

Members' Affidavit of Good Moral Character

| STA | ATE OF NEW YORK |) | | |
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| CIT | : ss Y OF NEW YORK |) | | |
| | e undersigned, each for themsenses under Article 210 of the I | | subject to the penalties for perjury and relate, as follows: | ated |
| 1. | They are a member of | [name of organization] | | |
| | and they have been a member in good standing of this organization for at least one year immediately prior to the date in this affidavit. | | | |
| | They are not an owner, co-owner, or lessee of the premises where the organization named above intends to conduct Games of Chance and/or Bingo or, if the premises are owned by a corporation, the undersigned is not an officer, director, or a stockholder of the corporation owning more than 10% of the outstanding stock. | | | |
| | The undersigned is familiar with the provisions of the laws of the State of New York, the New York City Administrative Code, the Rules of the City of New York, and the New York State regulations pertaining to the conduct of Games of Chance and/or Bingo. | | | |
| | The undersigned does hereby declare that they are a person of good moral character and have never been convicted of a crime. | | | |
| | The undersigned will not receive, directly or indirectly, any commission, salary, compensation, reward, or recompense for holding, operating, conducting, or assisting in the holding, operating, or conducting of the Games of Chance and/or Bingo, nor have the undersigned been promised any commission, salary, compensation, reward, or recompense except that if any of the undersigned are bookkeepers or accountants who assist by rendering professional services as a bookkeeper or accountant, a total amount not exceeding the amounts provided by the Rules and Regulations of the New York State Gaming Commission is to be paid. | | | |
| | Deponent makes this affidavit knowing that the NYC Department of Consumer and Worker Protection relies upon the truth in this affidavit in issuing the license to the above-named organization. | | | |
| Мє | ember Original Signature | Home Address | Date | |
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If necessary, use additional sheet of paper for members' names and home addresses.