



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

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

