

Application to Amend a Bingo Raffles License

(Please check one.)

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

License No. _____

Identification No. _____

Please print clearly.

Name of municipality: _____

Name of applicant: _____

Address: _____
Street address City State ZIP code

1. Application is made to amend the above license as follows:

2. Additional proofs, signatures and verifications required for this amendment are attached.
3. If this amendment is permitted, the original license will be returned in exchange for the amended license.

Date: _____ Signature of officer: _____

The statement on the reverse side must be signed and notarized.

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 or 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 this State 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 or the Raffles Licensing Law, as the case may be, 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, 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 authorized by law will be awarded in any single game.
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

AFFIDAVIT

COUNTY of CUMBERLAND
STATE of NEW JERSEY

_____ of full age being duly sworn according
to law upon _____ oath say that:
(his or her)

I am _____ of the _____
(Title or Office) (Name of

_____ and as such I am personally acquainted with the facts
the Organization)

set forth in an application filed with the Municipal Clerk of Vineland, New Jersey, for a _____
(Bingo or Raffle)

license.

I so swear that none of the Officers or persons entrusted with the conducting of the said

_____ have been convicted of any crime and that said persons are all of good moral
(Bingo or Raffle)

character.

I make this affidavit to induce the Governing Body of the City of Vineland to grant a

license to our organization.

Sworn and subscribed to

Before me this _____

Day of _____, 20____.

(Signature of Officer)

(Notary Public)

Application for Bingo License – Supplemental Information

This information will be used by the Vineland Police Department to conduct the State required background check on the officers and members conducting the games. Use additional sheets if necessary.

PLEASE PRINT NEATLY

Part A General

1. Name of applying organization _____

2. a. Street address of headquarters _____

b. Mailing address (if different) _____

Part F Officers of Applicant

Office	Name of Officer	Residence	Social Security Number	Date of Birth (m/d/y)
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_____	_____	_____	_____	_____
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Part G Members of Applicant Who Will Be In Charge of the Games

Name of Member in Charge	Residence Address	Social Security Number	Date of Birth (m/d/y)
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Part H Members of Applicant Who Will Assist in Conducting the Games

Name of Member in Charge	Residence Address	Social Security Number	Date of Birth (m/d/y)
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Application for Bingo License – Supplemental Information

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Part A General

1. Name of applying organization _____

2. a. Street address of headquarters _____

b. Mailing address (if different) _____

Part F Officers of Applicant

Office	Name of Officer	Residence	Social Security Number	Date of Birth (m/d/y)
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Part G Members of Applicant Who Will Be In Charge of the Games

Name of Member in Charge	Residence Address	Social Security Number	Date of Birth (m/d/y)
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