

I.D. # \_\_\_\_\_

LIC. # \_\_\_\_\_

**MEMBERS' AFFIDAVIT**  
**OF GOOD MORAL CHARACTER**

The undersigned, each for himself or herself, does hereby declare, subject to the penalties for perjury and related offenses under Article 210 of the Penal Law of New York State as follows:

1. That he or she is a member of \_\_\_\_\_ and has been a member in good standing of such organization for at least one year immediately prior to the date hereof.
2. That he or she is not an owner, co-owner, or lessee of the premises where the aforementioned organization intends to conduct Bingo, or if said premises are owned by a corporation, that the undersigned is not an officer, director or a stockholder thereof owning more than ten per cent (10%) of the outstanding stock.
3. That the undersigned is familiar with the provisions of the laws of the State of New York and the Town of Brookhaven and the N.Y. State regulations pertaining to the conduct of Games of Chance and/or Bingo.
4. The undersigned does hereby declare that he or she is a person of good moral character and has never been convicted of a crime.
5. That 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 has the undersigned been promised any such commission, salary, compensation, reward or recompense except that if any of the undersigned are bookkeepers or accountants who assist by rendering professional services as such bookkeeper or accountant, a total amount not exceeding the amounts provided by the Rules and Regulations of the New York State Racing and Wagering Board is to be paid.
6. Deponent makes this affidavit knowing that the Brookhaven Town Clerk relies upon the truth herein in issuing the license to the above-named organization.

Member Signature: \_\_\_\_\_

Duly sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Member Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_

Notary Stamp:

Years of Membership: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Duly sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Member Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_

Notary Stamp:

Years of Membership: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Duly sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Member Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_

Notary Stamp:

Years of Membership: \_\_\_\_\_