



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

**Initial Application for  
 Bingo/Raffle Equipment Providers,  
 Instant Raffle Equipment Distributors/Manufacturers, and  
 Casino Night/Armchair Race Equipment Providers**

Along with this completed application please submit a nonrefundable, nontransferable **application fee** of \$100 in the form of a certified check or money order made payable to the Legalized Games of Chance Control Commission. Once the applicant has been notified that its application has been approved by the Commission, the applicant will be asked to submit a **license fee** of \$1,000 for a bingo/raffle equipment provider or a casino night/armchair race equipment provider, and \$3,000 for an instant raffle equipment supplier, in the form of a certified check or money order made payable to the Legalized Games of Chance Control Commission.

*Please print clearly.*

**A. Applicant Information**

**(For all applicants, if additional space is needed attach a notarized addendum to this application.)**

Specify type of business:  Individual  Corporation  Partnership  Association  Joint Venture

Type of license:  Bingo Equipment Provider  Raffle Equipment Provider  Casino Equipment Provider  
 Instant Raffle Equipment Distributor/Manufacturer  Armchair Race Equipment Provider

Business name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code County

Mailing address (if different): \_\_\_\_\_  
Street address City State ZIP code County

Business address (if different): \_\_\_\_\_  
Street address City State ZIP code County

Business telephone number: \_\_\_\_\_ Home telephone number: \_\_\_\_\_  
(Include area code) (Include area code)

New Jersey sales tax number: \_\_\_\_\_ Federal ID number: \_\_\_\_\_

**Return this application and the appropriate fee to:  
 Legalized Games of Chance Control Commission  
 P.O. Box 46000  
 Newark, N.J. 07101**

**B. Corporate Identification**

Full name of the corporation and any trade names: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

**Attach a true (reflecting that it has been filed) copy of the certificate/articles of incorporation and by-laws and any amendments to either.**

Provide the names and addresses of all officers, directors, and holders of 10% or more of stock in the applicant corporation. If any officer, director or stockholder who holds 10% or more of the stock in the applicant corporation is himself/herself/itself registered as a corporation, provide the name and address of all officers, directors or holders of 10% or more of the stock in that corporation.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Number of shares held: \_\_\_\_\_ Percentage (%) of stock held: \_\_\_\_\_

Residence address: \_\_\_\_\_  
Street address City State ZIP code County

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Number of shares held: \_\_\_\_\_ Percentage (%) of stock held: \_\_\_\_\_

Residence address: \_\_\_\_\_  
Street address City State ZIP code County

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Number of shares held: \_\_\_\_\_ Percentage (%) of stock held: \_\_\_\_\_

Residence address: \_\_\_\_\_  
Street address City State ZIP code County

**(Section D must be completed by each person named above.)**

**C. Identification Statement for Partnerships, Associations and Joint Ventures**

Attach copies of the documents creating the entity and any supplements that reflect such changes.

Type of entity: \_\_\_\_\_ Is the entity registered?  Yes  No  
If "Yes," where? \_\_\_\_\_

Provide the names and addresses of all real parties in interest. Attach a statement disclosing the complete and accurate nature and extent of each party's interest.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code County

Interest held: \_\_\_\_\_

Is the entity indebted to any person named above in any fashion other than what has been disclosed herein?  
 Yes  No  
If "Yes," attach a statement to this application providing the complete and accurate details of the indebtedness.

**For all applicants, if additional space is needed, attach a notarized addendum to this application.**

**D. Identification Statement for Individuals:** Must be completed by each person required to be named in this application. **Part D may be reproduced.**

Name of individual: \_\_\_\_\_  
First name Middle name Last name

Maiden name (if married female): \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_  
Street address City State ZIP code County

Home address (if different): \_\_\_\_\_  
Street address City State ZIP code County

Business telephone number: \_\_\_\_\_ Home telephone number: \_\_\_\_\_  
(Include area code) (Include area code)

Social Security number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Sex: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Hair color: \_\_\_\_ Eye color: \_\_\_\_ Race: \_\_\_\_\_

Present occupation or employment: \_\_\_\_\_ Since: \_\_\_\_\_

If your present employment has been for fewer than 10 years, provide information about your previous occupations or employment:

1. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

2. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

List any and all other names by which you are known or have been known: \_\_\_\_\_

Have you ever been enjoined or barred from any business in any jurisdiction?  Yes  No  
If "Yes," attach a statement to this application providing complete and accurate details.

Have you ever been engaged, employed by or connected with anyone who rented, leased, sold or provided any space, equipment, paraphernalia or supplies, or rendered services used in or in connection with the holding, operating or conducting of bingo, raffles, instant raffles, casino nights or armchair races?  Yes  No  
If "Yes," attach a statement to this application providing the following information:

Name of person/business: \_\_\_\_\_

Type of license, certificate or registration: \_\_\_\_\_

Issuing agency: \_\_\_\_\_ Date issued: \_\_\_\_\_

Is the license, certificate or registration currently valid?  Yes  No  
If "No," attach a statement to this application providing the complete and accurate details.

Have you ever been convicted of any violation of a law or ordinance, except minor traffic offenses?  Yes  No  
If "Yes," attach a statement to this application disclosing the complete and accurate details.

Are there any criminal charges pending against you?  Yes  No  
If "Yes," attach a statement to this application disclosing the complete and accurate details.

**E. Statement of Applicant:**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } *ss.*

I swear/affirm that I have read N.J.S.A. 5:8-1 et seq. together with the regulations governing the conduct of legalized games of chance, N.J.A.C. 13:47-.1.1 through 13:47-20.41, and fully understand that in receiving a bingo/raffle equipment provider's license, instant raffle equipment distributor/manufacturer license, or a casino night/armchair races equipment provider license from the Legalized Games of Chance Control Commission, I agree to be governed by them.

I further swear/affirm that the information contained in this application and in any attachment is true, accurate and complete.

If I am completing this application on behalf of a corporation or other business applicant, I further swear/affirm that I am authorized to make this application on behalf of that applicant.

Sworn and Subscribed to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Month Year

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date commission expires

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Printed Name and Title