

Borough of Carteret
Application for ABC Licensed Employee

Name _____ Tel # _____ Cell # _____

Address _____ City _____ State _____

Date of Birth _____ Driver's License # _____ State _____

Social Security # _____ M / F _____ Race _____

Height _____ Weight _____ Hair color _____ Eye color _____

Licensed Premise _____

Have you ever been convicted of a Crime? Yes () No ()

If yes give details

Statement of Compliance

I do hereby swear that all information contained herein is true, knowing that any false statement will result in prosecution under N.J.S.A. 2C:28-3b(1).

The name on this application is my **LEGAL NAME**.

Signature _____ Date _____

Upon approval of this license application a Borough of Carteret ABC ID card will be issued, which will be valid for **ONE YEAR**. This ABC ID card **MUST** be available for inspection at all times for officers of the Carteret Police Department or their designees. It is the sole responsibility of the cardholder to renew this license annually.

Return this application to Det. Douglas Kopin of the Carteret Police ID Bureau.
You must first call for an appointment at 732-541-3857.