



**Political clubs and  
organizations are  
not eligible to apply  
for Registration.**

***New Jersey Office of the Attorney General***  
Division of Consumer Affairs  
Legalized Games of Chance Control Commission  
124 Halsey Street, P.O. Box 46014  
Newark, N.J. 07101  
(973) 273-8000

**Instructions**  
**Initial Affidavit and Application for Biennial Registration**

Attached are the materials needed to apply for registration as an organization qualified to conduct games of chance. Please take a moment to review the instructions below.

Failure to follow the instructions and submit all of the required documentation will result in delays and/or rejection of the application.

- ◆ The fee of \$100.00 is nonrefundable and nontransferable. The check must be made payable to the "Legalized Games of Chance Control Commission."
- ◆ The application is to be completed in its entirety by an elected officer (as defined by the bylaws) of your organization.
- ◆ On the line requesting that a telephone number be provided, please write in the number of the organization or the number of a contact person who is able to answer questions with regard to the application.
- ◆ Unless your organization is established for religious purposes or is associated directly with an organization established for religious purposes, registration with the Division of Consumer Affairs' Charities Registration Section is most likely required. If you have questions regarding registration with the Division of Consumer Affairs' Charities Registration Section, please call **(973) 504-6215**.
- ◆ The completed application and affidavit together with the fee must be returned to the Legalized Games of Chance Control Commission at P.O. Box 46014, Newark, NJ 07101.

**Affidavit**

Enter the county in which the organization is located.

- Section 1. Print the name of the elected officer filling out the application.
- a. Print the name of the organization.
  - b. Print the title of the office held by the person filling out the form.
- Section 2. Record the correct mailing address of the organization.
- Section 3. List the names, titles, addresses and dates of birth of all officers and trustees of the Organization. Use a separate sheet of paper if additional space is required. (Note: officers and trustees must be at least 18 years of age. You must list no fewer than 5 names.)
- Section 4. Please check which option applies to your organization:
- [ ] If the organization has been incorporated please attach:

A. A true copy of the organization's articles of incorporation along with true copies of any and all amendments to the articles of incorporation. A true copy will bear a stamp indicating that the document has been filed with the proper agency in the **state in which the organization was incorporated**.

1) If you are a corporation incorporated in New Jersey, call the Commercial Recording and Business Services line at (609-292-9292) for help in obtaining true copies of your articles of incorporation,

B. If the applicant organization is a corporation incorporated in a state other than New Jersey, in addition to the true copies of the articles of incorporation and any and all amendments to the articles of incorporation, you will also need to provide 1) a completed and notarized Form LGCCC 12A, and 2) a copy of the organization's Certificate of Authority to do business in New Jersey.

C. A current copy of the organization's constitution and bylaws signed by the elected officers of the organization and indicating the date the bylaws were adopted.

[ ] If the organization is **not** incorporated, indicate whether it is officially registered as an association. If registered, indicate whether it is officially registered as an association. If registered, indicate the municipality and/or county in which the association is registered. Please attach:

◆ A current copy of the organization's constitution and bylaws, signed by the elected officers of the organization, which indicates the date the bylaws were adopted.

[ ] If the organization is not formally incorporated or associated, please attach:

◆ A current copy of the organization's constitution and bylaws, signed by the elected officers of the organization, which indicates the date the bylaws were adopted.

Section 5. Indicate whether your chapter, lodge, club or organization is chartered from a national or state organization. If the organization is chartered, include the full name, address and telephone number of the parent organization and attach:

A. A true copy of the parent organization's articles of incorporation bearing a stamp indicating that they have been filed with the proper agency in the state of incorporation;

B. A current copy of the parent organization's constitution and bylaws; and

C. A copy of the charter issued to your organization by the parent organization or a letter from the parent organization stating that your organization is a member in good standing.

Section 6. State what will happen to the remaining assets of the organization if the organization should be dissolved. Indicate where that provision is located in the organization's articles of incorporation, constitution or bylaws, or the constitution and bylaws of the parent organization.

Section 7. Sign the form in the presence of a notary public or an attorney. The signature must be that of the person indicated at line #1 of the Affidavit.

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**“Qualified organization”** means a bona fide organization or association of veterans, religious congregation, religious organization, charitable organization, educational organization, fraternal organization, civic and service club, officially recognized volunteer fire company, officially recognized first aid squad and officially recognized rescue squad, and senior citizens' association or club which:

1. Is organized as a non-profit or religious organization and is authorized by its certificate or articles of incorporation, bylaws or other written authority to support one of the authorized purposes;
2. Appoints the Executive Officer of the Control Commission as agent for the service of process [use form LGCCC 12A (revised 01/10/2007)]; and
3. **Is constituted of not less than five individuals.**

(N.J.A.C.13:47-1.1)



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**Initial Affidavit and Application for Biennial Registration**

ID number \_\_\_\_\_

**For Office Use Only:**

**Please note that a nonrefundable, nontransferable application fee of \$100.00 (a certified check or money order made payable to: "Legalized Games of Chance Control Commission") must accompany this application.**

**Organization Information:**

Organization's name \_\_\_\_\_ Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ County \_\_\_\_\_

Name of contact person \_\_\_\_\_ Telephone number (Include area code) \_\_\_\_\_

Are you currently registered with the Division of Consumer Affairs' Charities Registration Section? ☐ Yes ☐ No  
If "Yes," please provide the Charities Registration number \_\_\_\_\_.

Please provide your FEIN/Taxpayer ID number? \_\_\_\_\_  
Required

Does the organization raise less than \$10,000 per year? ☐ Yes ☐ No

If the answer to the first question is "No," please explain the reason(s) for not being registered with the Charities Registration Section. If you need information regarding whether you need to register with the Charities Registration Section, please call **(973) 504-6215**.

\_\_\_\_\_  
(Use additional sheets of paper if necessary.)

**AFFIDAVIT**

State of New Jersey

County of \_\_\_\_\_

1. I, \_\_\_\_\_, of full age being duly sworn upon my oath, depose and say:
  - a. I am an elected officer of \_\_\_\_\_ ("Organization").
  - b. I hold the office of \_\_\_\_\_.
2. The mailing address of the Organization is:

Street address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP code \_\_\_\_\_

3. The names, titles, addresses, telephone numbers and dates of birth of all officers and trustees of the Organization are:  
**(You must list 5 names.)**

\_\_\_\_\_  
Name and title \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Telephone number (include area code) \_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_  
Name and title \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Telephone number (include area code) \_\_\_\_\_ Date of birth \_\_\_\_\_

(Use additional sheets of paper if necessary.)

**(Over)**

_____	_____
Name and title	Address
_____	_____
Telephone number (include area code)	Date of birth
_____	_____
Name and title	Address
_____	_____
Telephone number (include area code)	Date of birth
_____	_____
Name and title	Address
_____	_____
Telephone number (include area code)	Date of birth

4. Please check one:

☐ Applicant Organization is a corporation incorporated in the State of New Jersey in 20\_\_\_\_. Attached to this registration application are true copies of the articles of incorporation, constitution and bylaws. (Note: If applicant Organization is a corporation incorporated in a state other than New Jersey, attach to this registration application the following: a) **true copies of the applicant's articles of incorporation, constitution and bylaws**, b) **A completed and notarized Form LGCCC 12A**, and c) **A copy of the organization's Certificate of Authority to do business in New Jersey**. Please call the Commercial Recording and Business Services Line at (609) 292-9292 for assistance, if necessary.)

☐ Applicant Organization is an association which    ☐    ☐

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