

BAYONNE POLICE DEPARTMENT



TITLE: **ALCOHOLIC BEVERAGE CONTROL EMPLOYEE PERMIT APPLICATION**

NUMBER OF PAGES: 2

EFFECTIVE DATE: March 22, 2016

Date: _____

LAST NAME _____ FIRST _____ MI: _____

ADDRESS _____
Street Number City, State Zip Code

PHONE # (____) _____ -- _____ D.O.B. ____/____/____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

SOC SEC # ____/____/____ U.S. CITIZEN YES ___ NO ___ IF NO, ALIEN I.D. # _____

ANTICIPATED A.B.C EMPLOYER _____ Position _____

➤ HAVE YOU EVER BEEN ARRESTED? YES ___ NO ___ IF YES, LIST THE DATE(S),
CHARGE(S) & THE DISPOSITION(S): _____

➤ HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES ___ NO ___ IF YES, LIST
THE OFFENSE(S) FOR WHICH YOU WERE CONVICTED: _____

➤ DO YOU HAVE ANY CRIMINAL CHARGES CURRENTLY PENDING? YES ___ No ___ IF SO, IN
WHAT JURISDCITION? _____ CHARGE(S): _____

➤ HAVE YOU EVER BEEN DENIED AND A.B.C. WORK PERMIT? YES ___ NO ___ IF SO, WHERE,
WHEN, AND FOR WHAT REASON(S): _____

PLEASE CONTINUE APPLICATION ON THE OTHER SIDE

IF THIS APPLICATION IS GRANTED, I HEREBY AGREE TO CONFORM TO ALL ALCOHOLIC BEVERAGE CONTROL (A.B.C.) LAWS, REGULATIONS, AND MUNICIPAL ORDINANCES. I AM FULLY AWARE THAT FAILURE TO COMPLY WITH THE ABOVE MENTIONS LAWS, REGULATIONS, AND ORDINANCES MAY RESULT IN THE REVOCATION OF MY EMPLOYEE PERMIT.

PLEASE NOTE: UNSWORN FALSIFICATION TO AUTHORITIES, N.J.S.A. 2C:28-3

A PERSON COMMITS A CRIME IF HE / SHE MAKES A FALES WRITTEN STATEMENT WHICH HE / SHE DOES NOT BELIEVE TO BE TRUE, ON OR PURSUANT TO A FORM BEARING NOTICE, AUTHROIZED BY LAW, TO THE EFFECT THAT THE FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE. N.J.S. 2C:28-3.

I, _____, CERTIFY THAT I AM THE INDIVIDUAL MAKING THIS
YOUR NAME HERE
APPLICATION FOR AN ALCOHOLIC BEVERAGE CONTROL EMPLOYEE PERMIT AND THE ANSWERS
THAT I HAVE PROVIDED HEREIN ARE TRUE.

____ DAY OF _____ 20 ____
DAY MONTH YEAR

APPLICANT'S SIGNATURE

OFFICIAL USE ONLY

DATE FINGERPRINTED: _____ LICENSEE: _____

DATE PHOTOGRAPHED: _____ EMPLOYEE: _____

COMPUTER: _____ INITIAL: _____

WORK PERMIT #: _____ RENEWAL: _____

CRIMINAL RECORDS CHECK: _____

APPLICATION IS APPROVED OR DISAPPROVED DATE: _____

RECEIVED BY: _____ REVIEWED BY: _____

Bayonne Police Department
Licensing & Permits Unit
630 Avenue C
Bayonne, NJ 07002
(201) 858-6939