

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.

MEMBERS WHO WILL BE IN CHARGE OF THE GAMES (From Part F of Application)

<u>Name of Member in Charge</u>	<u>Residential Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Officer and Title (from Part E of Application)

Signature of Officer

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

(SEAL OF NOTARY)