


 N.J. DEPARTMENT OF LAW & PUBLIC SAFETY
 DIVISION OF CONSUMER AFFAIRS
 LEGALIZED GAMES OF CHANCE CONTROL COMMISSION
 P.O. BOX 46000, NEWARK, N.J. 07101
BINGO REPORT OF OPERATIONS

 MUNICIPALITY

 ID NO.

L 4S

 LIC. NO.

THIS REPORT, AS REQUIRED BY N.J.S.A. 5:8-37 AND N.J.A.C. 13:47-9.1, MUST BE FILED WITH THE LEGALIZED GAMES OF CHANCE CONTROL COMMISSION NO LATER THEN THE 15TH DAY OF THE MONTH FOLLOWING THE CONDUCT OF THE GAME(S) OF CHANCE.

SECTION A

NAME OF LICENSEE	ADDRESS	LOCATION OF GAMES					
LOCATION OF GAMES	1	2	3	4	5	6	TOTALS

SECTION B

1	DATE							
2	TIME							
3	# OF PLAYERS							
4	REGULAR GAME SALES (INCLUDING ADMISSION SALES) \$							
5	SPECIAL GAME SALES \$							
6	50/50 BINGO GAME SALES \$							
7	PROGRESSIVE GAME SALES \$							
8	MULTI-COLOR GAME SALES \$							
9	GROSS RECEIPTS (ADD LINES 4 THROUGH 8)							
10	REGULAR GAME PAYOUT \$							
11	SPECIAL GAME PAYOUT \$							
12	50/50 BINGO GAME PAYOUT \$							
13	PROGRESSIVE JACKPOT (IF AWARDED) \$							
14	PROGRESSIVE CONSOLATION PRIZE \$							
15	MULTI-COLOR PAYOUT \$							
16	TOTAL PAYOUT AWARDED \$ (ADD LINES 10 THROUGH 15)							
17	RENTAL FEE \$							
18	SUPPLIES \$							

19	OTHER \$			
20	TOTAL EXPENSES (ADD LINES 10 THROUGH 15 AND 17 THROUGH 19)			
21	NET PROCEEDS (LINE 9 MINUS LINE 20)			
22	PROGRESSIVE OCCASION NUMBER			
23	CARRYOVER TO NEXT OCCASION			

SECTION C

SCHEDULE OF EXPENSES

IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE SHEET OF PAPER

DATE DESCRIPTION OF USE & CHECK NUMBER AMOUNT

SECTION D

UTILIZATION OF NET PROCEEDS

IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE SHEET OF PAPER

DATE DESCRIPTION OF USE & CHECK NUMBER AMOUNT

SECTION E

BANK NAME AND ADDRESS WHERE BALANCE IS DEPOSITED

ACCOUNT NUMBER

NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR USE OF PROCEEDS

SECTION F

I CERTIFY THAT ALL STATEMENTS ON THIS REPORT OF OPERATIONS ARE TRUE, ACCURATE AND COMPLETE FOR THE DATE ON WHICH I WAS THE MEMBER IN CHARGE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

OCCASION	MEMBER IN CHARGE	ADDRESS	CITY	SIGNATURE
DATE				
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

SECTION G

ATTACH THE NAMES, AGE, ADDRESSES, AND TELEPHONE NUMBER OF ALL MEMBERS CONDUCTING OR ASSISTING IN THE CONDUCT FOR EACH OCCASION.

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 .

NAME OF OFFICER - TITLE (PLEASE PRINT)

SIGNATURE (OFFICER)

SWORN AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 19 _____

NOTARY PUBLIC

THIS FORM, IF REPRODUCED, MUST BE COPIED AS ONE COMPLETE PAGE, FRONT AND BACK

Revised 12/96
FORM LGCCC 8B-A