# Township of Monroe

***County of Middlesex***

**CHRISTINE ROBBINS**
Township Clerk

Municipal Complex
1 Municipal Plaza
Monroe Township, NJ 08831-1900
Phone (732) 656-4573
Fax (732) 521-3190

## APPLYING FOR A BINGO LICENSE

1. The Organization applying for a Bingo license must have a valid Certificate of Registration with the State of New Jersey, Legalized Games of Chance Control Commission. (Registration is valid for (2) two years) and must be within the raffle period.

2. The Application for a Bingo License, as well as the required paperwork, must be submitted in sets of four (4). The application may be copied, but the signatures required as well as notary on the last page, **must be original signatures**. There must be at least two (2) signatures, **an Officer of the Organization and a Member in Charge of the Games.**.

3. The application must be submitted **(6) weeks prior to the event.**

4. Along with the applications, the following is required:

   (a) Applications need to be submitted **at least (6) weeks** prior to the event.

   (b) The Clerk's Office must see the **original Certificate of Registration** for the Organization.

   (c) Two Checks. (See Attached Fee Schedule)
   - State Fees payable to "Legalized Games of Chance Control Commission"
   - Municipal Fee payable to "Township of Monroe"
   - Cost is $20.00 per occasion to State and Municipality

   (e) Completed Release of Authorization Form and Photo ID of member or members-in-charge.

5. Once the full application has been processed by the town and a Police background check has been received, the application will be forwarded to the State of New Jersey, Legalized Games of Chance Control Commission. The State has fifteen (15) business days from the date of receipt to accept or deny approval of your application. If your application is accepted, you will not hear from them. You will receive a complete copy of the application along with your authorizing license in the mail.

**Monroe Twp. Clerk's Office**
**1 Municipal Plaza – Rm. 107**
**Monroe Twp., NJ 08831**
**Phone: (732) 656-4573**
**Fax: (732) 521-3190**

**Legalized Games of Chance**
**Control Commission**
**P.O. Box 46000**
**Newark, NJ 07102**
**Phone: (973) 273-8000**

*New Jersey Office of the Attorney General*
Division of Consumer Affairs
Legalized Games of Chance Control Commission
124 Halsey Street, 6th Floor, P.O. Box 46000
Newark, New Jersey 07101
(973) 273-8000

# Application for a Bingo License

Application No. ***BA***_____
Identification No. _____

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

Please print clearly.

Name of municipality: _____

## Part A - General

1. Name of applying organization: _____
2a. Street address of headquarters: _____
b. Mailing address (if different):

3. List date(s) 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 "No," 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 - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

| Item of Expense | Name and address of supplier | Purpose |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

## Part C - Schedule of Purposes

1. The specific purpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the manner in which they are to be so devoted, are:

2. If any part of the net proceeds are to be devoted to a purpose allowed by the Bingo Licensing Law by turning the same over to another organization which is exclusively devoted to such purposes, secure the signature of its president or other executive officer to the following certificate:

   "It is hereby certified that ______________________________
   Name of organization

   will accept from the licensee any part of the net proceeds of the games listed in this application to be turned over to it."

   Date: ____________________ Signature: ____________________

## Part D - Schedule of Prizes

A description of all prizes to be offered and given in all of the games listed in this application is as follows. (For cash prizes, state the amount; for merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.)

| **Description of Prize Amount (for cash prizes) or Article (Additionally, please attach a schedule of the games to be conducted.)** | **Retail value** |
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## Part E - Officers of Applicant

| Office | Name of officer | Residence address | Age |
|---|---|---|---|
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## 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) | Age |
|---|---|---|---|
| | | | |
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| | | | |
| | | | |
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## 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.**

*continue* ➡

## 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 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, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. All prizes offered for games conducted on a single occasion will not exceed the limit on the sum or retail value of prizes as provided by the Bingo Licensing Law (N.J.S.A. 5:8-25 et seq.) and N.J.A.C. 13:47-6.16 and 13:47-7.2.
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

AFFIX SEAL HERE

_____
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 Monroe
County of Middlesex

GRIFFIN M. BANOS
Chief of Police

DEPARTMENT OF POLICE:
Municipal Complex
3 Municipal Plaza
Monroe Township, NJ 08831

# RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Education and other Institutions and Agencies without exception.

I, _____, am making application for appointment to The Monroe Township Police Department. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to The Monroe Township Police Department or its representative any and all information, documentary or otherwise pertaining to me that they may request.

I hereby release, discharge and exonerate The Monroe Township Police Department, its agents and representatives, and any person so furnishing information from any and all liability or every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by The Monroe Township Police Department.

A photostatic copy of this authorization will be considered as effective and valid as the original.

_____
Applicant sign here

Sworn to before me this _____
Day of _____ , 20 ___.

_____
Notary Public or Commissioner of Deeds