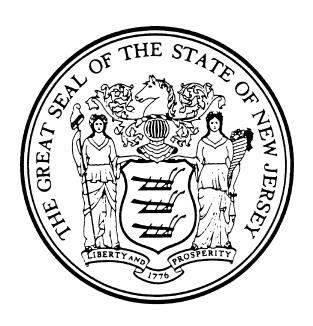
# STATE OF NEW JERSEY Division of Gaming Enforcement



NON-SUPERVISORY EMPLOYEE(S) OF A JUNKET ENTERPRISE-REGISTRATION FORM

## Non-Supervisory Employee(s) of a Junket Enterprise-Registration Form

#### **INSTRUCTIONS**

#### I. COMPLETING THIS FORM:

- A. This form may be completed and filed by the *non-supervisory employee of a junket enterprise* **or** *the junket enterprise for all of its non-supervisory employees.*
- B. Once completed, this form must be filed with the Division of Gaming Enforcement (Division) at the following address:

New Jersey Division of Gaming Enforcement
Service Industry Licensing Bureau (SILB), Intake Unit
1325 Boardwalk
Atlantic City, NJ 08401
Attn.: Junkets

- C. Please type all information and answer all questions completely.
- D. Respond "None" or "Does Not Apply," if appropriate.
- E. For the purpose of question 7, the word "arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities, in order to answer for the alleged performance of any offense in New Jersey, or anywhere else; the word "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any offense in New Jersey or anywhere else; and the word "Offense" includes all high misdemeanors, felonies, misdemeanors, disorderly persons offenses, and juvenile violations. Please note that any arrest or charge, which has been the subject of a lawful court order or expungement or sealing, need not be disclosed, if such order entitles the individual to answer "No" to such inquiry.
- F. If you answer "Yes" to question 7, the Division may require you to provide any evidence of rehabilitation, such as good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of persons who have or have had the individual under their supervision.

Note: All enterprises, entities and individuals identified on this form, once completed, have the affirmative responsibility and continuing duty to cooperate in any inquiry or investigation conducted by the Division and to provide any assistance or information requested or required by the Division. The Division may deny registration to any enterprise that supplies information which is untrue or misleading.

### NON-SUPERVISORY EMPLOYEE(S) OF A JUNKET ENTERPRISE REGISTRATION FORM

1.	NAME OF THE JUNKET EN	ITERPRISE:					
2.	TRADING AS (T/A) OR DOING BUSINESS AS (D/B/A) OR FOR SERVICES OF (F/S/O):						
3.	VENDOR ID # (if known):						
4.	TELEPHONE NUMBER:						
5.	ADDRESS FROM WHICH B	BUSINESS IS CO	ONDUCTED WITH CA	SINO LICENSEE OR A	APPLICANTS:		
ADDRESS	Number/Street	City	State	Zip Code	COUNTRY		
MAILING .	ADDRESS, if different (P.O. Box, City, S	State, Zip Code, Co	untry)				
WEBSITE	(URL)						
6.	PROVIDE THE FOLLOWIN JUNKET ENTERPRISE:	NG INFORMA	TION FOR EACH NO	ON-SUPERVISORY E	MPLOYEE OF A		
NAME							
RESIDENC	E ADDRESS						
E-MAIL AI	DDRESS						
TELEPHO	NE NUMBER						
DATE OF I	BIRTH						
	Initials of the Person Sup	plying the Informa	tion on this Form and/or the	Person Filing this Form:			

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crimi arres perso proc	s any individual identified in Question 6, ever been indicted, charged with or convicted of a minal or disorderly persons offense, a party to or named as an unindicted co-conspirator, or rested or charged, even if not convicted, with any felony, crime, misdemeanor, disorderly rsons offense, juvenile offense, or other offense (other than a traffic violation), in any occeding in New Jersey or anywhere else? If so, explain and include any case, file, docket, or digment number.				
Has a	any individual identified in Question 6, ever:				
a)	held any license, permit, approval, or registration in this or any other jurisdiction? If so, explain and include any license, permit, approval, or registration number or identifier:				
b)	been denied, suspended, revoked, or withdrawn any license, permit, approval, or registration in this or any other jurisdiction? If so, explain and include any license, permit, approval or registration number of identifier:				
	Initials of the Person Supplying the Information on this Form and/or the Person Filing this Form:				

	c)	had a judgment, order, consent decree, or consent order, pertaining to a violation or an alleged violation of the federal laws of any state, province or country, entered against it? If so, explain and include any case, file, docket, or judgment number:							
9.		es any individual identified in Question 6 above, owe any debt to the State of New Jersey? If explain:							
	_								
	Ple	Please certify, under penalty of perjury, the following:							
	a.	Do you currently have a child support obligation? Yes No  (1) If "Yes," are you in arrears in payment of said obligation?  Yes No							
		(2) If "Yes," does the arrearage relate to a period longer than six months?  Yes No							
	b.	Have you failed to provide any court-ordered health insurance coverage?  Yes No							
	C.	Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?							
	d.	Are you the subject of a child-support-related arrest warrant?  Yes No							
	5:1	answer of "Yes" to any of the questions a through d above shall, in accordance with N.J.S.A. 2-86i, require you to provide proof to the director's satisfaction of payment or arrangement pay any such debts prior to licensure.							
	to	accordance with N.J.S.A. 2A:17-56.44(d), any false certification of the above may subject you contempt of court and a penalty, including, but not limited to, immediate revocation or pension of licensure or certification.							
		Initials of the Person Supplying the Information on this Form and/or the Person Filing this Form:							

	By initialing here _	, I acknowledge the terms o	f the above provisions.				
10.	Name, position/title, and e-mail address of person supplying the information on and/or fill this form:						
Name a	nd Title						
Cell Nur	mber with Area Code	E-Mail Address	Fax Number (if available)				
	and that the forego	ne/she is authorized to act on behalf oping statements made by him/her, on the foregoing statements made by himment.	n behalf of the enterprise, are				
	(Date)	(Signatur	(Legal Signature) re of Applicant)				
	THIS FORM MUST	BE FILED DIRECTLY WITH THE DIVISIO	N OF GAMING ENFORCEMENT				

Initials of the Person Supplying the Information on this Form and/or the Person Filing this Form: