



Political clubs and organizations are not eligible to apply for Registration.

New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
124 Halsey Street, P.O. Box 46014
Newark, N.J. 07101
(973) 273-8000

“Qualified organization” means a bona fide organization or association of veterans, religious congregation, religious organization, charitable organization, educational organization, fraternal organization, civic and service club, officially recognized volunteer fire company, officially recognized first aid squad and officially recognized rescue squad, and senior citizens' association or club which:

1. Is organized as a non-profit or religious organization and is authorized by its certificate or articles of incorporation, bylaws or other written authority to support one of the authorized purposes;
2. Appoints the Executive Officer of the Control Commission as agent for the service of process [use form LGCCC 12A (revised 01/10/2007)]; and
3. **Is constituted of not less than five individuals.**

(N.J.A.C.13:47-1.1)



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Initial Affidavit and Application for Biennial Registration

ID number _____

For Office Use Only:

Please note that a nonrefundable, nontransferable application fee of \$100.00 (a certified check or money order made payable to: "Legalized Games of Chance Control Commission") must accompany this application.

Organization Information:

Organization's name _____ Street address _____

City _____ State _____ ZIP code _____ County _____

Name of contact person _____ Telephone number (Include area code) _____

Are you currently registered with the Division of Consumer Affairs' Charities Registration Section? Yes No
 If "Yes," please provide the Charities Registration number _____ .

Please provide your FEIN/Taxpayer ID number? _____
Required

Does the organization raise less than \$10,000 per year? Yes No

If the answer to the first question is "No," please explain the reason(s) for not being registered with the Charities Registration Section. If you need information regarding whether you need to register with the Charities Registration Section, please call **(973) 504-6215**.

_____ (Use additional sheets of paper if necessary.)

AFFIDAVIT

State of New Jersey
 County of _____

1. I, _____, of full age being duly sworn upon my oath, depose and say:
 - a. I am an elected officer of _____ ("Organization").
 - b. I hold the office of _____ .

2. The mailing address of the Organization is:

Street address _____ City _____

State _____ ZIP code _____

3. The names, titles, addresses, telephone numbers and dates of birth of all officers and trustees of the Organization are: **(You must list 5 names.)**

 Name and title _____ Address _____

 Telephone number (include area code) _____ Date of birth _____

 Name and title _____ Address _____

 Telephone number (include area code) _____ Date of birth _____

(Use additional sheets of paper if necessary.)

(Over)

_____ Name and title	_____ Address
_____ Telephone number (include area code)	_____ Date of birth
_____ Name and title	_____ Address
_____ Telephone number (include area code)	_____ Date of birth
_____ Name and title	_____ Address
_____ Telephone number (include area code)	_____ Date of birth

4. Please check one:

- Applicant Organization is a corporation incorporated in the State of New Jersey in 20____. Attached to this registration application are true copies of the articles of incorporation, constitution and bylaws. (Note: If applicant Organization is a corporation incorporated in a state other than New Jersey, attach to this registration application the following: a) **true copies of the applicant's articles of incorporation, constitution and bylaws**, b) **A completed and notarized Form LGCCC 12A**, and c) **A copy of the organization's Certificate of Authority to do business in New Jersey. Please call the Commercial Recording and Business Services Line at (609) 292-9292 for assistance, if necessary.**)
- Applicant Organization is an association which **is/is not** registered with the County Clerk's office in _____ (municipality and/or county), New Jersey. Attached to this registration application are true copies of the association's constitution and bylaws.
- Applicant Organization has not been formally incorporated or associated. True copies of the written authority (constitution and bylaws) under which it operates are attached to this registration application.

5. Applicant Organization **is/is not** chartered from a state or national organization. If the Organization is chartered from a state or national organization, give the full name, address and telephone number of the organization below:

_____ National or state organization's name		_____ Street address	
_____ City	_____ State	_____ ZIP code	_____ Telephone number (Include area code)

Attach to this application the true copies of the state or national organization's articles of incorporation, constitution and bylaws, **and a copy of the charter issued to your chapter, or a letter from the national organization stating that your chapter is in good standing with the national organization.**

6. Upon dissolution of the applicant Organization, net proceeds from games of chance will be distributed by the following procedure: (**Note:** If no provisions exist, provide a copy of an amendment to the organization's articles of incorporation, bylaws or constitution stating what will happen to the remaining assets of the organization if it should dissolve.)

Please indicate the provision in the articles of incorporation, bylaws or constitution that sets forth the procedure for dissolution.

7. In making this application to the New Jersey Legalized Games of Chance Control Commission for registration as an organization qualified to conduct games of chance under the provisions of Title 5 of the New Jersey Revised Statutes and the regulations of the Legalized Games of Chance Control Commission, I swear (or affirm) that I am an elected officer of the applicant Organization and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of, or to suspend or revoke, a registration issued by the Legalized Games of Chance Control Commission.

I further swear (or affirm) that I fully understand that in receiving registration from the Legalized Games of Chance Control Commission, the applicant Organization agrees to be governed by N.J.S.A. 5:8-1 et seq., the Bingo Licensing Law, N.J.S.A. 5:8-24 et seq., the Raffles Licensing Law, N.J.S.A. 5:8-50 et seq., and the regulations governing the conduct of legalized games of chance.

Sworn & Subscribed before me
this _____ day of _____,
Month Year

Signature of Elected Officer
of Applicant Organization

Signature of Notary Public

Print name of Elected Officer
of Applicant Organization

Date commission expires

**Return this form and the biennial registration fee of \$100.00 to:
Legalized Games of Chance Control Commission, P.O. Box 46014, Newark, N.J. 07101**