EDISON POLICE DEPT.

GAMING APPLICANT INFORMATION

Date

EACH APPLICANT (ALL INDIVIDUALS IN CHARGE OF THE EVENT i.e.: bingo, raffle etc.) MUST FULLY COMPLETE THIS FORM FOR EACH EVENT APPLIED FOR OR YOUR APPLICATION WILL BE REJECTED.

NAME OF ORGANIZATION

ADDRESS OF ORGANIZATION CITY STATE ZIP CODE

Phone # Date of Event **Time of Event (From -To)**

Location of Event. (Address) City State Zip Code

Type of Permit / License Applying for

FULL NAME OF RESPONSIBLE INDIVIDUAL FOR THE EVENT

Home Address City State Zip Code

Home or Cell Phone # Date of Birth (Give full date)

I hereby certijjl that the above information is true and that I will be the one individual responsible for the above named event. I also give the Edison Police Dept. Permission to conduct a warrant (background) check on me.

Signature Date

Do not write below this line.

List of below checks were completed by this Detective for which this Detective can find

( ) No Reason ( ) Reason for denial (See Attached)

NJ Consumer Affairs. Better Business Bureau Local CAD Check

ATS / ACS NCIC 2000

Detectives Name (Print) **Detectives Signature** Date