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

Compensated Casino Night Employee Annual License Renewal Application pursuant to N.J.S.A. 5:8-1 et seq.

This application must be completed, signed by the applicant and notarized. It must be filed with the Legalized Games of Chance Control Commission along with a nonrefundable, nontransferable certified check or money order, payable to the Legalized Games of Chance Control Commission, in the amount of **$125** for an **independent worker** or **$25** for a **worker employed by one licensed casino night equipment provider**. Please submit two (2) copies of a recent (within the last six months) passport-style photograph along with your application. Please note: a change in status from an employed worker to an independent worker requires re-registration and a registration fee.

Please print clearly.

A. Applicant Information **Licence number: _____**

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

Name of applicant: _____
First name Middle name Last name

Maiden name (if married female): _____ Citizen of _____

Mailing address: _____
Street address City State ZIP code County

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

Home telephone number:_____ Business telephone number: _____
(Include area code) (Include area code)

E-mail address: _____ Date of birth: _____ Place of birth: _____

Social Security number:_____ Race: _____

Sex: _____ Height: _____ Weight: _____ Hair color: _____ Eye color: _____

1. Have you ever been convicted of a crime or violation of the law? ☐ Yes ☐ No
   If "Yes," provide the details regarding each conviction, including the date of the offense, the date of the conviction, the nature of the offense, the court in which the conviction was entered and the sentence imposed.

2. Do you have any criminal charges pending against you? ☐ Yes ☐ No
   If "Yes," provide the details regarding the date, the place, the facts leading to the arrest or indictment, and the court in which the matter is pending.

3. Have you ever been disciplined or sanctioned by any authority in any jurisdiction relating to any gaming activity? ☐ Yes ☐ No
   If "Yes," provide the details regarding the date, the place and the facts leading to the discipline or sanctions, as well as the nature of the discipline or sanction imposed.

B. Qualifications of Applicant

I am renewing a one-year license for:

☐ Class "A" Operator - A class "A" operator must demonstrate at least three (3) years of experience working at lawfully operated casino(s)/casino night(s), supervising or operating casino game(s) or complete a course of study from a casino dealer school which includes instruction in the operation and conduct of casino games. Please complete the form below with your casino/casino night employment history. If you have no previous casino/casino night employment history, please fill out the bottom form indicating your casino dealer school information. Note: Only a class "A" operator may operate/supervise the games of roulette and craps.

Begin with the most recent employment.

Start Date	Ending Date	Name and Address of Employer	Telephone number	Title/Position Held Description of Duties	Qualified Game(s)

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

Casino dealer school attended: _____ from: _____ to: _____

Address of casino school: _____
Street address City State ZIP code County

Telephone number: _____ Contact person: _____
(Include area code)

Course(s) successfully completed: _____

(Attach proof of successfully completed courses.)

B. Qualifications of Applicant (continued)

I am renewing a one-year license for:

☐ Class "B" Operator - A class "B" operator must receive instructions and supervision in the operation of the casino game(s) from a class "A" operator. Note: A class "B" operator is not permitted to operate/supervise the games of roulette and craps.

Name of class "A" instructor: _____

Address of instructor: _____
Street address City State ZIP code County

Telephone number of instructor: _____ Years of experience: _____
(Include area code)

In the chart below, provide a history of casino night employment, if any. Begin with the most recent employment.

Start Date	Ending Date	Name and Address of Employer	Telephone number	Title/Position Held Description of Duties	Qualified Game(s)

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

Affidavit

In making this application to the New Jersey Legalized Games of Chance Control Commission for registration as a qualified compensated casino night employee under the provisions of Title 5 of the New Jersey Revised Statutes and the regulations of the Legalized Games of Chance Control Commission, I swear/affirm that all of the information provided in connection with this application is true to the best of my knowledge. I understand that any omissions, inaccuracies, or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of, or to suspend or revoke a registration issued by the Legalized Games of Chance Control Commission.

I further swear/affirm that I fully understand that in receiving registration from the Legalized Games of Chance Control Commission, I am thoroughly familiar with and agree to be governed by N.J.S.A. 5:8-1 et seq. and the regulations governing the conduct of legalized games of chance.

Sworn and Subscribed before me

this _____ day of _____, 20___

_____
Signature and Title

_____
Signature of Notary Public

_____
Printed Name and Title

_____
Date commission expires

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

Affix Seal Here