

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



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.

TOWNSHIP OF PARSIPPANY-TROY HILLS

APPLICANT: _____

ID # _____

STATE OF NEW JERSEY)
) ss
COUNTY OF MORRIS)

1. I, _____, a member of the within Applicant for a Bingo or Raffle License, upon my oath, depose and certify to the following information.

2. I have been designated in the application as a "Member of Applicant who will be in Charge of the Games." I have read and am familiar with the State of New Jersey Rules and Regulations governing Games of Chance within the State of New Jersey.

3. I am a bona fide active member of the Applicant, am of good moral character and have never been convicted of a crime.

4. I understand that pursuant to N.J.S.A. 5:8-53, the Township of Parsippany-Troy Hills, through its Police Department, must investigate my background in order to confirm that I have never been convicted of a crime. To facilitate that investigation, I am providing my address, social security number and date of birth on the lines designated below.

5. The games will be conducted in accordance with the Act And the Rules and Regulations.

6. The entire net proceeds of the Games are to be disposed of for a purpose permitted by the Act.

7. The rental to be paid for Bingo or Raffle equipment does conform to the Schedule of Authorized rentals prescribed by the Rules of the Control Commission and the Bingo or Raffle equipment lessor has been approved by the Control Commission.

8. I understand that the Township of Parsippany-Troy Hills will rely on these statements and I submit this Certification to induce the Township to issue a License.

I certify that the foregoing statements made by me are true. I am aware that if any statement is willfully false, I am subject to punishment.

Sworn and Subscribed to this

___ day of _____, 20 .

Print Name of Member in Charge

Signature of Member in Charge

Address: _____

Social Security Number: _____

*** THIS FORM MUST BE NOTARIZED ***

Date of Birth: _____

TOWNSHIP OF PARSIPPANY-TROY HILLS

APPLICANT: _____

ID # _____

STATE OF NEW JERSEY)
) ss
COUNTY OF MORRIS)

1. I, _____, a member of the within Applicant for a Bingo or Raffle License, upon my oath, depose and certify to the following information.
2. I have been designated in the application as a "Member of the Applicant who will Assist in Conducting the Games." I have read and am familiar with the State of New Jersey Rules and Regulations governing Games of Chance within the State of New Jersey.
3. I am a bona fide active member of the Applicant, am of good moral character and have never been convicted of a crime.
4. I understand that pursuant to N.J.S.A. 5:8-53, the Township of Parsippany-Troy Hills, through its Police Department, must investigate my background in order to confirm that I have never been convicted of a crime. To facilitate that investigation, I am providing my address, social security number and date of birth on the lines designated below.
5. The games will be conducted in accordance with the Act and the Rules and Regulations.
6. The entire net proceeds of the Games are to be disposed of for a purpose permitted by the Act.
7. The rental to be paid for Bingo or Raffle equipment does conform to the Schedule of Authorized rentals prescribed by the Rules of the Control Commission and the Bingo or Raffle equipment lessor has been approved by the Control Commission.
8. I understand that the Township of Parsippany-Troy Hills will rely on these statements and I submit the Certification to induce the Township to issue a License.

I certify that the foregoing statements made by me are true. I am aware that if any statement is willfully false, I am subject to punishment.

Sworn and Subscribed to this
___ day of _____, 20 .

Print Name of Member who will Assist in Conducting the Games

Signature of Member who will Assist in Conducting the Games

Address: _____

Social Security Number: _____

*** THIS FORM MUST BE NOTARIZED ***

Date of Birth: _____