the \_\_\_ day  
of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

# ATTENTION *ABC & TAXI* APPLICANTS

Your receipt is your temporary license. Applicants will retain a copy of their license and provide a copy to their job.

The license is valid for 30 days from the date application payment is received. Upon written verification that applicant has applied and paid for fingerprint check an additional 30 day extension will be granted.

Applicants must contact the Long Branch Police Department for a status check before temporary license expires. Applicants may be penalized, if they fail to do so.

If all requirements to complete the application are not submitted by the expiration date, applicants will not be permitted to work.

**\*\* (NO RE-APPLYING AT ANYTIME) \*\***

With your initials, you hereby acknowledge and understand the above mention statements.

Applicants Initials: \_\_\_\_\_

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



**CITY OF LONG BRANCH  
POLICE DEPARTMENT  
Support Services – Records Bureau  
344 BROADWAY  
LONG BRANCH, NJ 07740  
(732) 222-1000 ext. 1800**

**APPLICANT NAME:** \_\_\_\_\_

The above captioned person has listed you as a reference/voucher in their application for a:

Alcoholic Beverage (ABC) Permit       Taxi Permit

If that is the case, please provide the information requested below, sign and date where indicated.

It must be emphasized that in order for the ABC or Taxi Application to be considered, this form must be returned to the Long Branch Police Station as soon as possible. Thank You.

- To the best of your knowledge: **Y/N**
1. Has the applicant ever been convicted of a crime or disorderly persons Offense? \_\_\_\_\_
  2. Is the applicant an alcoholic? \_\_\_\_\_
  3. Is the applicant a habitual drunk? \_\_\_\_\_
  4. Is the applicant a narcotics user? \_\_\_\_\_
  5. Does the applicant suffer from any physical defect or illness? \_\_\_\_\_
  6. Has the applicant ever been confined to a mental institution? \_\_\_\_\_
  7. Has the applicant ever committed an act of domestic violence? \_\_\_\_\_
  8. Has the applicant ever been a member of any organization, which advocates the overthrow of the U.S. or the Sated of New Jersey? \_\_\_\_\_
  9. To your knowledge, is there any reason why the above named person should NOT be issued an Alcoholic Beverage Control Permit or Taxi Permit? \_\_\_\_\_  
*(If yes, explain below and/or on back)*
  10. How many years have you known the applicant? \_\_\_\_\_

**Reference Name (Please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reference Signature:** \_\_\_\_\_





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- | To the best of your knowledge:  | Y/N   |
|---|-------|
| 1. Has the applicant ever been convicted of a crime or disorderly persons Offense?  | _____ |
| 2. Is the applicant an alcoholic?   | _____ |
| 3. Is the applicant a habitual drunk?   | _____ |
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| 8. Has the applicant ever been a member of any organization, which advocates the overthrow of the U.S. or the Sated of New Jersey?  | _____ |
| 9. To your knowledge, is there any reason why the above named person should NOT be issued an Alcoholic Beverage Control Permit or Taxi Permit?<br><i>(If yes, explain below and/or on back)</i> | _____ |
| 10. How many years have you known the applicant? _____  |       |

**Reference Name (Please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reference Signature:** \_\_\_\_\_