

Borough of New Milford

COUNTY OF BERGEN
930 RIVER ROAD
NEW MILFORD, NEW JERSEY 07646
201-967-5044
201-262-7967 FAX

AFFIDAVIT

Raffle Application No. _____

Identification No. _____

Name of the Applicant: _____

This is to attest that the individuals listed below, who will be members in charge of the games of chance, are bona fide active members, are of good moral character, and have never been convicted of a crime.

PART F - MEMBERS OF APPLICANT WHO WILL BE IN CHARGE OF THE GAMES

Name of Member in Charge

Residential Address

Signature of Officer and Title

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 20_____.

(SEAL OF NOTARY)