

Bingo / Raffle Application

- * **(3) copies of the 4-page Application**

(Each copy must be notarized)

- * **State License**

- * **Police Background Check application**

(From each Officer & each Member in Charge)

- * **Two (2) checks or money orders made payable to:**

1. Borough of Union Beach
2. LGCCC

Identification No. _____

Please print clearly.

Name of municipality: _____

b. Mailing address (if different):

3. List date(s) and hours for games:

Hours[illegible]

4. Address of place where bingo will be played:

a. Does the applicant own the premises or regularly occupy them for its general purposes? ☐ Yes ☐ No

b. If "No," from whom will the applicant rent the premises?

Name Address

c. If premises are to be rented, attach Form 10, "Statement of Landlord."

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense

Name and address of supplier

Purpose

[illegible]

Part C - Schedule of Purposes

- The specific purpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the manner in which they are to be so devoted, are:

"It is hereby certified that _____
Name of organization

will accept from the licensee any part of the net proceeds of the games listed in this application to be turned over to it."

Date: _____ Signature: _____

Part D - Schedule of Prizes

A description of all prizes to be offered and given in all of the games listed in this application is as follows. (For cash prizes, state the amount; for merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.)

**Description of Prize Amount (for cash prizes) or Article
(Additionally, please attach a schedule of the games to be conducted.)**

Retail valueThis image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice. There are no margins, text, or other markings on the paper.

Part E - Officers of Applicant

Office	Name of officer	Residence address	Age

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. (include area code)	Age

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.

If more space is needed in any section of this application, insert extra sheets of paper.

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Part I - Statement of Applicant and member(s) in charge

State of New Jersey

} ss.

County of _____

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Bingo Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Bingo Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. All prizes offered for games conducted on a single occasion will not exceed the limit on the sum or retail value of prizes as provided by the Bingo Licensing Law (N.J.S.A. 5:8-25 et seq.) and N.J.A.C. 13:47-6.16 and 13:47-7.2.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this

_____ day of _____, 20 ____.

Notary Public (Print name)

Signature of Notary Public



Signature of Officer and Title

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

If more space is needed in any section of this application, insert extra sheets of paper.

Applicant's registration slip from the *Legalized Games of Chance Control Commission* must be presented to the Municipal Clerk with this application.

BOROUGH OF UNION BEACH POLICE DEPARTMENT

Michael J. Woodrow
CHIEF OF POLICE

Shawn T. Gilkison
Captain of Police

Please print all following information requested in order for the Borough of Union Beach to complete a background check. Then contact the department to be fingerprinted.

Position/Organization Applying for: _____

Company you work for (if Solicitor): _____

Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Former Name: _____

Phone Number: _____

I hereby authorize the Borough of Union Beach to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, driving history, juvenile history and employment. I hereby release the Borough of Union Beach and its agents from all liability resulting from the furnishing of this information to the Borough of Union Beach.

I certify that the statements made by me on this form are true, complete and correct. I understand that any false statements made herein could void my consideration as a: Job Applicant, Volunteer, Vendor, to obtain any License or Permit.

Signature: _____

Date: _____