



New Jersey Office of Attorney General

Division of Consumer Affairs
Legalized Games of Chance Control Commission
124 Halsey Street, 6th Floor, P.O. Box 46000
Newark, New Jersey 07101
(973) 273-8000

Instructions for Filing the Bingo Report of Operations

Pursuant to N.J.A.C. 13:47-9.1, licensees are to file a report of operations with the Legalized Games of Chance Control Commission no later than the 15th day of the calendar month immediately following the calendar month in which the licensed activity was held, operated or conducted.

You must download this report and complete ALL of the entries for each occasion(s) relating to each bingo game. Once completed, a member/officer must certify that he/she has reviewed the report and that the information provided is true, accurate and complete. This will require the person to state his/her name and title, and that person must complete the information on page 3 and have the report notarized.

The Bingo Report of Operations is to be mailed to the Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101, or emailed to PetermanA@dca.lps.state.nj.us .

It is recommended that you maintain a copy of all reports as part of the organization's records.



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Bingo Report of Operations

Please print clearly.

Identification number _____

Municipality _____ License number _____

Name of licensee _____

Organization _____

Street address _____

City _____

State _____

ZIP code _____

Location of games _____

This report, as required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9, must be filed with the Legalized Games of Chance Control Commission no later than the 15th day of the month following the conduct of the game(s) of chance.

Occasion 1	Date _____	Time _____	Number of players _____
1. Regular games sales	\$ _____	10. Regular games payout	\$ _____
2. Special games sales	\$ _____	11. Special games payout	\$ _____
3. 50/50 Bingo games sales	\$ _____	12. 50/50 Bingo games payout	\$ _____
4. Multicolor games sales	\$ _____	13. Multicolor games payout	\$ _____
5. Progressive games sales	\$ _____	14. Progressive jackpot/cons.	\$ _____
6. Predraw games sales	\$ _____	15. Predraw payout	\$ _____
7. Electronic hand-held sales	\$ _____		
8. Admission cards	\$ _____		
9. Total sales	\$ _____	16. Total payout	\$ _____
		17. Rentals	\$ _____
		18. Supplies/equip.	\$ _____
		19. Comp. Workers	\$ _____
		20. Total expenses	\$ _____
		21. Net proceeds	\$ _____

Occasion 2	Date _____	Time _____	Number of players _____
1. Regular games sales	\$ _____	10. Regular games payout	\$ _____
2. Special games sales	\$ _____	11. Special games payout	\$ _____
3. 50/50 Bingo games sales	\$ _____	12. 50/50 Bingo games payout	\$ _____
4. Multicolor games sales	\$ _____	13. Multicolor games payout	\$ _____
5. Progressive games sales	\$ _____	14. Progressive jackpot/cons.	\$ _____
6. Predraw games sales	\$ _____	15. Predraw payout	\$ _____
7. Electronic hand-held sales	\$ _____		
8. Admission cards	\$ _____		
9. Total sales	\$ _____	16. Total payout	\$ _____
		17. Rentals	\$ _____
		18. Supplies/equip.	\$ _____
		19. Comp. Workers	\$ _____
		20. Total expenses	\$ _____
		21. Net proceeds	\$ _____

Occasion 3	Date _____	Time _____	Number of players _____
1. Regular games sales	\$ _____	10. Regular games payout	\$ _____
2. Special games sales	\$ _____	11. Special games payout	\$ _____
3. 50/50 Bingo games sales	\$ _____	12. 50/50 Bingo games payout	\$ _____
4. Multicolor games sales	\$ _____	13. Multicolor games payout	\$ _____
5. Progressive games sales	\$ _____	14. Progressive jackpot/cons.	\$ _____
6. Predraw games sales	\$ _____	15. Predraw payout	\$ _____
7. Electronic hand-held sales	\$ _____		
8. Admission cards	\$ _____		
9. Total sales	\$ _____	16. Total payout	\$ _____
		17. Rentals	\$ _____
		18. Supplies/equip.	\$ _____
		19. Comp. Workers	\$ _____
		20. Total expenses	\$ _____
		21. Net proceeds	\$ _____

Utilization of Net Proceeds

Date	Description	Check number	Amount

Bank

Name	Address where balance is deposited	Account number

Person Responsible for Use of Proceeds

Name	Address	Telephone number <small>(include area code)</small>

I certify that all of the statements on this report of operations are true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

N.J.S.A. 5:8-37 "It shall be the duty of each licensee to maintain and keep such books and records as may be necessary to substantiate the particulars of each such report."

I certify that I have reviewed this report and that the information on this report of operations is true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

*I **certify** by placing a check in this box, that I have reviewed the report and that the information provided is true, accurate and complete.*

You must state your name and title below. Reports that are not properly certified will be emailed back.

Name and title of officer (please print)

Signature of officer

Sworn and subscribed to before me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

