

Application for Bingo License

Application No. BA: _____

Identification No. _____

Insert name
of Municipality _____

Prepare 4 copies of application. One copy will be returned

Part A GENERAL

1 Name of applying organization _____

2 a. Street address of headquarters _____

b. Mailing address (if different) _____

3 List date or dates 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 not, from whom will the applicant rent the premises:

Name _____ Address _____

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

Part B QUALIFICATION OF APPLICANT

1 Is this the first time the applicant has applied for a license in this municipality? _____ Yes _____ No

2 If not, has there been any change in the applicant's certificate of incorporation, charter, constitution or by-laws since the latest application was made? _____ Yes _____ No.

3 If applicant is unincorporated, state number of members: _____ members.

Part H MEMBERS OF APPLICANT WHO WILL ASSIST IN CONDUCTING THE GAMES

Name of Member	Residence Address	Age

Part I NAMES OF OTHER ORGANIZATIONS WHOSE MEMBERS WILL ASSIST IN CONDUCTING THE GAMES

Name and Address of Organization	How Related	Identification Number

Part J STATEMENT OF APPLICANT AND MEMBER(S) IN CHARGE

STATE OF NEW JERSEY }
 COUNTY OF } ss.:

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, no prize greater in amount or retail value than \$250.00 will be awarded in any single game of bingo, and the aggregate of all prizes offered and given in all games of bingo held, operated and conducted on a single occasion will not exceed the sum or retail value of \$1,000.00.
- 7 All statements in the foregoing application are true.

Sworn to and subscribed before me this _____ day of _____

Notary Public

(SEAL OF NOTARY)

Signature of Officer, and Title

Member in Charge

Member in Charge

Member in Charge

Member in Charge

Applicant's registration slip from the Control Commission must be presented to the Municipal Clerk with this application.

**CITY CLERK'S OFFICE
344 BROADWAY
LONG BRANCH, NJ 07740
732-571-5686
732-222-8835 (fax)**

Irene A. Joline, RMC
City Clerk
ijoline@ci.long-branch.nj.us

Kathy L. Schmelz, RMC
Deputy Municipal Clerk
kschmelz@ci.long-branch.nj.us

Deborah L. Talerico, RMC
Deputy Municipal Clerk
dtalerico@ci.long-branch.nj.us

**THIS FORM MUST BE SIGNED BY ALL MEMBERS IN CHARGE OF
CONDUCTING THE BINGO**

**I HEREBY CERTIFY THAT I AM OF GOOD MORAL
CHARACTER AND HAVE NEVER BEEN CONVICTED OF A
CRIME.**

PRINT NAME

SIGNATURE

FOR BINGO TERM OF: _____ THROUGH _____

GAMBLING PROBLEM?

CALL 1-800-GAMBLER ©
OR VISIT OUR WEBSITE AT
www.800gambler.org

Council on Compulsive Gambling of NJ, Inc.
3635 Quakerbridge Road, Suite 7
Hamilton, NJ 08619