



Keyport Police Department

MICHAEL A. FERM | CHIEF OF POLICE



ALCOHOLIC BEVERAGE CONTROL (ABC) REGISTRATION INSTRUCTIONS

In accordance with Borough of Keyport Local Ordinances 6-7.2 and 6-7.3:

All persons who shall sell, solicit the sale of, mix, process or prepare any alcoholic beverage at or from any, bar or establishment selling alcoholic beverage from original package or container under a plenary retail consumption license or plenary retail distribution license shall register with the Keyport Police Department within (7) seven business days of hire.

REGISTRATION PROCESS

Registration must be completed in person at the Lieutenant's Office, located at the Keyport Police Department, 70 West Front Street, Keyport, NJ.

1. Submit a Completed Application

- The [ABC Employee Registration Form](#) (Bar Card Application) must be filled out and submitted to the Lieutenant's Office.

2. Fingerprinting

- You will be provided with an IdentoGO Fingerprint Service Code Form to schedule your fingerprint appointment.
- Once your fingerprint results are received, the Lieutenant's Office will contact you to review the results.
- If approved, you will be scheduled to return to police headquarters for your photograph and the issuance of your Bar Card.

3. Payment

- A \$20 cash registration fee is due at the time your Bar Card is issued.

IDENTIFICATION CARD (BAR CARD) REQUIREMENT

Once issued, Bar Cards are valid for one (1) year from the date of issue.

All registered individuals must carry their Bar Card at all times while working at or around the licensed premises.

Note: Owners and licensees are also required to register and obtain a Bar Card, even if they are not directly serving or handling alcohol.

For the complete ordinance, visit: ecode360.com

Keep scrolling for the ABC Employee Registration Form.

⚠ You must disclose all prior arrests. Falsifying this form may result in a **4th-degree criminal charge** and immediate termination from your position.



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ABC EMPLOYEE REGISTRATION FORM

Warning: Supplying false information is a crime of the 4th degree

☐ Initial ☐ Renewal FILE NUMBER: _____

First Name _____ Last Name: _____ Middle Initial: _____ SSN: _____

Address: _____ Phone: (____) _____ DOB: ____/____/____

Place of Birth: _____ Marital Status: _____ Sex: _____ Race: _____ Height: _____

Weight: _____ Hair: _____ Eyes: _____ Scars/Marks/Tattoos: _____

Driver's License #: _____ State: _____ Exp. Date: _____

VEHICLES REGISTERED TO / OPERATED BY APPLICANT

1. Make: _____ Model: _____ Year: _____ Plate: _____ State: _____

2. Make: _____ Model: _____ Year: _____ Plate: _____ State: _____

PREVIOUS ADDRESSES (Past 10 years)

1. _____ From: _____ To: _____

2. _____ From: _____ To: _____

TWO CHARACTER REFERENCES (Preferably in Keyport)

1. Name: _____ Address: _____ Phone: _____

2. Name: _____ Address: _____ Phone: _____

HAVE YOU EVER BEEN ARRESTED? ☐ Yes ☐ No **CONVICTED OF A CRIME?** ☐ Yes ☐ No

if yes, complete below/back of this sheet:

| Date of Arrest | Charge | Place of Arrest | Disposition |
|----------------|--------|-----------------|-------------|
| | | | |
| | | | |
| | | | |

SOLICITORS ONLY

Firm Name: _____

Address: _____

Phone: _____

Goods/Services Rendered: _____

ABC ONLY

Licensed Premises Name: _____

Address: _____

Phone: _____

Position: _____ Duties: _____

Have you ever been revoked or denied a permit? ☐ Yes ☐ No *If yes, explain on the back of this sheet.*

*I swear or affirm that all the information provided above is true, complete, and accurate to the best of my knowledge and belief. I understand that any false statements will result in the denial of this application and may lead to prosecution under **NJS 20:28-3**.*

Applicant's Signature: _____ **Date:** ____/____/____