





**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.

**continue** ➔

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

State of New Jersey

) ss.

County of \_\_\_\_\_

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

\_\_\_\_\_  
Member In Charge

\_\_\_\_\_  
Member In Charge

\_\_\_\_\_  
Member In Charge

\_\_\_\_\_  
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.**

TOWNSHIP OF LAKEWOOD

APPLICANT: \_\_\_\_\_

ID#: \_\_\_\_\_

STATE OF NEW JERSEY)

) ss

COUNTY OF OCEAN )

1. I, \_\_\_\_\_, a member of the within Applicant for a Bingo or Raffle License, upon my oath, depose and certify to the following information.

2. I have been designated in the application as a "Member of Applicant who will be in Charge of the Games." I have read and am familiar with the State of New Jersey Rules and Regulations governing Games of Chance within the State of New Jersey.

3. I am a bona fide active member of the Applicant; am of good moral character and have never been convicted of a crime.

4. I understand that pursuant to N.J.S.A. 5:8-53, the Township of Lakewood, through its Police Department may investigate my background in order to confirm that I have never been convicted of a crime. To facilitate that investigation, I am providing my address, social security number and date of birth on the lines designated below.

5. I have never been convicted of a disorderly persons offense in New Jersey or any criminal offense in another jurisdiction where I could have been sentenced up to six months in jail that has not been expunged or sealed.

6. I have never been convicted of a crime in New Jersey or a criminal offense in another jurisdiction where I could have been sentenced to more than six months in jail that has not been expunged or sealed.

7. The games will be conducted in accordance with the Act And the Rules and Regulations.

8. The entire net proceeds of the Games are to be disposed of for a purpose permitted by the Act.

9. The rental to be paid for Bingo or Raffle equipment does conform to the Schedule of Authorized rentals prescribed by the Rules of the Control Commission and the Bingo or Raffle equipment lessor has been approved by the Control Commission.

10. I understand that the Township of Lakewood will rely on these statements and I submit this Certification to induce the Township to issue a License.

I certify that the foregoing statements made by me are true. I am aware that if any statement is willfully false, I am subject to punishment.

Sworn and Subscribed to this

\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Print Name of Member in Charge

\_\_\_\_\_  
Signature of Member in Charge

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**\*THIS FORM MUST BE NOTARIZED\***