



(APPLICATION PAGE 4-7)

APPLYING FOR BINGO/RAFFLE LICENSE

- 1) Applications for Bingo/Raffle License are filed if function is being held in Township of Evesham, Marlton, New Jersey.
- 2) The Organization applying for a Bingo/Raffle License must have a valid Certificate of Registration with the State of New Jersey, Legalized Games of Chance Control Commission. (Registration must be valid through the time of the event)
- 3) The Application for the Bingo/Raffle License, as well as the required paperwork, **must be submitted in sets of four (4). The signatures must be originals and notarized on all four sets as well. There must be at least two (2) signatures, an Officer of the Organization and a Member in Charge of the Games.**
- 4) The application must be submitted to the Township of Evesham's Clerk's Office in person, six (6) weeks prior to the event. Once mailed to State, the State has fourteen (14) business days from the date of receipt to accept or deny approval of your application. Clerk's Office will notify you of approval and that the license is ready and available for pick up.
- 5) The application:
 - Part A- General List the date(s), time(s) and type of bingo/raffle (On or Off Premise, 50/50, Merchandise)
 - If application is for games and wheels, casino nights or armchair race nights, must **include Form 13** from the equipment supplier
 - If printed tickets are being sold in connection with off-premise raffle, include sample stub and ticket (see example)
 - Individuals listed in **Part F** (Members of Applicant who will be in charge of the games) and **Part G** (Members of Applicant who will assist in conducting the games) must personally **obtain background check**. Your application cannot be released until Township of Evesham receives a successful report. (Criminal History Report Request ORI Number NJ0031300)
- 6) Payment is required at the time of dropping off application in Clerk's Office. Two separate checks (see Fee schedule) Cost is \$20.00 per occasion to State **and** Municipality) State Fee payable to "LGCCC" (Legalized Games of Chance Control Commission) and same fee to payable to "Township of Evesham".

LGCCC FEES

Effective 1/03/22

1. Bingo - **\$20.00** for each occasion. Limited to 6 occasions per month and 72 occasions per year.
2. On-premise draw raffle for cash (50/50) or merchandise (exceeding \$400.00 total prize value) – **\$20.00** for each day on which a drawing is to be conducted under license.
3. On-premise draw raffle for cash (50/50) or merchandise (not exceeding \$400.00 total prize value) - no licensing fee. Application required. If the raffle should exceed \$400.00, then submit **\$20.00** at the time of filing report of operations.
4. Off-premise draw raffle awarding merchandise as a prize (for each \$1,000 or part thereof) - **\$20.00**. A sample ticket must be submitted with the application.
5. Off-premise cash (50/50) raffle – a **\$20.00** fee at application. If more than \$1000 in awarded prizes, then **\$20.00** per \$1000 in awarded prizes or part thereof. A sample ticket must be submitted with the application.
6. Carnival games or wheel - **\$20.00** for each game or wheel held on any one day, or any series of consecutive days not exceeding 6 at one location.
7. Special door prize raffle – no fee and no license, provided the merchandise is wholly donated and has a retail value of less than \$50.00. NOTE: cannot be conducted when other games of chance are being conducted, held or operated.
8. Calendar raffle - **\$20.00** (for each \$1000 or part thereof of the retail value of the prize).
9. Instant raffle – **\$20.00** for each day on which instant raffle tickets are sold or offered for sale. Or **\$750.00** for a one-year license.
10. Golf Hole-In-One - **\$20.00** (for each \$1000 or part thereof of retail value of ancillary prizes).
11. Armchair Race - **\$50.00** per licensed day of operation.
12. Casino Nights - **\$100.00** per occasion. Form 13 must be submitted with the application.

Please Note: All raffle and bingo fees paid to Legalized Games of Chance (LGOC) are also payable to the Township of Evesham. Please submit separate checks for each raffle.

PROHIBITED PRIZES

N.J.A.C. 13:47-6.20 Prohibited Prizes

NO LICENSEE SHALL OFFER OR AWARD ANY PRIZE CONSISTING OF:

real estate or an interest therein;
bonds;
shares of stock;
securities or evidence of indebtedness;
weapons;
live animals; (except a gift certificate redeemable for live, edible seafood only)
foreign or domestic coins, except collector pieces or sets that are marked as such and are clearly not intended for use as legal tender;
tobacco products;
motor vehicles leases; or
any merchandise refundable in any of the foregoing or in money or cash.

A PRIZE CONSISTING OF MONEY OR CASH SHALL NOT BE OFFERED OR AWARDED EXCEPT IN THE CASE OF:

1. A raffle conducted by drawing with the prize(s) equaling 50 percent of the amount received for all the tickets or rights to participate, a calendar raffle within the limits set in N.J.A.C. 13:47-8; an instant raffle game within the limits set forth in this chapter; or
2. Any bingo game(s) conducted in accordance with the provisions of this chapter and the Bingo Licensing Law, N.J.S.A. 5:8-24 et seq.; or
3. Big Six wheels and horse race wheels conducted in accordance with the provisions set forth in N.J.A.C. 13:47-8.

N.J.A.C. 13:47-8.7 Contents of ticket; off-premises raffle awarding merchandise as a prize; additional requirement for alcoholic beverage as a prize.

A ticket for which one of the prizes is an alcoholic beverage shall bear the statement "Winner must be at least 21 years of age".

Identification No. _____

Please print clearly.

Name of municipality: _____

b. Mailing address (if different):

Hours

c. If premises are to be rented, attach Form 10, "Statement of Landlord."

Purpose

[illegible]

1. The specific purpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the manner in which they are to be so devoted, are:

- "It is hereby certified that _____
Name of organization

Date: _____ Signature: _____

A description of all prizes to be offered and given in all of the games listed in this application is as follows. (For cash prizes, state the amount; for merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.)

[illegible]

Part E - Officers of Applicant

Office	Name of officer	Residence address	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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)	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.

continue ➡

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 Bingo 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 Bingo 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. All prizes offered for games conducted on a single occasion will not exceed the limit on the sum or retail value of prizes as provided by the Bingo Licensing Law (N.J.S.A. 5:8-25 et seq.) and N.J.A.C. 13:47-6.16 and 13:47-7.2.
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

AFFIX SEAL HERE

Signature of Officer and Title

Member in Charge

Member in Charge

Member in Charge

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.



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Legalized Games of Chance Control Commission
124 Halsey Street, 7th Floor, Newark NJ 07102



JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

Mailing Address:
P.O. Box 45026
Newark, NJ 07101
(973) 273-8000

February 25, 2016

Dear Municipal Clerk,

The New Jersey Legalized Games of Chance Control Commission ("Commission") was created in 1954 to supervise the administration of the Bingo and Raffle Licensing Laws throughout the State of New Jersey. Currently, the Commission annually registers approximately 7,500 eligible organizations. In order to provide uniformity in the administration of these laws throughout the state, the Commission is committed to assisting groups or organizations operating under its authority. We have recently updated our web site www.njconsumeraffairs.gov/lgeccc, and much of the information needed can be found there. Please see the enclosed flyer which provides details concerning our website. I encourage you to pass this information along to groups that apply for licenses to make their application process easier.

If any of your local organizations or associations require further assistance concerning games of chance issues, please contact the Commission at 973-273-8000. The Commission staff also provides assistance to groups at various outreach meetings and can schedule one if requested. Outreach requests can also be scheduled by visiting our web site at www.njconsumeraffairs.gov/lgeccc by selecting "REQUEST A LGCCC SPEAKER," and completing the form online.

Sincerely,

Steve Layman
Chairman
Legalized Games of Chance
Control Commission

Enclosure

CHECK US OUT: Legalized Games of Chance Control Commission

TO GO DIRECT:

www.NJConsumerAffairs.gov/lgcccc/Pages/default.aspx

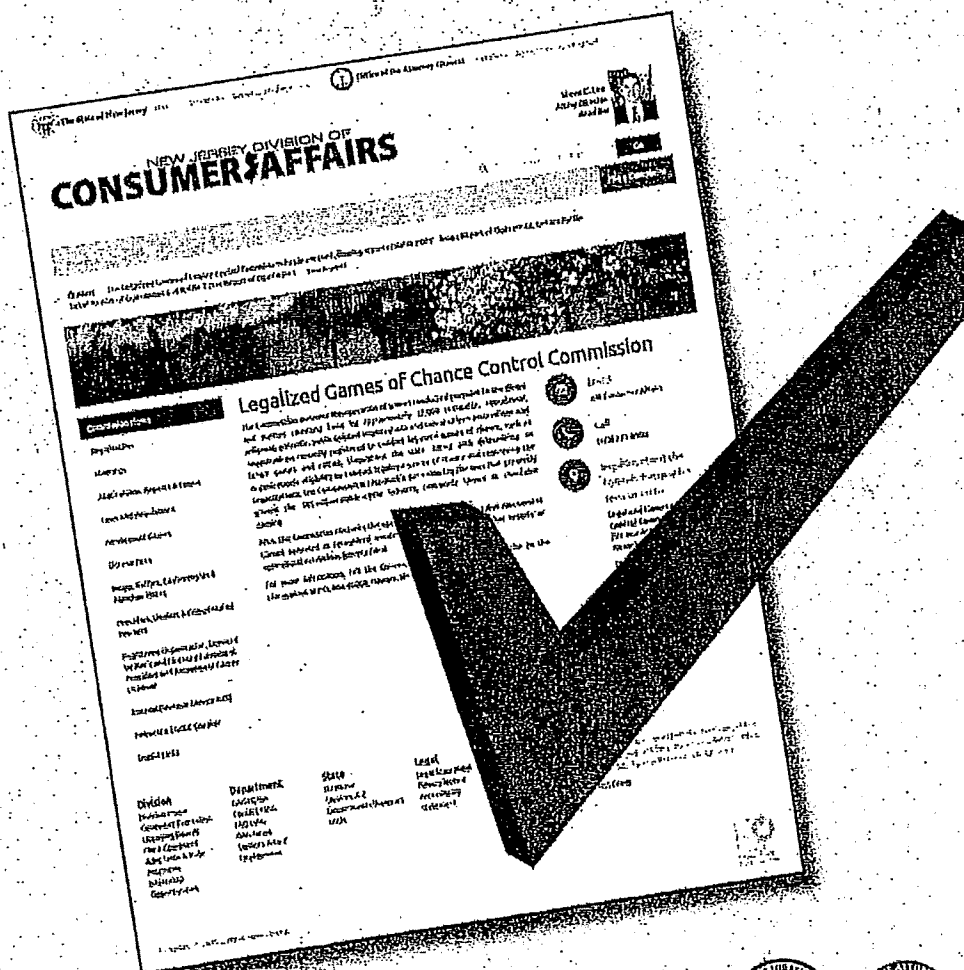
OR GO TO:

www.NJConsumerAffairs.gov

THEN CLICK ON:

Division Units

Legalized Games of Chance Control Commission



ConsumerAffairs.gov



NJ Office of the Attorney General
Division of Consumer Affairs

THIS SAMPLE IS BEING PROVIDED AS A REFERENCE ONLY. PLEASE SUBMIT YOUR ORGANIZATION'S LIST OF GAMES AND SUBSEQUENT PRIZES.

Ticket # _____

Smoke-free BINGO

Every Thursday Night • 7:15 p.m.

115 [REDACTED] Road, Marlton

856-983-[REDACTED]

Ticket must be in front of you at all times

1st Shaded Book
\$2.00
Each additional
book \$1.50

No one will be
admitted to play
bingo after
7:45PM

Cell phones and pagers must be turned off

NO RESERVATION OF SEATS
PERMITTED

Persons under 18 years of age not permitted

[REDACTED] outside food not permitted

Game #	Type of Game	Prize	Game #	Type of Game	Prize
1.	Regular Bingo or Four Corners	Blue Shaded \$75	8.	Regular Bingo or Four Corners	Yellow Shaded \$75
2.	Regular Bingo or Four Corners	Orange Shaded \$75	9.	Progressive Jackpot White Special Full Coverage as Announced Consolation As Announced	
3.	Regular Bingo or Four Corners	Green Shaded \$75	10.	Regular Bingo or Four Corners	Pink Shaded \$75
4.	Crazy "L" Blue Special	\$110	11.	Regular Bingo or Four Corners	Grey Shaded \$75
5.	Plus (+) Sign Orange Special	\$110	12.	Diamond Yellow Special	\$110
6.	50/50 Special "7" Red Special	50%	13.	\$2 SUPER 50/50 Special Letter "X" Brown Special	50%
7.	Small picture frame Green Special	\$110	14.	Six Pack Pink Special	\$110
Ten Minute Intermission			Electronic Board is for convenience only (NOT OFFICIAL).		

1 -- \$2.00	2 -- \$3.50	3 -- \$5.00	4 -- \$6.50	5 -- \$8.00	6 -- \$9.50	7 -- \$11.00
8 -- \$12.50	9 -- \$14.00	10 -- \$15.50	11 -- \$17.00	12 -- \$18.50		

We reserve the right to cancel games for inclement weather. Please call if you are uncertain.

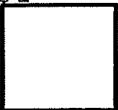



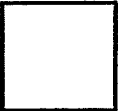

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

See Attached Reference Copy

1. Applicant must provide breakdown sheet of all games to be played along with associated prize/value. (i.e., Round 1 "Win with an X formation" –Coach Bag – Prize Valued at \$150)
2. Be sure that the breakdown sheet includes tiebreaker statement:

"NJAC 13:47-7.6 – When more than one player is found to be the winner on the call of the same number in the same game, the designated prize shall be divided as equally as possible: and when division is not possible, substitute prizes, whose aggregate value shall not exceed that of the designated prize, shall be awarded, but such substitute prizes shall be of equal value to each other."
3. Advise applicant of statute 12:47-7.5 CHARGE FOR PLAYING BINGO (provide copy)
 - a) Admission Fee shall not exceed \$5.00 and entitles player to at least one card/face/board per game noted on the breakdown sheet.
 - b) any additional/extra playing card/face/board per game is an additional \$1.00 each per game.
 - c) for any special game, it is an additional \$1.00 per card/face/board per special game.
 (Player cannot use the admittance card for this game)

SAMPLE CARD - FEES

Game 1 	Game 4 
Game 2 	Game 5 
Game 3 	Special Game 

Scenario One

Admittance Fee (includes one card/board/face)	\$5.00	\$ 5.00
Each additional card/face/board per game	\$1.00 each	\$ 1.00 (if only one game played)
Each additional card/face/board per game	\$1.00 each	<u>\$ 1.00</u>
Total Fee to be charged to player		\$7.00

Scenario Two

Admittance Fee (includes one card/board/face)	\$5.00	\$ 5.00
If Organization <u>providing</u> 3 cards per game	\$2.00 per game	\$10.00
If Organization <u>providing</u> 3 cards per special game	\$3.00	<u>\$ 3.00</u>
Total Fee to be charged to player		\$18.00

13:47-7.4 EQUIPMENT, PREMISES: LIMITATION

- a) No licensee shall use any equipment or premises for the holding, operating or conducting of bingo unless:
 - 1) The equipment or premises is wholly owned by the licensee;
 - 2) The equipment or premises is provided by a person, and at a rate approved by the Control Commission; or
 - 3) The equipment or premises is loaned free of charge to the licensee by another qualified organization that is registered with the Control Commission.
- b) Any premises used for the holding, operating or conducting of bingo shall be used in accordance with the provisions of N.J.A.C. 13:47-14.

13:47-7.5 CHARGE FOR PLAYING BINGO

- a) The fee for admission to a room or place in which bingo is to be held, operated or conducted shall not exceed \$5.00. This fee shall entitle a person to at least one card allowing such person to participate without additional charge in all regular games to be played on that occasion. There may be an additional fee for the use of an electronic card minding device, but such fee shall not be charged on the basis of the number of cards played.
- b) No charge in excess of \$1.00 may be made for a single opportunity to participate in any special game to be played on an occasion.
- c) No more than \$1.00 may be charged for any extra card with which a player may participate in all regular games on an occasion.
- d) The charge for admission to the room or place where bingo is to be played and for any card(s) to participate in all games played on the occasion may be accepted in advance of the time and date bingo is to be played, provided a receipt is given to the purchaser upon payment of the charge, containing at least the following information:
 - 1) The name of the registered organization holding, operating and conducting the bingo occasion and the identification number issued to it by the Control Commission;
 - 2) The municipal license number issued for the occasion, and the date, time and place of the occasion; and

Woman's Club
Spring Bingo - April 2, 2017

SAMPLE

Cost is: \$5 Admission and \$1 per Regular Game

<u>GAME #</u>	<u>PRIZE</u>	<u>TYPE OF GAME</u>
1. Regular Blue	\$30.00	STRAIGHT BINGO OR 4 CORNERS
2. Regular Orange	\$30.00	STRAIGHT BINGO OR 4 CORNERS
SPECIAL CARD (Pink) *	\$30.00	STRAIGHT BINGO OR 4 CORNERS
3. Regular Green	\$30.00	STRAIGHT BINGO OR 4 CORNERS
4. Regular Yellow	\$30.00	STRAIGHT BINGO OR 4 CORNERS
SPECIAL CARD (Red) *	\$30.00	STRAIGHT BINGO OR 4 CORNERS
INTERMISSION		
5. Regular Pink	\$30.00	STRAIGHT BINGO OR 4 CORNERS
SPECIAL CARD (Green) *	\$30.00	STRAIGHT BINGO OR 4 CORNERS
6. Regular Gray	\$30.00	STRAIGHT BINGO OR 4 CORNERS
7. Regular Lime	\$30.00	STRAIGHT BINGO OR 4 CORNERS
SPECIAL CARD (Yellow) *	\$30.00	STRAIGHT BINGO OR 4 CORNERS
8. Regular Brown	\$30.00	STRAIGHT BINGO OR 4 CORNERS
9. Regular Red	\$30.00	COVERALL

* Purchase "Special" Game Cards - 4 faces on a card - \$4*

GAMBLING PROBLEM?

CALL 1-800-GAMBLER©

OR VISIT OUR WEBSITE AT

www.800gambler.org

Council on Compulsive Gambling of NJ, Inc.

3635 Quakerbridge Road, Suite 7

Hamilton, NJ 08619

Steps for the public to utilize the online 212a form:

1. Go to <https://www.njportal.com/njsp/criminalrecords/>
2. Click "Online Form 212A" tab

STATE OF NEW JERSEY
NEW JERSEY STATE POLICE
CRIMINAL HISTORY RECORD REQUEST

Login New User Help Home

Request for a Criminal History Record Information for a Noncriminal Justice Purposes

Service Information

Requests for a Criminal History Record Information (CHRI), for Non Criminal Justice purposes can be submitted here.

The online 212A Form should be used only after consultation with your local Police Department or the State Agency that is responsible for the type of licensing needed. You must first obtain an Originating Agency Identifier (ORI) Number from the licensing department to complete this form. Incorrect ORI Number may result in non-processing of your form.

Each submission costs \$20.00, payable by Visa, MasterCard, Discover, or American Express credit or debit card.

This form can't be used for a personal background check.

[Online Form 212A](#)

What is the purpose of this form?

Form 212A is used exclusively for the purpose of local Police Department and State Agencies, to obtain background information for the purposes of employment, licensing and local ordinances.

How do I find out the local licensing authority for my application?

Will I receive the Criminal History Record Information requested?

What is an ORI Number and why is it important?

3. Type "NJ0031300" in the ORI number box- Click "Continue" tab

Request for a Criminal History Record Information for a Noncriminal Justice Purposes

Complete All Required Fields (*)

ORI Information:

ORI Number is the identifier for the local licensing authority for the jurisdiction of your residential address. Correct ORI Number is essential for processing of this form.

ORI Number *

Continue Cancel

New Jersey State Police
P.O. Box 7063
West Trenton, NJ 08628
609-497-7000

Support
Help & FAQ
New Jersey State Police Website
Office of the Attorney General Website

Policies
Privacy Policy
Access/By Policy
Security Policy

Request for a Criminal History Record Information for a Noncriminal Justice Purposes

Complete All Required Fields (*)

ORI Information:

ORI Number is the identifier for the local licensing authority for the jurisdiction of your residential address. Correct ORI Number is essential for processing of this form.

ORI Number *

NJ0031300

The selected ORI Number is associated with City/Agency - EVESHAM TWR PD

Continue Cancel

New Jersey State Police
P.O. Box 7063
West Trenton, NJ 08628
609-497-7000

Support
Help & FAQ
New Jersey State Police Website
Office of the Attorney General Website

Policies
Privacy Policy
Access/By Policy
Security Policy

4. Fill out personal Data, click
“continue”

CRIMINAL HISTORY RECORD REQUEST

Login New User Help Home

Request for a Criminal History Record Information for a Noncriminal Justice Purposes

Complete All Required Fields (*)

OR Personal Address Fingerprint Review

Personal Information

First Name *

Middle Initial

Last Name *

Maiden Name:

Sex *

Race *

Date of Birth *

(MM/DD/YYYY)

Continue Go Back Cancel Print

5. Fill out address information, Click "continue"

Request for a Criminal History Record Information for a Noncriminal Justice Purposes

Complete All Required Fields [*]

FOR: Personal Business Other

Address

Address *

Address, Line 2

City *

County *

State *

New Jersey

Postal Code *

Contact Information

Email Address *

Confirm Email Address *

Telephone Number *

(xxx)xxx-xxxx OR xxx-xxx-xxxx

Continue Back Cancel

6. Complete filing information:

- a. Social Security Number,
- b. SBI (if known)
- c. reason for filing request (License applicants select "local ordinance")

Click on box for agreement of Privacy Act, Click "continue"

Request for a Criminal History Record Information for a Noncriminal Justice Purpose

Complete All Required Fields (*)

Personal Address Phone Email Review

Filing Information

Social Security Number
[Text Box] (000000000, 00, 0000000000)

SBI Number
[Text Box]

Reason for Filing Request*

Select:

- NJUS2G5836 Firearms Permitting/Purchase of Firearms
- Local Ordinance
- State Agencies
- Statute for HUD Compliance

Please check the box below to agree *

☐ Pursuant to the Privacy Act of 1974 (P. L. 93-579), I realize that disclosure of my social security number is voluntary. I also realize that my social security number will be used by the State Bureau of Identification for the purpose of facilitating the security check authorized by the local licensing authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing this application.

Continue Cancel Exit


7. Complete a review of entered information, Click "continue"

ORI Number	Personal Information	Address	Contact	Filing Information	ORI Number																																								
	<p>Make sure the information you entered below is correct.</p> <p>Personal Information</p> <table><tr><td>First Name:</td><td>smrl</td></tr><tr><td>Middle Initial:</td><td>a</td></tr><tr><td>Last Name:</td><td>boocling</td></tr><tr><td>Maiden Name:</td><td>sludent</td></tr><tr><td>Sex:</td><td>F</td></tr><tr><td>Race:</td><td>White (Includes Hispanic/Spanish Origin)</td></tr><tr><td>Date of Birth:</td><td>08/21/1991</td></tr></table> <p>Edit Personal Information →</p>	First Name:	smrl	Middle Initial:	a	Last Name:	boocling	Maiden Name:	sludent	Sex:	F	Race:	White (Includes Hispanic/Spanish Origin)	Date of Birth:	08/21/1991	<p>Address</p> <table><tr><td>Address:</td><td>123 main</td></tr><tr><td>Address, Line 2:</td><td></td></tr><tr><td>City:</td><td>marlton</td></tr><tr><td>County:</td><td>burlington</td></tr><tr><td>State:</td><td>NJ</td></tr><tr><td>Postal Code:</td><td>08053</td></tr></table> <p>Edit Address →</p>	Address:	123 main	Address, Line 2:		City:	marlton	County:	burlington	State:	NJ	Postal Code:	08053	<p>Contact</p> <table><tr><td>Email Address:</td><td>ritem@eveshampd.org</td></tr><tr><td>Telephone Number:</td><td>8569856011</td></tr></table> <p>Edit Contact →</p>	Email Address:	ritem@eveshampd.org	Telephone Number:	8569856011	<p>Filing Information</p> <table><tr><td>Social Security Number:</td><td>111662345</td></tr><tr><td>SBI Number:</td><td></td></tr><tr><td>Reason for Filing Request:</td><td>Local Ordinance</td></tr><tr><td>Description of Reason for Filing Request:</td><td>ice cream license</td></tr></table> <p>Edit Filing Details →</p>	Social Security Number:	111662345	SBI Number:		Reason for Filing Request:	Local Ordinance	Description of Reason for Filing Request:	ice cream license	<p>ORI Number</p> <table><tr><td>ORI Number</td><td>NJ0031300 (EVESHAM TWP PD)</td></tr></table> <p>Edit ORI →</p>	ORI Number	NJ0031300 (EVESHAM TWP PD)
First Name:	smrl																																												
Middle Initial:	a																																												
Last Name:	boocling																																												
Maiden Name:	sludent																																												
Sex:	F																																												
Race:	White (Includes Hispanic/Spanish Origin)																																												
Date of Birth:	08/21/1991																																												
Address:	123 main																																												
Address, Line 2:																																													
City:	marlton																																												
County:	burlington																																												
State:	NJ																																												
Postal Code:	08053																																												
Email Address:	ritem@eveshampd.org																																												
Telephone Number:	8569856011																																												
Social Security Number:	111662345																																												
SBI Number:																																													
Reason for Filing Request:	Local Ordinance																																												
Description of Reason for Filing Request:	ice cream license																																												
ORI Number	NJ0031300 (EVESHAM TWP PD)																																												


[Continue](#) [Go Back](#) [Cancel Filing](#)

8. Click "Check out"

quest/RequestAppl... Request for a Criminal Hist...



STATE OF NEW JERSEY
NEW JERSEY STATE POLICE



CRIMINAL HISTORY RECORD REQUEST

Login New User Help Home

Checkout

Complete All Required Fields [*]

ORR Personal Address History Review


Validate and Confirm

Description	Amount
Criminal History Records Request Transaction	\$18.00
Pay now with New Jersey Government Services	\$20.00

New Jersey State Police
P.O. Box 7063
West Trenton, NJ 08620
609-387-2000

Support
Help & FAQs
New Jersey State Police Website
Office of the Attorney General Website

Policies
Privacy Policy
Accessibility Policy
Security Policy



9. Enter payment information:

Payment	
Payment Type *	
Credit Card *	
Customer Information	
Country *	Check all required fields *
United States <input checked="" type="checkbox"/>	
First Name *	Last Name *
<input type="text"/>	<input type="text"/>
Address *	
<input type="text"/>	
Address 2	
<input type="text"/>	
City *	State *
<input type="text"/>	CA <input checked="" type="checkbox"/>
ZIP/Postal Code *	
<input type="text"/>	
Phone *	Email *
<input type="text"/>	test@statestamps.org
Start *	
<input type="text"/>	
Continue	

Transaction Summary	
Printing Records Transaction	\$12.00
Postal Record Fee for Custom Records Transaction	\$2.00
Pay now with New Jersey Government Services	\$20.00
Need Help?	
Please contact the Customer Support Section	