



**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 Bingo License

Application No. **BA** \_\_\_\_\_  
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. List date(s) and hours for games:

| Date  | Hours | Date  | Hours |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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."

## 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 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.<br><small>(include area code)</small> | 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 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.**