

Part E - Officers of Applicant

| | | |
|-------------------|-----------------------------------|-------|
| (1) Office | Name of officer | Age |
| _____ | _____ | _____ |
| Residence address | Telephone No. (include area code) | |
| _____ | Day _____ Evening _____ | |
| (2) Office | Name of officer | Age |
| _____ | _____ | _____ |
| Residence address | Telephone No. (include area code) | |
| _____ | Day _____ Evening _____ | |
| (3) Office | Name of officer | Age |
| _____ | _____ | _____ |
| Residence address | Telephone No. (include area code) | |
| _____ | Day _____ Evening _____ | |
| (4) Office | Name of officer | Age |
| _____ | _____ | _____ |
| Residence address | Telephone No. (include area code) | |
| _____ | Day _____ Evening _____ | |

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) Day / Evening | Age |
|--------------------------|-------------------|--|-------|
| _____ | _____ | _____ / _____ | _____ |
| _____ | _____ | _____ / _____ | _____ |
| _____ | _____ | _____ / _____ | _____ |
| _____ | _____ | _____ / _____ | _____ |
| _____ | _____ | _____ / _____ | _____ |

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.

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 Raffles 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 Raffles 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. No prize may be offered and given in cash, except as otherwise provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). If a cash prize under certain circumstances **is** permitted by the law, the amount of the cash prize may not exceed the limits prescribed by the Raffles Licensing Law.
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



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.

Raffle Application No: _____
(to be completed by Borough Clerk's office)

Borough of Franklin Lakes

COUNTY OF BERGEN
480 DeKORTE DRIVE
FRANKLIN LAKES, NEW JERSEY 07417
201-891-4000

AFFIDAVIT

Name of Organization: _____
Identification Number: _____

This is to attest that the individuals listed below, who will be members in charge of the games of chance, are bona fide active members, are of good moral character, and have never been convicted of a crime.

PART F - MEMBERS WHO WILL BE IN CHARGE OF THE GAMES

| Name of Member in Charge | Residential Address |
|---------------------------------|----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Name of Officer and Title

Signature of Officer

SWORN TO AND SUBSCRIBED BEFORE ME THIS
_____ DAY OF _____ 20_____

(SEAL OF NOTARY)