



**POLANER**  
SELECTIONS  
OPEN YOUR MIND & TASTE

## NEW JERSEY CHARITY TASTING EVENT FORM

Date of Request:

Sales Rep:

Event Sponsor/Customer:

Special Permit Number:

Permittee:

Location/Address of Event:

Date of Event

Hours of Event:

Contact Name/Phone Number:

Table Charge:

(Invoice must be submitted to Polaner Selections Accounts Payable)

List wines you plan to pour at event:


This application must be filled in complete. A copy of the actual special permit must also accompany this application. ***Please submit 12 days prior to the event.***

Approved by:

Date: