Jessie Joseph

From: Vin Gopal Civic Association <vingopalcivic@gmail.com>
Sent: Monday, October 04, 2021 11:53 AM
To: Jessie Joseph
Subject: ABC Application for 10/16 Event
Attachments: ABCApplication.pdf

Good morning, Jessie. Hope you had a lovely weekend. I have the forms for the ABC license for the 10/16 event attached for your review and signature. I will also need to have it signed by your police chief. Would you mind connecting me? Thanks so much!

Meg Thomann
VGCA
917-208-6761

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. BOX 087, 140 EAST FRONT STREET
TRENTON, NJ 08625-0087

APPLICATION FOR SOCIAL AFFAIR PERMIT [SA]

APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT

Applications must be accompanied by a fee of **$100.00** PER DAY for Civic, Religious, or Educational Organizations; **$150.00** PER DAY for all other NON-PROFIT organizations, in the form of a check or money order payable to the DIVISION OF ALCOHOLIC BEVERAGE CONTROL.

NOTICE: **ORGANIZATIONS MAKING APPLICATION FOR THE FIRST TIME, MUST SUBMIT PROOF OF NON-PROFIT STATUS IN NEW JERSEY.** COMBINATIONS OF CERTIFICATE OF INCORPORATION, CHARTER OR BY-LAWS, FEDERAL TAX EXEMPT CERTIFICATE, FINANCIAL RECORDS AND MEMBERSHIP LIST (NAMES AND ADDRESSES INCLUDED) ARE ACCEPTABLE FORMS OF PROOF. THE DIVISION OF ALCOHOLIC BEVERAGE CONTROL RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION IF DOCUMENTATION SUBMITTED IS NOT SUFFICIENT.

Pursuant to **N.J.S.A.** 33: 1-74 and **N.J.A.C.** 13:2-5.1, the undersigned makes application for a Special Permit to sell, dispense and serve alcoholic beverages for consumption at an affair as stated herein:

Organization Information

1. Name of Organization: Vin Gopal Civic Association

   Address: 97 Apple Street, Tinton Falls, NJ, 07724

2. Does organization hold a liquor license? Yes ☐ No ☑ If yes, _____ - 31 - _____ - _____ (CLUB LICENSE'S ONLY)
3. Has organization held a special permit for Social Affair during the past 3 years? Yes ☑ No ☐ If no, supply proof of non-profit status from **NOTICE** paragraph above. Previous Permit No: _____
4. Contact Vin Gopal Phone Number: 732-299-5625
5. E-mail address vin.gopal.2008@gmail.com
6. Mailing address 97 Apple Street, Tinton Falls, NJ 07724

Premises Information

7. Location of premises where affair will be held: **(Describe Specifically)**

   Name of premises Joe Palaia Park Fairgrounds

   Address of premises 240 Whalepond Rd.

8. Is the above named premises licensed? Yes ☐ No ☑ If yes, _____ - _____ - _____ - _____
9. Are the premises where the affair is to be held owned by a municipality, county or state? Yes ☑ No ☐

   If yes, state the name of owner Ocean Township

   For what purposes are premises used? Park and Fairgrounds

   Does the premise conduct mercantile business? Yes ☐ No ☑ If yes, what is sold? Independent vendors will be present.

Event Information

10. What date(s) will affair be held and between what hours alcoholic beverages will be dispensed (Dates **must be consecutive** to be on one application):

MM/DD/YY	START	END
10 / 16 / 2021	11 am☑ pm☐	4 am☐ pm☑
/ /	am☐ pm☐	am☐ pm☐
/ /	am☐ pm☐	am☐ pm☐

   Rain Date (only **one** rain date): _____

11. What is the specific fundraising event being held? Community Fair and Family Day to Benefit Veterans' Groups
12. How is a charge assessed? Ticket [ ] Contribution [ ] Other: Wristbands purchased (SPECIFY OTHER)
13. Who is the recipient of the proceeds? The Vin Gopal Civic Association will donate all proceeds to local veterans' groups

14. Check the types of alcoholic beverages to be dispensed if permit is granted:
Wine ☑ Distilled Spirits ☐ Malt Alcoholic Beverages ☑

15. What are cup sizes for alcoholic beverages? Wine 5 oz. Beer 12-oz cans Spirits _____

16. How many people are expected to attend your event on a daily basis? 500 – 1000

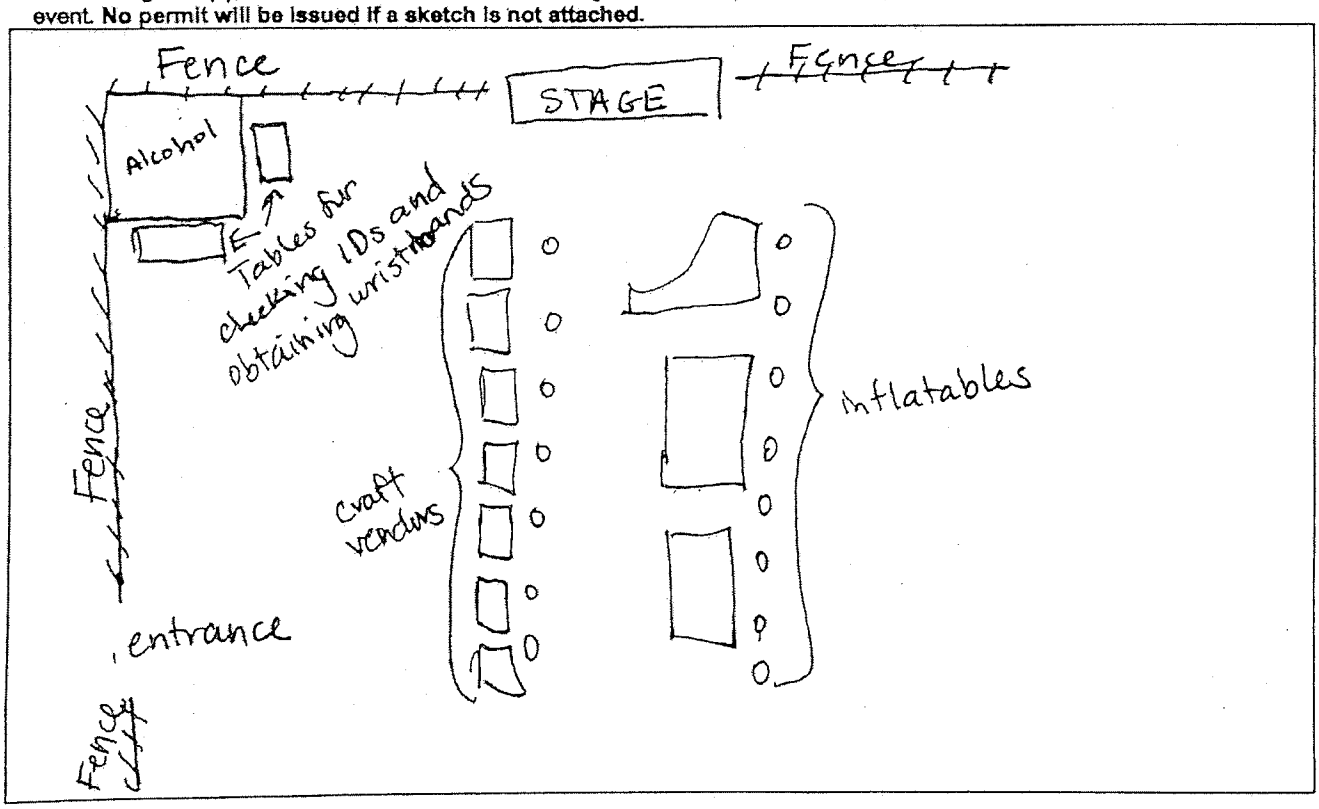
17. What is the approximate age group of the attendees? all ages

18. Will persons under the legal age to consume alcohol be in attendance? Yes ☑ No ☐

19. Explain in detail the security plans for the event. The plan should include the number of people checking for ID's, plans to prevent pass-offs to minors, the t ype of securit y at the event, the limit of alco holic beverages per transacti on, and any other relevant information pertaining to the event. *Please attach another sheet if necessary.*

There will be two people checking IDs. Those 21 and over may get a wristband if they desire to purchase a beer or a wine at the bar area. Bartenders will only serve to adults who are wearing a wristband. Police will be hired to be present at the event.

20. Please use the space below or attach a **detailed** sketch of the area to be licensed. The sketch should include entrances and exits, ID checking area(s), location of where alcoholic beverages will be dispensed and any other relevant information pertaining to the event. **No permit will be issued if a sketch is not attached.**



Event Organizer Information

- Is the event being handled by a promoter, Production Company, or other entities? Yes ☐ No ☑ If yes, attach contract.

Company Name _____

Company Contact _____

Phone Number _____-_____-_____x_____ Title_____

NO PERMIT WILL BE GRANTED UNLESS WRITTEN APPROVALS FOR BELOW ARE OBTAINED
ORIGINAL SIGNATURES ONLY

If a Special Permit is granted, applicant agrees that alcoholic beverages will not be sold or served to anyone under the legal age, nor will such persons be permitted to consume alcoholic beverages at aforesaid affair and certifies that all conditions set forth in said Permit, all rules and regulations pertaining thereto and all ordinances and/or resolutions of the municipality where aforesaid affair is to be held will be complied with; and that permission is hereby given the Director of the Division of Alcoholic Beverage Control, Division of Taxation, and their duly authorized investigators and agents, and to any local peace officer to investigate the sale of alcoholic beverages at the social affair for which this application is made.

Gambling, mock gambling and gambling paraphernalia are not permitted on the premises licensed by the Special Permit unless otherwise approved by the Legalized Games of Chance Commission (973) 273-8000. **I HEREBY CERTIFY THAT THIS ORGANIZATION HAS NOT EXCEEDED ITS LIMIT OF 12 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

Meg Daman, Vice Chair
(Signature of Authorized Officer and Title)

Vin Gopal Civic Association
(Name of Organization)

Date of Signature Oct. 1, 2021

I hereby certify that there is no objection to the granting of a Special Permit to above applicant to sell alcoholic beverages at the affair to be held on aforesaid date and premises, subject to, however, the following Special Conditions (if any):

(Signature of Chief of Police)

(Municipality where affair is to be held)

Date of Signature_____

I hereby certify that the License Issuing Authority of this municipality has no objection to the granting of a Special Permit herein applied for and consents thereto. I further certify that the issuance of said Permit is not contrary to any local ordinance, resolution, regulation or policy which would prohibit same.

(Signature of Clerk)

(Municipality where affair is to be held)

Date of Signature: _____

The following consent is to be signed by the person so authorized of the premises where the affair is to be held.

I hereby certify that I am the person in charge of the premises upon which the herein affair will be held, that I am fully authorized to and do hereby certify that there are no objections to the sale and service of alcoholic beverages upon such premises at such affair. **I HEREBY CERTIFY THAT THIS PREMISE HAS NOT EXCEEDED ITS LIMIT OF 25 SPECIAL PERMITS DURING THIS CALENDAR YEAR.**

(Signature and Title)

Date of Signature_____

NOTE: THE DIVISION MUST BE NOTIFIED FOR CANCELLATION OR RESCHEDULING PRIOR TO THE DATE OF THE EVENT.

Issuance of the Special Permit will allow the organization to purchase alcoholic beverages for resale at the affair specified in the application from any licensed wholesaler or retailer. All advertising, tickets, etc., for the affair which contain reference to alcoholic beverages must include this Permit Number.

Rev. 01/13

Jessie Joseph

From: Vin Gopal Civic Association <vingopalcivic@gmail.com>
Sent: Monday, October 04, 2021 12:55 PM
To: Jessie Joseph
Subject: Re: ABC Application for 10/16 Event

Ok. Thanks, Jessie. What time are you there until today?

Thanks!

Meg

Sent from my iPhone

On Oct 4, 2021, at 12:53 PM, Jessie Joseph <jjoseph@oceantwp.org> wrote:

Hi Meg –

We need the application with original signatures, no photocopies. Once we have that I can get the signatures for you.

Jessie

Jessie M. Joseph, RMC/CMC/CMR
Deputy Township Clerk
Registrar of Vital Statistics
Townshipof Ocean
399 Monmouth Road
Oakhurst, NJ 07755
732-531-5000 ext. 3322
732-531-6970 (Fax)
jjoseph@oceantwp.org

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