TOWNSHIP OF WEST ORANGE
66 MAIN STREET
WEST ORANGE, NEW JERSEY 07052
Office of the Municipal Clerk

Tel: (973) 325-4157
Fax: (973) 731-1196

Email: clerk@westorange.org

AFFIDAVIT

Note: All members listed in Parts E & F on Raffle/Bingo Application must file an affidavit.

(PLEASE PRINT CLEARLY)

I, ________________________________, associated with the organization of _____________

_________________________________________ having the LGCCC registration number of

_________________________________________ do solemnly swear (or affirm) that I am of good moral character and I have never been convicted of a crime. I understand that a copy of this Affidavit will be made part of the Raffle Application and may be forwarded to the State of New Jersey’s Department of Law & Public Safety Legalized Games of Change Control Commission.

______________________________  __________________________
Signature                        Date:

Notarized by:

______________________________  __________________________
Notary Public of New Jersey               Date:

My Commission expires on:

(Apply Notary Seal Here)