

Attach two clear, full-face pass-
port-style photographs (2" x 2")
of your head and shoulders, taken
within the past six months.

Two photographs are required
with each application.

Do not use staples to attach the
photographs.



License number: _____

New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
124 Halsey Street, 7th Floor, P.O. Box 46000
Newark, New Jersey 07101
(973) 273-8000

Compensated Worker Renewal Application

Date: _____

A nonrefundable renewal application filing fee of \$125 in the form of a check or money order made payable to the Legalized Games of Chance Control Commission, must be submitted with this renewal application. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure process will be delayed until the fees are paid.)

The Commission maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____

1. Name Mr. _____ (_____)
 Mrs. _____
 Ms. _____
Last name First name Middle initial Maiden name

2. Address (Please put a check in the appropriate box to indicate your address of record.)

Home: _____
Street or P.O. Box City State ZIP code County
Telephone number (include area code) E-mail address

Business (If the applicant is a corporation or any other business entity):

Name of company Telephone number (include area code)
Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

3. Please list the name(s) and address(es) of any nonprofit organizations in which you hold membership. (Use additional sheets of paper if necessary.)

Name and address of nonprofit organization

4. Please provide the details relating to any previous duties performed by you in connection with the conduct of bingo and/or raffles.

Start Date / End Date	Name and Address of Organization	Title/Position held	Description of Duties
___ / ___ to ___ / ___	_____	_____	_____
___ / ___ to ___ / ___	_____	_____	_____
___ / ___ to ___ / ___	_____	_____	_____
___ / ___ to ___ / ___	_____	_____	_____
___ / ___ to ___ / ___	_____	_____	_____

5. Have you ever been found to have violated **any** provision of 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., the Amusement Games Licensing Law, N.J.S.A. 5:8-100 et seq., or regulations or similar laws in any state, the District of Columbia or in any other jurisdiction? Yes No

If "Yes," explain in detail all of the events (including the date, location and all of the related facts) leading to the disciplinary action or sanction and the nature of the discipline or sanction imposed.

6. Have you previously applied for a license as a compensated worker for games of chance in any other state, the District of Columbia or in any other jurisdiction? Yes No

If "Yes," when and where? _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ }
County of: _____ } ss.

I, _____, in making this application to the Legalized Games of Chance Control Commission for licensure under the provisions of Title 5 of the General Statutes of New Jersey and the Rules of the Legalized Games of Chance Control Commission, swear (or affirm) that I am the applicant, I am at least 18 years of age, 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 licensure or to withhold renewal of or suspend or revoke a license issued by the Commission.

I am familiar with the Laws and Rules governing the operation of games of chance found in N.J.S.A. 5:8-1 et seq., and N.J.A.C. 13:47. I further swear (or affirm) that I have read N.J.S.A. 5:8-1 et seq., together with the Rules and Regulations of the Legalized Games of Chance Control Commission, N.J.A.C. 13:47-1.1 through 13:47-20.41, and fully understand that in receiving licensure from the Commission, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Commission.

I understand that no licensed compensated worker shall assist in the holding, operating or conducting of a game of chance for any organization, auxiliary, or affiliated organization in which he or she holds membership.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



Do not write in this space

Date received _____

License number _____