

State of New Jersey  
Department of Law and Public Safety  
Division of Consumer Affairs  
Legalized Games of Chance Control Commission  
124 Halsey Street, P.O. Box 46014  
Newark, N.J. 07101  
(973) 273-8000

**Initial Affidavit and Application for Senior Citizen Club  
or Association Registration**

ID number \_\_\_\_\_  
**For Office Use Only:**

**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 Unit?  Yes  No

If "Yes," please provide Charities registration number \_\_\_\_\_ .

If the answer to the preceding question is "No," please explain the reasons for not being registered with the Charities Unit. If you need information on whether you need to register with the Charities Unit, please call (973) 504-6215.

\_\_\_\_\_  
\_\_\_\_\_

(Use additional 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 and dates of birth of all officers and trustees of the Organization are:

Name and title	Address	Date of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional paper if necessary.)

**(Over)**

4. Please check one:

- Applicant Organization is a corporation incorporated in the State of New Jersey in 19\_\_\_\_. Attached to this registration application are true copies of the articles of incorporation, constitution and bylaws.
- 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.

- 6. Attach to this application a list of the names and addresses of all of the individuals who are bona fide active members of the applicant Organization. (Note: Senior citizen association or club, membership must be comprised predominantly of persons above the age of 62 years.)
- 7. Upon dissolution of the applicant Organization, net proceeds from games of chance will be distributed by the following procedure: \_\_\_\_\_

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

- 8. Attach to this application a detailed financial summary of the applicant Organization's activities during the last 12 months, showing sources of income and items of expenses.
- 9. 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.

\_\_\_\_\_  
Signature of Elected Officer  
of Applicant Organization

Sworn & Subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**Return this form to:  
Legalized Games of Chance  
Control Commission  
P.O. Box 46014  
Newark, N.J. 07101**

Internet