



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

Tel: (973) 325-4157  
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**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)**