

New Jersey Office of the Attorney General

Division of Consumer Affairs Legalized Games of Chance Control Commission 124 Halsey Street, P.O. Box 46000 Newark, N.J. 07101 (973) 273-8000

Application for Amusement Games License N.J.S.A. 5:8-100 et seq.

This application must be filed in duplicate. Both copies must be filed with the municipal issuing authority with the full municipal fee and a certified check or money order, payable to the Legalized Games of Chance Control Commission, in the amount of \$250.00 per state license, unless the license is for a game to be conducted at an Agricultural Fair, in which case the fee is \$50.00 per license. Please note that arcades must submit an additional fee of \$10.00 per player position for each position over the original 50 positions, along with a complete list of all redemption machines. The amended license fee is \$25.00.

Please print clearly.					
Section #1 License Identification					
Municipality:		Municipal License Number			
Date Filed:	N	Municipal License Fees	\$		
	S	State License Fees	\$		
Section #2 Identification of Applican	ıt				
Name of applicant:					
Mailing address:	First name	Middle name		Last name	
Mailing address:	Street address	City	State	ZIP code	County
Business telephone number:	valuda area aada)				
☐ Sole Proprietorship ☐ Partnersh					
Other (explain):					
If the applicant is an individual, provide information required in this section for eathe information required by this section for officer, director or stockholder of any corcorporation and indicate each person's to	ach partner. If the for each officer, poration that ho	e applicant, or a partner in director or stockholder o lds five percent (5%) or n	n the appli f the appli nore of the	cant, is a corporate	oration, provide ion and for each
Name and Title:			Date of	of Birth:	
Residence Address:(Give exact s	treet address)	Business telep	hone num	ber:	clude area code)
Name and Title:			Date of	of Birth:	
Residence Address:		Business telep	hone num	ber:	

(Give exact street address)

(Include area code)

Has this person ever been convicted of a crime or violation of the law? \Box If "Yes," provide the details regarding each conviction, including the date of the nature of the offense, the court in which the conviction was entered and the	ne offense, the date of the conviction, the			
Are there any criminal charges pending against this person? \square Yes \square If "Yes," provide the details regarding the date, the place, the facts leading to which the matter is pending.				
Has this person ever been disciplined or sanctioned by any authority in a activity? \square Yes \square No If "Yes," provide the details regarding the date, the place and the facts as well as the nature of the discipline or sanction imposed.				
Name under which business will be conducted:				
Section #3 Corporate Information For Corporate Applicants: (If additional space is needed, attach a notar	rized addendum to this application.)			
Name of corporation:				
Address: Business tele	phone number:			
Date of Incorporation: / / State of Incorporation: incorporated in the State of New Jersey, is the corporation authorized to describe the state of New Jersey.				
Name and address of the registered agent in New Jersey upon whom service	e of process may be made:			
Name and Title:				
Address: Telepl				
(Give exact street address)	(Include area code)			
(THIS SECTION MUST BE COMPLETE	ED.)			
Section #4 Disclosure of Compensation				
Will anyone other than the persons named in this application share directly or described in this application? Yes No. This includes, but is not limit be compensated based upon a percentage of the proceeds of any game and an an interest (secured or unsecured) in any equipment or merchandise used conducted under the license for which this application is made. If "Yes," please of the proceeding the proceeding of the proceeding the proce	ted to, any vendor or employee who will yone receiving payments made based on in or in connection with the business			
Name and Title:	Date of Birth:			
Address:Tele	phone number:			
Describe nature of payment:	(menude area code			
Section #5 Type of Game; Location; Dates and Time of Operation				
Name of game:Cert	ification Number:			
(Type of Game) - (Give exact name listed on amusement game listing) Location of game:				
	_//			
Hours of operation: From: / To:	_//			
Name and address of the landlord: (Give exact street address)				
Name and address of the owner of the premises:				

(Give exact street address)

The signatures of all of the partners, corporate officers and directors are required. (If additional space is needed attach a notarized addendum to this application.)

Affidavit

State	e of:					
Cou	nty of:	} ss.				
Ι,		, duly sworn, upon my oath depose and say:				
a.)	The game(s) specified in this application will be held, operated and conducted in accordance with the Amusement Games Licensing Law, <u>N.J.S.A.</u> 5:8-100 <u>et seq.</u> , and the regulations promulgated thereunder, <u>N.J.A.C.</u> 13:3-1.1 through 7.9.					
b.)	The information required by Section 2 of this application is either included in Section 2 of attached to and made part of this application for each and every party having any direct of indirect interest in the amusement game(s), a license for which this application is being made.					
c.)	The prize (s) offered or awarded in any game shall be of merchandise only and shall be of retail value no greater than that set forth in N.J.A.C. 13:3-3.5, and that no prize shall be redeemable directly or indirectly for cash or money.					
d.)	All parties named in this application or having any direct or indirect interest in any game(s) listed in this application are of good moral character and have never been convicted of a crime.					
e.)	in this application shall be paid or give	e holding, operation or conduct of the game(s) described wen directly or indirectly to any person other than those nable amounts paid for goods, wares and services actually ess.				
f.)	No game shall be held, operated or conc Commission as an approved amusement	ducted unless and until it has been certified by the Control nt game.				
g.)	All statements on the foregoing applica	ation are true, accurate and complete.				
	Signature of Applicant and Title	Date				
	Printed Name of Applicant and Title	Date				
Swo	rn and Subscribed to before me					
this	day of, 20					
	Signature of Notary Public	Affix Seal Here				
	Date commission expires					