



Township of Neptune  
 Township Clerk's Office  
 25 Neptune Blvd.  
 Neptune, NJ 07753  
 clerk@neptunetownship.org

## Annual Liquor License Renewal Application

*The ABC application and fee must be paid in order to process.*  
 Applications must be submitted and all items completed 1 week prior to the scheduled meeting in June of the Township Committee

### Establishment Information

Establishment Address \_\_\_\_\_ Name of Establishment \_\_\_\_\_ Manager/ Establishment Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_ Suite/ PO Box \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Establishment E-mail Address \_\_\_\_\_ Establishment Phone Number \_\_\_\_\_

### Secondary/ Corporate Information *(If Different Than Local Establishment Information)*

Secondary/ Corporate Address \_\_\_\_\_ Manager/ Corporate Contact Name/Attn to \_\_\_\_\_ Department \_\_\_\_\_

Street Address \_\_\_\_\_ Suite/ PO Box \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secondary E-mail Address \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

### Owner Information

Owner Information \_\_\_\_\_ Name of Owner of Local Establishment \_\_\_\_\_

Street Address \_\_\_\_\_ Suite/ PO Box \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner E-mail Address \_\_\_\_\_ Owner Phone Number \_\_\_\_\_

Type	Township Fee	License Number
<input type="checkbox"/> Plenary Retail Consumption License	\$2,400.00	_____
<input type="checkbox"/> Plenary Retail Distribution License	\$1,620.00	_____
<input type="checkbox"/> Club License	\$170.00	_____

### Conditions on License

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### PLEASE NOTE:

- Online Application with New Jersey Alcoholic Beverage Control must be completed in order for application to be processed.
- Tax Clearance is required in order to process the Application for Annual Renewal. If Tax Clearance Certificate is not obtained, please contact a regional New Jersey State Office to ascertain the issue.
- Contact information for State Alcoholic Beverage Control and Regional Tax Offices can be found on the reverse of this application.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

***Application will not be accepted if it is not signed***

Please submit application and fee to Neptune Township Clerk's Office. Checks should be made payable to **Neptune Township**

#### For Office Use Only:

Application to ABC Complete	Date Completed	Tax Clearance Certificate Received			Police Approval to Operate	Date
Application to Neptune Complete	Date Completed	Fee to Neptune Township	Amount Due	Check #/ Cash	Notes	