



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Legalized Games of Chance Control Commission
 124 Halsey Street, 6th Floor, P.O. Box 46000
 Newark, New Jersey 07101
 (973) 273-8000

Application for a Bingo License

Application No. BA _____

Identification No. _____

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: _____

Part A - General

1. Name of applying organization: _____

2a. Street address of headquarters: _____

b. Mailing address (if different): _____

3. List date(s) and hours for games:

Date	Hours	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Address of place where bingo will be played:

a. Does the applicant own the premises or regularly occupy them for its general purposes? Yes No

b. If "No," from whom will the applicant rent the premises?

Name _____ Address _____

c. If premises are to be rented, attach Form 10, "Statement of Landlord."

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part E - Officers of Applicant

Office	Name of officer	Residence address	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. <small>(include area code)</small>	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed in any section of this application, insert extra sheets of paper.

Part I - Statement of Applicant and member(s) in charge

State of New Jersey
County of _____ } ss.

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Bingo Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Bingo Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. All prizes offered for games conducted on a single occasion will not exceed the limit on the sum or retail value of prizes as provided by the Bingo Licensing Law (N.J.S.A. 5:8-25 et seq.) and N.J.A.C. 13:47-6.16 and 13:47-7.2.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this
_____ day of _____, 20 ____.

Notary Public (Print name)

Signature of Notary Public



Signature of Officer and Title

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

If more space is needed in any section of this application, insert extra sheets of paper.

Applicant's registration slip from the *Legalized Games of Chance Control Commission* must be presented to the Municipal Clerk with this application.

GAME OF CHANCE (Bingo / Raffle)

APPLICANT INSTRUCTIONS

Please visit the Legalized Games of Chance Control Commission (LGCCC) website for license applications, applicable fees, report forms and information at:

<http://www.njconsumeraffairs.gov/lgccc/Pages/applications.aspx>

ALL APPLICANTS ARE REQUIRED TO SUBMIT FOUR (4) APPLICATION PACKETS

- Each application packet must include a **notarized original signature page**
- Application must be submitted to the Municipal Clerk's Office in the municipality where the game will be held or drawn
- Copy of Biennial Registration ID Certificate included
- Separate checks to LGCCC and the Municipality for applicable fees
- License will not be issued prior to background check and LGCCC review

YOU MAY ALSO CONTACT THE MUNICIPAL CLERK FOR MORE INFORMATION:

dshaw@lumbertontwp.com



Political clubs and organizations are not eligible to apply for Registration.

New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
124 Halsey Street, P.O. Box 46014
Newark, N.J. 07101
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Initial Affidavit and Application for Biennial Registration Instructions

Attached are the materials needed to apply for registration as an organization qualified to conduct games of chance. Please take a moment to review the instructions below.

Failure to follow the instructions and submit all of the required documentation will result in delays and/or rejection of the application.

- ◆ The fee of \$100.00 is nonrefundable and nontransferable. The check must be made payable to the "Legalized Games of Chance Control Commission."
- ◆ The application is to be completed in its entirety by an elected officer (as defined by the bylaws) of your organization.
- ◆ On the line requesting that a telephone number be provided, please write in the number of the organization or the number of a contact person who is able to answer questions with regard to the application.
- ◆ Unless your organization is established for religious purposes or is associated directly with an organization established for religious purposes, registration with the Division of Consumer Affairs' Charities Registration Section is most likely required. If you have questions regarding registration with the Division of Consumer Affairs' Charities Registration Section, please call **(973) 504-6215**.
- ◆ The completed application and affidavit together with the fee must be returned to the Legalized Games of Chance Control Commission at P.O. Box 46014, Newark, NJ 07101.

Affidavit

Enter the county in which the organization is located.

- Section 1. Print the name of the elected officer filling out the application.
- a. Print the name of the organization.
 - b. Print the title of the office held by the person filling out the form.
- Section 2. Record the correct mailing address of the organization.
- Section 3. List the names, titles, addresses and dates of birth of all officers and trustees of the organization. Use a separate sheet of paper if additional space is required. (Note: officers and trustees must be at least 18 years of age. You must list no fewer than 5 names.)
- Section 4. Please check which option applies to your organization:
- [] If the organization has been incorporated please attach:

A. A true copy of the organization's articles of incorporation along with true copies of any and all amendments to the articles of incorporation. A true copy will bear a stamp indicating that the document has been filed with the proper agency in the **state in which the organization was incorporated**.

1) If you are a corporation incorporated in New Jersey, call the Commercial Recording and Business Services line at (609-292-9292) for help in obtaining true copies of your articles of incorporation,

B. If the applicant organization is a corporation incorporated in a state other than New Jersey, in addition to the true copies of the articles of incorporation and any and all amendments to the articles of incorporation, you will also need to provide 1) a completed and notarized Form LGCCC 12A, and 2) a copy of the organization's Certificate of Authority to do business in New Jersey.

C. A current copy of the organization's constitution and bylaws signed by the elected officers of the organization and indicating the date the bylaws were adopted.

[] If the organization is **not** incorporated, indicate whether it is officially registered as an association. If registered, indicate whether it is officially registered as an association. If registered, indicate the municipality and/or county in which the association is registered. Please attach:

◆ A current copy of the organization's constitution and bylaws, signed by the elected officers of the organization, which indicates the date the bylaws were adopted.

[] If the organization is not formally incorporated or associated, please attach:

◆ A current copy of the organization's constitution and bylaws, signed by the elected officers of the organization, which indicates the date the bylaws were adopted.

Section 5. Indicate whether your chapter, lodge, club or organization is chartered from a national or state organization. If the organization is chartered, include the full name, address and telephone number of the parent organization and attach:

A. A true copy of the parent organization's articles of incorporation bearing a stamp indicating that they have been filed with the proper agency in the state of incorporation;

B. A current copy of the parent organization's constitution and bylaws; and

C. A copy of the charter issued to your organization by the parent organization or a letter from the parent organization stating that your organization is a member in good standing.

Section 6. State what will happen to the remaining assets of the organization if the organization should be dissolved. Indicate where that provision is located in the organization's articles of incorporation, constitution or bylaws, or the constitution and bylaws of the parent organization.

Section 7. Sign the form in the presence of a notary public or an attorney. The signature **must** be that of the person indicated at line #1 of the Affidavit.

Failure to follow instructions and submit all of the required documentation will result in delays and/or rejection of the application.



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Definition of Terms

“Qualified organization” means a bona fide organization or association of veterans, religious congregation, religious organization, charitable organization, educational organization, fraternal organization, civic and service club, officially recognized volunteer fire company, officially recognized first aid squad and officially recognized rescue squad, and senior citizens' association or club which:

1. Is organized as a non-profit or religious organization and is authorized by its certificate or articles of incorporation, bylaws or other written authority to support one of the authorized purposes;
2. Appoints the Executive Officer of the Control Commission as agent for the service of process [use form LGCCC 12A (revised 01/10/2007)]; and
3. **Is constituted of not less than five individuals.**

(See, N.J.A.C.13:47-1.1)



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Initial Affidavit and Application for Biennial Registration

ID number _____

For Office Use Only:

Please note that a nonrefundable, nontransferable application fee of \$100.00 (a certified check or money order made payable to: "Legalized Games of Chance Control Commission") must accompany this application.

Organization Information:

Organization's name _____ Street address _____

City _____ State _____ ZIP code _____ County _____

Name of contact person _____ Telephone number (Include area code) _____

Please provide your FEIN/Taxpayer ID number? _____
Required

AFFIDAVIT

State of New Jersey
 County of _____

1. I, _____, of full age being duly sworn upon my oath, depose and say:
 - a. I am an elected officer of _____ ("Organization").
 - b. I hold the office of _____.
2. The mailing address of the Organization is:

Street address _____ City _____

State _____ ZIP code _____

3. The names, titles, addresses, telephone numbers and dates of birth of all officers and trustees of the Organization are: **(You must list 5 names.)**

Name and title _____ Address _____

Telephone number (include area code) _____ Date of birth _____

Name and title _____ Address _____

Telephone number (include area code) _____ Date of birth _____

Name and title _____ Address _____

Telephone number (include area code) _____ Date of birth _____

Name and title _____ Address _____

Telephone number (include area code) _____ Date of birth _____

Name and title

Address

Telephone number (include area code)

Date of birth

(Use additional sheets of paper if necessary.)

4. Please check one:

- Applicant Organization is a corporation incorporated in the State of New Jersey in 20____. Attached to this registration application are true copies of the articles of incorporation, constitution and bylaws. (Note: If applicant Organization is a corporation incorporated in a state other than New Jersey, attach to this registration application the following: a) **true copies of the applicant's articles of incorporation, constitution and bylaws**, b) **A completed and notarized Form LGCCC 12A**, and c) **A copy of the organization's Certificate of Authority to do business in New Jersey. Please call the Commercial Recording and Business Services Line at (609) 292-9292 for assistance, if necessary.**)
- Applicant Organization is an association which **is/is not** registered with the County Clerk's office in _____ (municipality and/or county), New Jersey. Attached to this registration application are true copies of the association's constitution and bylaws.
- Applicant Organization has not been formally incorporated or associated. True copies of the written authority (constitution and bylaws) under which it operates are attached to this registration application.

5. Applicant Organization **is/is not** chartered from a state or national organization. If the Organization is chartered from a state or national organization, give the full name, address and telephone number of the organization below:

National or state organization's name	Street address
City	State
ZIP code	Telephone number (Include area code)

Attach to this application the true copies of the state or national organization's articles of incorporation, constitution and bylaws, **and a copy of the charter issued to your chapter, or a letter from the national organization stating that your chapter is in good standing with the national organization.**

6. Upon dissolution of the applicant Organization, net proceeds from games of chance will be distributed by the following procedure: (Note: If no provisions exist, provide a copy of an amendment to the organization's articles of incorporation, bylaws or constitution stating what will happen to the remaining assets of the organization if it should dissolve.)

Please indicate the provision in the articles of incorporation, bylaws or constitution that sets forth the procedure for dissolution.

7. In making this application to the New Jersey Legalized Games of Chance Control Commission for registration as an organization qualified to conduct games of chance under the provisions of Title 5 of the New Jersey Revised Statutes and the regulations of the Legalized Games of Chance Control Commission, I swear (or affirm) that I am an elected officer of the applicant Organization and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of, or to suspend or revoke, a registration issued by the Legalized Games of Chance Control Commission.

I further swear (or affirm) that I fully understand that in receiving registration from the Legalized Games of Chance Control Commission, the applicant Organization agrees to be governed by N.J.S.A. 5:8-1 et seq., the Bingo Licensing Law, N.J.S.A. 5:8-24 et seq., the Raffles Licensing Law, N.J.S.A. 5:8-50 et seq., and the regulations governing the conduct of legalized games of chance, N.J.A.C. 13:47-1.1 through 13:47-20.41.

Sworn and Subscribed to before me
this _____ day of _____
Month Year

Signature of Notary Public

Date commission expires

Signature of Elected Officer
of Applicant Organization

Print Name of Elected Officer
of Applicant Organization

**Return this form and the biennial registration fee of \$100.00 to:
Legalized Games of Chance Control Commission, P.O. Box 46014, Newark, N.J. 07101**