TOWNSHIP OF PARSIPPANY-TROY HILLS

APPLICANT: _____ ID # _____

STATE OF NEW JERSEY)
) ss
COUNTY OF MORRIS)

1. I, _____, a member of the within Applicant for a Bingo or Raffle License, upon my oath, depose and certify to the following information.

2. I have been designated in the application as a "Member of the Applicant who will Assist in Conducting the Games." I have read and am familiar with the State of New Jersey Rules and Regulations governing Games of Chance within the State of New Jersey.

3. I am a bona fide active member of the Applicant, am of good moral character and have never been convicted of a crime.

4. I understand that pursuant to N.J.S.A. 5:8-53, the Township of Parsippany-Troy Hills, through its Police Department, must investigate my background in order to confirm that I have never been convicted of a crime. To facilitate that investigation, I am providing my address, social security number and date of birth on the lines designated below.

5. The games will be conducted in accordance with the Act and the Rules and Regulations.

6. The entire net proceeds of the Games are to be disposed of for a purpose permitted by the Act.

7. The rental to be paid for Bingo or Raffle equipment does conform to the Schedule of Authorized rentals prescribed by the Rules of the Control Commission and the Bingo or Raffle equipment lessor has been approved by the Control Commission.

8. I understand that the Township of Parsippany-Troy Hills will rely on these statements and I submit the Certification to induce the Township to issue a License.

I certify that the foregoing statements made by me are true. I am aware that if any statement is willfully false, I am subject to punishment.

Sworn and Subscribed to this
___ day of _____, 20 .

_____
Print Name of Member who will Assist in Conducting the Games

_____
Signature of Member who will Assist in Conducting the Games

Address: _____
_____

Social Security Number: _____ *** THIS FORM MUST BE NOTARIZED ***

Date of Birth: _____