

LAKEHURST POLICE DEPARTMENT

Alcoholic Beverage Handlers Application

Pursuant to Chapter III. Revised general ordinances of the Borough of Lakehurst (as amended);
NJS 33:1-1 Et seq.; and NJAC 13:13-2.1 Et seq.

Warning: Supplying false information is a Crime!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Social Security #: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Race: _____ Sex: _____

Scars, Marks, Tattoos: _____

Date of Birth: _____ Place of Birth: _____

Drivers License #: _____ State of Issuance: _____

Employer(s)

Company Name: _____

Address: _____

Position Held: _____ Duties: _____

Supervisor: _____ Telephone #: _____

Company Name: _____

Address: _____

Position Held: _____ Duties: _____

Supervisor: _____ Telephone #: _____

Previous Addresses (past 10 years)

(1) Address: _____ City: _____

State: _____ Zip: _____ From: _____ To: _____

(2) Address: _____ City: _____

State: _____ Zip: _____ From: _____ To: _____

(3) Address: _____ City: _____

State: _____ Zip: _____ From: _____ To: _____

Next of Kin

Name/Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Character References

List three (3) character references (Preferably in the Lakehurst area). Do not list relatives or roommates. References are to fill out references forms attached to this application.

(1) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(2) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(3) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Criminal History

Have you ever been arrested? Yes / No: _____

If you have been arrested, supply complete information concerning your arrest below.

(1) Date of arrest: _____ Place arrested: _____

Charges(s): _____

Disposition: _____

(2) Date of arrest: _____ Place arrested: _____

Charges(s): _____

Disposition: _____

Employer

Name of licensed premise: _____

Duties: _____

Have you ever applied to another Police Department for an Alcoholic Beverage Handlers

card / permit? Yes / No: _____ Name of Police Department: _____

Date Applied: _____

Has a permit ever been revoked or denied you? Yes / No: _____

If yes, please explain: _____

I swear (or affirm) that all the information provided in this application is true, complete, and accurate, to the best of my knowledge and belief. I understand that any false statements or omissions will result in the denial of this application and prosecution for a violation of NJS 2C:28-3.

Sworn to and subscribed before me (Applicant) _____

This _____ Day of _____ 20 _____

Notary Public _____

My commission expires _____

LAKEHURST BOROUGH POLICE DEPARTMENT

530 Union Avenue
Lakehurst, NJ 08733
(732) 657-7812

REFERENCE SHEET

Applicants Name: _____

Dear Sir / Madam,

The above mentioned person has filed an application with this department for an Alcoholic Beverage Handlers Identification Card as per the Lakehurst Borough Ordinance.

He/She has listed you as a reference on the application and we would like to obtain from you the following information. Be assured that this information is CONFIDENTIAL and for OFFICIAL use only. His/Her application cannot be processed until we are in receipt of this inquiry.

(1) What is the applicant's present address? _____

(2) How long have you known the applicant? _____

(3) To your knowledge, has he/she ever been arrested? _____

(4) Is he/she employed? _____ Where? _____

(5) To your knowledge, does the applicant have an alcohol or narcotics problem?

(6) To your knowledge, does the applicant have any mental deficiencies which would make him/her incapable of properly working with alcoholic beverages and/or the public?

(7) Can you list any other reason why you feel the applicant should not be issued the permit?

Signature _____ Date _____

Please provide the following information on yourself;

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work: _____

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