

**** Upon approval of applicant's Compensated Casino Night Employee Annual License Application, the **independent worker** applicant is required to forward a certified check or money order payable to the Legalized Games of Chance Control Commission in the amount of \$125.00. The **worker employed** by a licensed casino night equipment provider is required to forward a certified check or money order payable to the Legalized Games of Chance Control Commission in the amount of \$25.00.

Affidavit

In making this application to the New Jersey Legalized Games of Chance Control Commission for registration as a qualified compensated casino night employee 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/affirm that all the information provided in connection with this application is true to the best of my knowledge. 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/affirm that I fully understand that in receiving registration from the Legalized Games of Chance Control Commission, I am thoroughly familiar with and agree to be governed by N.J.S.A. 5:8-1 et seq. and the regulations governing the conduct of legalized games of chance.

Sworn & Subscribed before me

this _____ day of _____ 20_____

Signature of Applicant

Seal of Notary Public

Signature of Notary Public

**Return this form and appropriate fee to:
Legalized Games of Chance Control Commission
P.O. Box 46000
Newark, NJ 07101**

State of New Jersey
Department of Law and Public Safety
Division of Consumer Affairs
Legalized Games of Chance Control Commission
124 Halsey Street, 6th Floor, P.O. Box 46000
Newark, NJ, 07101
(973) 273-8000
www.nj.gov/lps/ca/lgccc.htm

**Compensated Casino Night Employee Annual License Application
pursuant to N.J.S.A. 5:8-1 et seq.**

This application must be completed in duplicate, signed by the applicant and notarized. Both copies must be filed with the Legalized Games of Chance Control Commission along with a non-refundable, non-transferable certified check or money order, payable to the Legalized Games of Chance Control Commission, in the amount of \$100 for an independent worker or \$25 for a worker employed by a licensed casino night equipment provider. Please submit two (2) copies of a recent (within the past year) passport-style photo along with your application.

PLEASE PRINT IN INK OR TYPE

A. Identification of Applicant

(For all applicants, if additional space is needed attach a notarized addendum to this application.)

Name of Applicant (First, Middle, Last) _____

Maiden Name (if married female) _____ Citizen of _____

Mailing Address _____

Home Address (if different) _____

Home Phone _____ Work Phone _____ Social Security # _____

E-Mail Address _____ Date of Birth _____ Place of Birth _____

Sex _____ Height _____ Weight _____ Hair Color _____ Eye Color _____ Race _____

1. Have you ever been convicted of a crime or violation of the law? [Yes [No. If yes, state the details as to each conviction, including the date of the offense, date of the conviction, nature of the offense, court in which conviction was entered, and sentence imposed.
2. Do you have any criminal charges pending against you? [Yes [No. If yes, state the details as to the date, place, facts leading to arrest or indictment, and the court in which the matter is pending.
3. Have you ever been disciplined or sanctioned by any authority in any jurisdiction relating to any gaming activity? [Yes [No. If yes, state the details as to date, place, and facts leading to discipline or sanction, and the discipline or sanction imposed.

State of New Jersey
Department of Law and Public Safety
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LGCCC Form 12
Power of Attorney — Individual

STATE OF _____ }
COUNTY OF _____ } ss.:

I, _____, being
duly sworn, depose and state that I am over the age of eighteen years and reside at _____.

I hereby appoint William J. Yorke, Executive Officer of the Legalized Games of Chance Control Commission of the State of New Jersey and his/her successors in office my attorney upon whom may be served all processes in any matter concerning the Legalized Games of Chance Control Commission and any and all laws which it administers or are applicable to it including, but not limited to the Bingo Licensing Law and the Raffles Licensing Law and the regulations promulgated thereunder.

And I hereby agree that any processes so served shall be of the same effect as if duly served upon me within the State of New Jersey.

(signature)

Sworn to before me this _____
day of _____, 20_____.

Notary Public in the State of _____

My Commission expires _____ [seal]