

# BOROUGH OF EATONTOWN

## Legalized Games of Chance License Application

### 1) Obtain Criminal History Record Check

- Information for how to do so can be found on pages 1 and 2 of this packet
- This Background Check must be obtained for the "Member In Charge" for each and every time an application is submitted to Eatontown

### 2) Submit the following documents *at least twenty days* prior to your scheduled game:

- Four (4) notarized copies of your application
  - Be sure to include, date, type, type of game and list of prizes
  - Make sure an officer and person and the member in charge sign Part I (along with a notary)
- The original Legalized Games of Chance Control Commission Registration for the organization
- The Criminal History Background Check letter as provided by the New Jersey State Police
- Appropriate payment\* to the Legalized Games of Chance Control Commission (LGCCC) and Eatontown
- A sample ticket (as required for any off premise game)

3) The Clerk's Office will inform all applicants when the license is ready to be issued. Submit the information to: Clerk's Office, 47 Broad Street, Eatontown, New Jersey 07724. Please contact us at 732-389- 7601 or [clerk@eatontownnj.com](mailto:clerk@eatontownnj.com) with any questions or concerns.

### \*SCHEDULE OF FEES

**On-Premise 50/50 Raffle** On premise is defined as: Tickets are only sold at the time and the place of the drawing and winner must be present. \$20.00 for each day of the drawing(s) should be submitted if the applicant believes the value of the prize(s) may exceed \$400 to both the Borough of Eatontown and the LGCCC. A report of operations must be submitted to the LGCCC after the game(s).

**On-Premise Merchandise Raffle** The On-Premise Merchandise Raffle requires a \$20.00 check made payable to the Borough of Eatontown and a \$20.00 check made payable to the LGCCC. If the total retail value of the prize(s) awarded exceeds \$400, an additional \$20.00 per thousand or part thereof, is to be paid upon submission of application or upon filing the reports of operations upon submission report of operations must be submitted to the LGCCC after the game(s).

**Off-Premise 50/50 Raffle** Off premise is defined as: Tickets sold in advance of the drawing and winners need not be present to win. This requires a \$20.00 check made payable to the Borough of Eatontown and a \$20.00 check made payable to the LGCCC. If the retail value of the prize(s) awarded exceeds \$1,000 an additional \$20.00 per \$1,000 or part thereof, is to be paid upon submission of application or upon filing the reports of operations. *A sample ticket is required* with the application.

**Off-Premise Merchandise Raffle** Off-Premise Merchandise Raffles requires a \$20.00 check made payable to the Borough of Eatontown and a \$20.00 check made payable to the LGCCC. If the retail value of the prize(s) awarded exceeds \$1,000, an additional \$20 for each \$1,000 or part thereof, is to be paid upon submission of application.

**Instant Raffles** Instant Raffles require a check for \$750 payable to the Middletown Township and 1 check for \$750 made payable to the LGCCC upon submission of application.

**Bingos** Licenses for bingos are \$20 per bingo date. Payment totaling the amount of bingo dates x \$20.00 is required to Eatontown and the LGCCC.

Upon completion of a Raffle or Bingo the reports of operations shall be sent to the LGCCC no later than the 15th day of the calendar month immediately following the calendar month in which the Bingo / Raffle was held.

# Instructions For Obtaining Your Criminal History Record

An individual may obtain a criminal history record check via electronic live scan at one of the approved sites. The New Jersey State Police uses the live scan fingerprinting services provided by MorphoTrust USA, a private company under contract with the State of New Jersey. In order to be fingerprinted for one of the purposes listed above, you are required to contact MorphoTrust USA to schedule a time and place to have your fingerprints captured. The quickest and easiest way to schedule your appointment is via the Web at:

<https://nj.ibtfingerprint.com/>

Web scheduling is available 24 hours per day, seven days per week. Applicants who do not have Web access should call Morpho Trust at the company's toll-free telephone number, 1-877-503-5981 (Monday through Friday, 8:00 a.m. to 5:00 p.m., and Saturday, 8:00 a.m. to 12:00 noon). Spanish-speaking operators are available upon request.

You must download the appropriate Universal Fingerprint Form and bring this form with you to your scheduled fingerprint appointment. In addition to this form, you must bring proper identification as outlined on the form. The home address that you fill out on the Universal Fingerprint Form should be the same as the home address printed on the identification that you provide to MorphoTrust USA. YOUR EMPLOYER / VOLUNTEER ORGANIZATION ADDRESS MUST BE COMPLETE AND ACCURATE, AS RESULTS ARE SENT OUT VIA US MAIL. To ensure accuracy, please legibly complete blocks #9 thru #26 on the front of the form prior to scheduling your appointment.

The fee for this service is \$40.66, which includes the \$10 vendor fee and associated state sales tax. The following forms of payment are accepted: VISA, Master Card, American Express, Discover, prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately. At the time of scheduling your appointment, payment will be required and charged to your account. Appointments must be canceled by 5:00p.m. on the business day prior to your scheduled time (you must cancel by Saturday at noon for a Monday appointment). If you fail to cancel your scheduled appointment prior to these deadlines, you will forfeit the \$10.66 portion of your fingerprint fee that is payable to Morpho Trust. You will also forfeit the \$10.66 portion if you fail to bring the Universal Fingerprint Form and proper ID when reporting to your fingerprinting appointment.

Failure to utilize the Universal Form for its intended purpose and/or failing to provide complete and accurate information may result in having to be fingerprinted again and incurring additional costs. Questions or revisions to responses must be made within a ninety-day period or the full process will have to be completed again. If you do not receive your response within 10 working days please contact the Criminal Information Unit.

Any questions regarding the use of this form can be directed to the New Jersey State Police, Criminal Information Unit at 609 882-2000 ext. 2918

## **SELECT FORM A (attached)**

Applicants that require one of the following fingerprint-based background checks and need the results mailed back to the applicant's address must use form "A". (A Criminal Hit will result in full disclosure of criminal record)

- Good Conduct
- Immigration
- Naturalization
- Personal Record
- Visa
- Expungement

To view the website for where this information was obtained, visit: [www.njsp.org/criminal-history-records](http://www.njsp.org/criminal-history-records)



By MorphoTrust USA

# New Jersey Universal Fingerprint Form

[www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)

(1) Originating Agency Number (ORI #) NJPRR0000		(2) Category PRX	(3) Statute Number 13:59-1		
(4) Reason for Fingerprinting <b>PERSONAL RECORD REQUEST</b>			(5) Document Type S1	(6) Payment Information \$40.66	
(7) Contributor's Case # (Unique Identifier) PRR			(8) Miscellaneous FORM "A"		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both	(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> White (includes Hispanic/ Spanish Origin) <input type="checkbox"/> Unknown		
(25) Occupation / Position (with respect to Requirement)	(26) Employer / Organization Name (with respect to Requirement)				
	Employer Address				
	City		State		Zip
<b>Identification Requirement</b> - Acceptable identification must be presented at the <u>time of printing</u> . Identification presented <b>MUST</b> be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

**Please READ This Form Carefully:**

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is required that you present this completed Universal Fingerprint Form, IDG\_NJAPP\_020115\_V2, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj). Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

**Payment:**

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover, and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

**Cancel/ Reschedule:**

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.66) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**Unable to be Fingerprinted:**

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG\_NJAPP\_020115\_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.66) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**PCN and Receipts:**

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**

IDG\_NJAPP\_020115\_V2



**New Jersey Office of the Attorney General**  
 Division of Consumer Affairs  
 Legalized Games of Chance Control Commission  
 124 Halsey Street, 6th Floor, P.O. Box 46000  
 Newark, New Jersey 07101  
 (973) 273-8000

# Application for a Raffle License

Application No. *RA* \_\_\_\_\_

Identification No. \_\_\_\_\_

**Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.**

Please print clearly.

Name of municipality: \_\_\_\_\_

**Part A - General**

1. Name of applying organization: \_\_\_\_\_

2a. Street address of headquarters: \_\_\_\_\_

b. Mailing address (if different): \_\_\_\_\_

3. A license is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

Date	Hours	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4a. Address of place where raffles will be played: \_\_\_\_\_

b. Does the applicant own the premises or regularly occupy them for its general purposes?  Yes  No

5. If raffles equipment is to be rented, attach a statement by the raffles equipment lessor to this application on Form 13.

**Part B - Schedule of Expenses**

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**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.**