

**INSTRUCTIONS FOR APPLICATION FOR BINGO TO BE HELD IN THE TOWN OF  
HAMMONTON**

STATE OF NJ, LEGALIZED GAMES OF CHANCE 1-973-273-8000 or  
<http://www.state.nj.us/lps/ca/lgccc/>

It is the responsibility of the applicant to inquire to Legalized Games of Chance or view their website to ascertain all State rules pertaining to the game they will be conducting as these rules change often.

COMPLETE ONLY 1 APPLICATION, NOTARIZE IT, AND RETURN TO THE TOWN CLERKS OFFICE

NOTE: MULTIPLE BINGO DATES FOR THE SAME ORGANIZATION CAN BE PROCESSED ON ONE APPLICATION.

ATTACH 2 CHECKS: ONE PAYABLE TO THE TOWN OF HAMMONTON FOR \$20.00 AND ONE PAYABLE TO THE STATE OF NJ FOR \$20.00 FOR EACH BINGO DATE HELD.

ALSO ATTACHED YOU WILL FIND A REPORT TO BE FILED DIRECTLY TO THE STATE AFTER YOUR EVENT IS HELD.

# 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, Statement of Landlord.

## Part B QUALIFICATIONS 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 hookkeepers 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 \_\_\_\_\_ 19\_\_\_\_\_

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.

Internet

NJ Department of Law & Public Safety  
 Division of Consumer Affairs  
**Legalized Games of Chance Control Commission**  
 P.O. Box 46000, Newark, NJ 07101  
 Bingo Report of Operations

Municipality \_\_\_\_\_

I.D. # \_\_\_\_\_

Lic. # \_\_\_\_\_

Name of Licensee \_\_\_\_\_

Address \_\_\_\_\_

Location of Games \_\_\_\_\_

This report, as required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9.1, must be filed with the Legalized Games of Chance Control Commission no later than the 15<sup>th</sup> day of the month following the conduct of the game(s) of chance.

**Occasion 1** Date \_\_\_\_\_ Time \_\_\_\_\_ # of players \_\_\_\_\_

Regular Games Sales \$ _____	Regular Games Payout \$ _____
Special Games Sales \$ _____	Special Games Payout \$ _____
50/50 Bingo Games Sales \$ _____	50/50 Bingo Games Payout \$ _____
Progressive Games Sales \$ _____	Progressive Jackpot (if awarded) \$ _____
	Progressive consolation prize \$ _____
<b>Gross Receipts \$</b> _____	Rental Fees \$ _____
<b>Total Expenses \$</b> _____	Other \$ _____
<b>Net Proceeds \$</b> _____	<b>Total Expenses \$</b> _____

**Occasion 2** Date \_\_\_\_\_ Time \_\_\_\_\_ # of players \_\_\_\_\_

Regular Games Sales \$ _____	Regular Games Payout \$ _____
Special Games Sales \$ _____	Special Games Payout \$ _____
50/50 Bingo Games Sales \$ _____	50/50 Bingo Games Payout \$ _____
Progressive Games Sales \$ _____	Progressive Jackpot (if awarded) \$ _____
	Progressive consolation prize \$ _____
<b>Gross Receipts \$</b> _____	Rental Fees \$ _____
<b>Total Expenses \$</b> _____	Other \$ _____
<b>Net Proceeds \$</b> _____	<b>Total Expenses \$</b> _____

**Occasion 3** Date \_\_\_\_\_ Time \_\_\_\_\_ # of players \_\_\_\_\_

Regular Games Sales \$ _____	Regular Games Payout \$ _____
Special Games Sales \$ _____	Special Games Payout \$ _____
50/50 Bingo Games Sales \$ _____	50/50 Bingo Games Payout \$ _____
Progressive Games Sales \$ _____	Progressive Jackpot (if awarded) \$ _____
	Progressive consolation prize \$ _____
<b>Gross Receipts \$</b> _____	Rental Fees \$ _____
<b>Total Expenses \$</b> _____	Other \$ _____
<b>Net Proceeds \$</b> _____	<b>Total Expenses \$</b> _____

**Occasion 4** Date \_\_\_\_\_ Time \_\_\_\_\_ # of players \_\_\_\_\_

Regular Games Sales \$ _____	Regular Games Payout \$ _____
Special Games Sales \$ _____	Special Games Payout \$ _____
50/50 Bingo Games Sales \$ _____	50/50 Bingo Games Payout \$ _____
Progressive Games Sales \$ _____	Progressive Jackpot (if awarded) \$ _____
	Progressive consolation prize \$ _____
<b>Gross Receipts \$</b> _____	Rental Fees \$ _____
<b>Total Expenses \$</b> _____	Other \$ _____
<b>Net Proceeds \$</b> _____	<b>Total Expenses \$</b> _____

**Occasion 5** Date \_\_\_\_\_ Time \_\_\_\_\_ # of players \_\_\_\_\_

Regular Games Sales \$ _____	Regular Games Payout \$ _____
Special Games Sales \$ _____	Special Games Payout \$ _____
50/50 Bingo Games Sales \$ _____	50/50 Bingo Games Payout \$ _____
Progressive Games Sales \$ _____	Progressive Jackpot (if awarded) \$ _____
	Progressive consolation prize \$ _____
<b>Gross Receipts \$</b> _____	Rental Fees \$ _____
<b>Total Expenses \$</b> _____	Other \$ _____
<b>Net Proceeds \$</b> _____	<b>Total Expenses \$</b> _____

Occasion 6 Date \_\_\_\_\_ Time \_\_\_\_\_ # of players \_\_\_\_\_

Regular Games Sales \$ \_\_\_\_\_ Regular Games Payout \$ \_\_\_\_\_  
 Special Games Sales \$ \_\_\_\_\_ Special Games Payout \$ \_\_\_\_\_  
 50/50 Bingo Games Sales \$ \_\_\_\_\_ 50/50 Bingo Games Payout \$ \_\_\_\_\_  
 Progressive Games Sales \$ \_\_\_\_\_ Progressive Jackpot (if awarded) \$ \_\_\_\_\_  
 Progressive consolation prize \$ \_\_\_\_\_  
 Gross Receipts \$ \_\_\_\_\_ Rental Fees \$ \_\_\_\_\_  
 Total Expenses \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
 Net Proceeds \$ \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_

Total # of occasions \_\_\_\_\_ Expenses (1-6 combined)  
 Total # of players (1-6 combined) \_\_\_\_\_ rental \$ \_\_\_\_\_  
 Total gross proceeds (1-6 combined) \$ \_\_\_\_\_ other \$ \_\_\_\_\_  
 Total net proceeds (1-6 combined) \$ \_\_\_\_\_ prizes  
 regular schedule \$ \_\_\_\_\_  
 progressive game \$ \_\_\_\_\_  
 50/50 bingo game \$ \_\_\_\_\_  
 Total Expenses \$ \_\_\_\_\_

Bank Name and address of where balance is deposited \_\_\_\_\_

Account number \_\_\_\_\_

Name, address and phone number of person responsible for use of proceeds \_\_\_\_\_

**Schedule of Expenses**

if additional space is required, attach a separate sheet of paper

Date	Description of Use & Check Number	Amount

**Utilization of Net Proceeds**

if additional space is required, attach a separate sheet of paper

Date	Description of Use & Check Number	Amount

I hereby certify that all statements on the foregoing Report of Operations are true, accurate and complete.

Name of Officer - Title (please print) \_\_\_\_\_

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Signature \_\_\_\_\_

A Notary Public

Name of Member in Charge (please print) \_\_\_\_\_

Signature \_\_\_\_\_