BOROUGH OF UNION BEACH

Telephone: 732-264-2277

Fax: 732-264-1267

Municipal Building, 650 Poole Avenue
Union Beach, New Jersey 07735

BINGO / RAFFLE APPLICATION

LICENSE NO.: _____ **YEAR:**_____

Name of Applicant: _____

Business Name: _____

Address: _____

Phone: _____

Email: _____

CHECKLIST FOR APPLICANT:

_____ (4) copies of the 4-page Application - each copy must be Notarized (Part I)

_____ State License

_____ Police Background Check Application
Must be completed by each Officer (Part E) and each Member in Charge (Part F)

FEES COLLECTED:

_____ Borough of Union Beach

_____ LGCCC

Date: _____ Signature of Applicant: _____

For Office Only:

Date received in the Clerk's Office: _____ By: _____

Date forwarded to UBPD for Background Investigation: _____ By:_____

Date Investigative report was returned : _____ By: _____

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

Application for a Raffle License

Application No. *RA*_____
Identification No. _____

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: _____

Part A - General

1. Name of applying organization: _____
2a. Street address of headquarters: _____
b. Mailing address (if different):

3. A license is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

Date	Hours	Date	Hours

4a. Address of place where raffles will be played:

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

5. If raffles equipment is to be rented, attach a statement by the raffles equipment lessor to this application on Form 13.

Part B - Schedule of Expenses

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

Part C - Schedule of Purposes

1. 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:

2. If any part of the net proceeds are to be devoted to a purpose allowed by the Raffles Licensing Law by turning the same over to another organization which is exclusively devoted to such purposes, secure the signature of its president or other executive officer to the following certificate:

   "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 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	Donated (Yes or No)	Retail value
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Part E - Officers of Applicant

(1) Office _____ Name of officer _____ Age _____

Residence address _____ Telephone No. *(include area code)* Day _____ Evening _____

(2) Office _____ Name of officer _____ Age _____

Residence address _____ Telephone No. *(include area code)* Day _____ Evening _____

(3) Office _____ Name of officer _____ Age _____

Residence address _____ Telephone No. *(include area code)* Day _____ Evening _____

(4) Office _____ Name of officer _____ Age _____

Residence address _____ Telephone No. *(include area code)* Day _____ Evening _____

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)* Day / Evening	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.

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 Raffles 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 Raffles 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. No prize may be offered and given in cash, except as otherwise provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). If a cash prize under certain circumstances is permitted by the law, the amount of the cash prize may not exceed the limits prescribed by the Raffles Licensing Law.
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

AFFIX SEAL HERE

_____
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

MATTHEW GAJEWSKI
Acting Captain / Officer in Charge

ADAM HUBENY
Director of Public Safety

Est. 1925

Trust
Belief
Accountability

Background Check

Position/Organization applying for: _____

Name: _____

Address: _____

Number of years at this address: _____ If less than 3 years, supply previous address:

_____

Phone Number: _____ Email: _____

Date of Birth: _____ SS# _____

Driver's License Number: _____ State: _____

Have you been convicted of a Crime/DP within the past ten (10) years? Yes _____ No _____
If yes, explain in detail:

_____

_____

_____

_____

_____

I hereby authorize the Borough of Union Beach to conduct a security background check on me. I understand that this background check may include, but is not limited to, a review of my criminal history, driving history, juvenile history, and employment records. I release the Borough of Union Beach and its agents from any and all liability arising from the furnishing or use of such information.

I certified that the statements provided by me on this form are true, complete, and correct. I understand that any false or misleading statements may result in the denial or revocation of my consideration as a job applicant, volunteer, vendor, or applicant for any license or permit.

Signature: _____ Date: _____