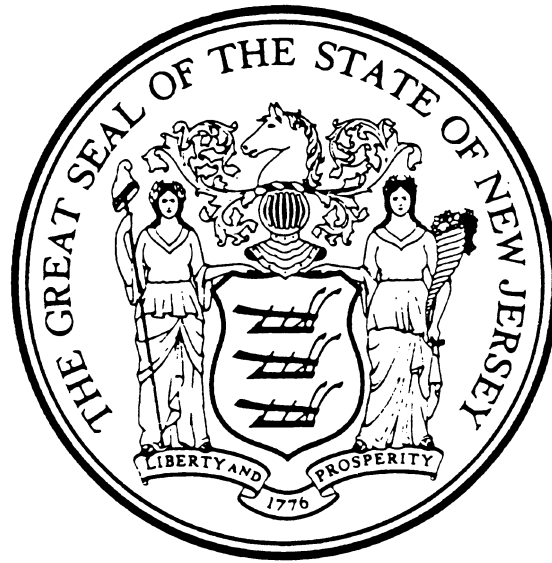


**STATE OF NEW JERSEY**  
**Division of Gaming Enforcement**



**LICENSE APPLICATION REQUEST FORM**

# License Application Request Form

**PERSON TO BE CONTACTED IN REFERENCE TO THIS REQUEST:**

\_\_\_\_\_  
NAME (Last, First, Middle Initial and Jr./Sr., if any)

\_\_\_\_\_  
DATE OF BIRTH (Month, Day, Year)

\_\_\_\_\_  
Home Telephone Number with Area Code

\_\_\_\_\_  
Daytime OR Work Telephone Number with Extension and Area Code

\_\_\_\_\_  
Cell Number with Area Code

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
HOME ADDRESS (Number and Street with Apartment #, if any)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
MAILING ADDRESS, if different (P.O. Box)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
License Number #1

\_\_\_\_\_  
License Number #2

\_\_\_\_\_  
License Number #3

I am requesting a copy of the following documents (please see fee schedule below):

Personal History Form 1

Personal History Form 2

Personal History Form 3

Other: Explain: \_\_\_\_\_

Fee Schedule

The fee is \$.05 for each letter-size page and \$.07 for each legal-size page. Please submit a check or money order, payable to the CASINO CONTROL FUND. Send your application to:

**New Jersey Division of Gaming Enforcement  
Tennessee Avenue and the Boardwalk  
Atlantic City, NJ 08401**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)