



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

Initial License Application to Become a Compensated Worker Instructions/Checklist

The following is a list of what is required to submit to the Legalized Games of Chance Control Commission when applying for a license as a compensated worker.

- An application filled out completely.
- The nonrefundable application fee: \$100.00.
- The document known as Form-12 (Power of Attorney).
- Identification signature card.

When you have completed the required documents, please ensure that you have:

- answered all of the questions on the application.
- provided your Social Security number.
- attached two passport-style photographs of your head and shoulders to page one of the application. (Please sign and print your name and indicate the date on the back of the photos.)
- taken the completed application (entirely filled out) to a notary public to be signed and stamped.

Notice: You will be subject to a criminal history background check pursuant to N.J.A.C. 13:59-1. Information concerning the background check will be provided to applicants at a later date.

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.



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For office use only

Application number: _____

Check or money order: _____

Date processed: _____

License number: _____

Application to Become a Compensated Worker

Date: _____

A nonrefundable application filing fee of \$100 in the form of a check or money order made payable to the Legalized Games of Chance Control Commission, must be submitted with this 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. If the applicant is incorporated, or is registered as another type of business entity with the New Jersey Division of Taxation or the Internal Revenue Service, the name and address of every person who holds 10% ownership or more in the corporation or other business entity must be provided below, whether or not such individuals intend to apply for a license as a compensated worker. (N.J.A.C. 13:47-6A)

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? Yes No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? Yes No
 - (1) If "Yes," are you in arrears in payment of said obligation? Yes No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print) Applicant's signature Date

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held, a license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

11. Have you ever been disciplined or denied a license or certificate of any kind by a licensing or certifying authority in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

12. Have you ever had a license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

13. Has any action (including the assessment of fines or other penalties) ever been taken against a license or certificate issued to you by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

14. Have you ever been named as a defendant in any litigation pertaining to legalized games or other related licensed activities in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

15. Are you aware of any investigation pending against any license or certificate issued to you by any agency, board or commission in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other group related to **any** prior activity pertaining to legalized games or other related licensed activities in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

18. 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

Name and address of nonprofit organization

Name and address of nonprofit organization

Name and address of nonprofit organization

19. 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 ___ / ___	_____	_____	_____

20. List in chronological order any employment or training related to gaming or games of chance that you have acquired or participated in since January 2002. (Please include addresses and dates. Use additional sheets of paper if necessary.)

21. 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.

22. 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: _____

} ss.

County of: _____

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 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 and 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

Affix Seal Here

Do not write in this space

Date received _____

License number _____

Official Use Only

Applicant's Number



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CERTIFICATION AND AUTHORIZATION FORM FOR A CRIMINAL HISTORY BACKGROUND CHECK

Directions: Answer all of the questions on this form.

1. Name Mr. Mrs. Ms. _____ (_____)
Last name First name Middle initial Maiden name
2. Address _____
Street or P.O. Box City State ZIP code
3. Date of birth ____ / ____ / ____ Sex: Male Female
Month Day Year
4. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Commission within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

CERTIFICATION

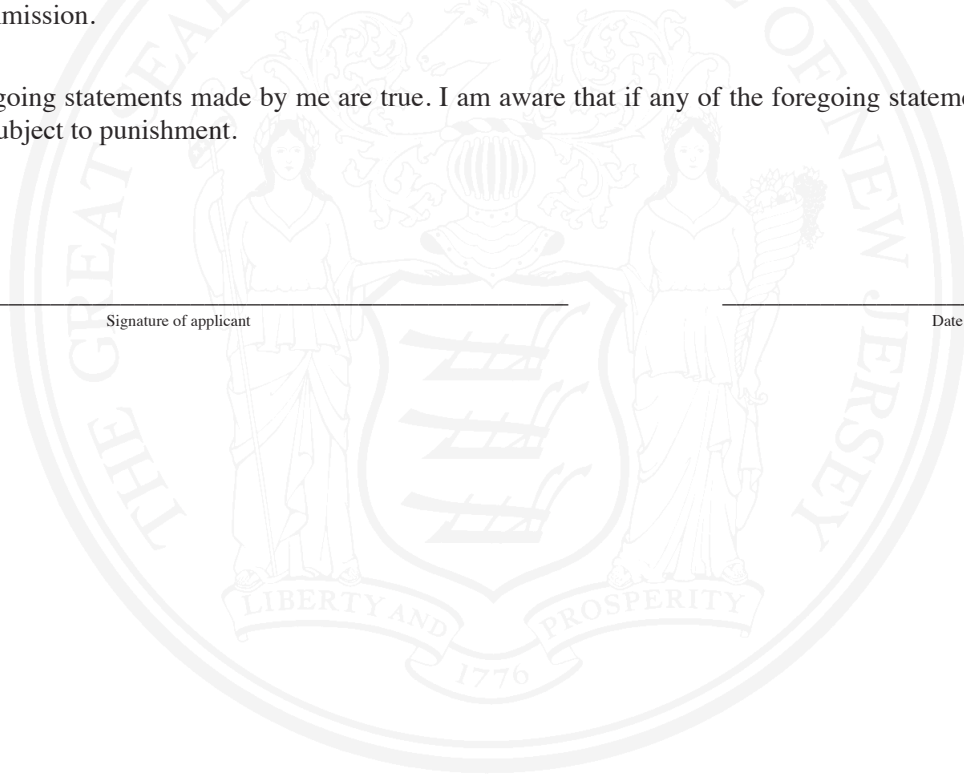
I, _____, in making this application to the Commission for licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a license issued by the Commission.

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

Signature of applicant

Date





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LGCCC Form 12
Power of Attorney-Individual

State of: _____

County of: _____

} ss.

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

I 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.

I hereby agree that any processes so served shall be of the same effect as if duly served upon me within the State of New Jersey.

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



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Please sign both signature lines.
DO NOT allow your signature to extend outside the gray box lines.

<p>New Jersey Office of the Attorney General IDENTIFICATION CARD ONLY</p> <p>The Bingo Licensing Law, <u>N.J.S.A. 5:8-25 et seq.</u>, and the Raffles Licensing Law, <u>N.J.S.A. 5:8-51 et seq.</u>, require that every person who will be compensated for holding, operating or conducting, or assisting in the holding, operating or conducting of any game(s) authorized to be held, operated or conducted under a license issued pursuant to the provisions of either law shall be approved by the Legalized Games of Chance Control Commission prior to any such activity.</p> <p>_____ Signature</p>	<p>New Jersey Office of the Attorney General IDENTIFICATION CARD ONLY</p> <p>The Bingo Licensing Law, <u>N.J.S.A. 5:8-25 et seq.</u>, and the Raffles Licensing Law, <u>N.J.S.A. 5:8-51 et seq.</u>, require that every person who will be compensated for holding, operating or conducting, or assisting in the holding, operating or conducting of any game(s) authorized to be held, operated or conducted under a license issued pursuant to the provisions of either law shall be approved by the Legalized Games of Chance Control Commission prior to any such activity.</p> <p>_____ Signature</p>
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