



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