



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 Commercial Rentor's License

Upon notification of approval by the Commission, a nonrefundable, nontransferable **license fee** of \$1,000 in the form of a certified check or money order made payable to the Legalized Games of Chance Control Commission is required.

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

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 name and address of **every** officer, director, and holder 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 **every** officer, director or holder 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 true (reflecting that it has been filed) copies of all documents creating the entity and any supplements or changes.

Type of entity: _____ Is the entity registered? Yes No

If "Yes," where? _____

Provide the name and address of **every** real party 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: _____

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



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

LGCCC Form 12a
Power of Attorney-Corporate

State of: _____

County of: _____

} ss.

I, _____, being duly sworn, depose and state that I am over the age of 18 years
 and the _____ of _____,

Corporate Title

Name of Corporation

a corporation in the State of _____, having its principal office at _____

I am authorized to sign this power of attorney on behalf of _____

Name of Corporation

and do hereby appoint the Executive Officer of the Legalized

Games of Chance Control Commission of the State of New Jersey and his/her designee in office my attorney upon whom may be served all processes in any matter concerning the Legalized Games of Chance Control Commission and any and all laws which it administers or are applicable to it including, but not limited to, the Bingo Licensing Law and the Raffles Licensing Law and the regulations promulgated thereunder.

_____ agrees that any processes so served shall be of the same effect as

Name of Corporation

if duly served upon me within the State of New Jersey.

 Name of Corporation

By:

 Signature of applicant

 Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
 Month Year

 Name of Notary Public (please print)

 Signature of Notary Public

Affix Seal Here



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

LGCCC Form 16

Location of premises: _____

Lot size: _____ Building size: _____

Dimension of area to be rented for bingo: _____

Attach a sketch showing the location and dimensions of the area to be rented for bingo and photographs showing the building and location to be rented.

Proposed rental schedule: Night: \$ _____ Afternoon: \$ _____

Name and address of the building's owner: _____

Date acquired: _____ Original cost: \$ _____

Cost of improvements: \$ _____

Name of Company providing Fire Insurance and Liability Coverage: _____

Amount of Coverage: Fire: \$ _____ Liability: \$ _____

Attach operating statement for building, showing gross rentals received from bingo use separately from all other gross building income and itemized expenses.

Furnish statement showing computation by which proposed rental schedule was determined.

Indicate number of occasions on which you expect to rent for bingo, expected rental and total, during ensuing year.

Indicate estimated expenses, itemized, for ensuing year, and amount of each item allocated to bingo rental.

Submit form of proposed agreement for rental.