

**LINWOOD COMMON COUNCIL
CAUCUS AGENDA
February 12, 2020
6:00 P.M.**

**NOTICE OF THIS MEETING HAS BEEN PUBLISHED
IN ACCORDANCE WITH THE REQUIREMENTS OF
THE OPEN PUBLIC MEETINGS ACT.**

1. Roll Call Mayor Matik __ Mrs. Byrnes _____ Mrs. DeDomenicis _____
 Mr. Ford _____ Mr. Gordon _____ Mr. Heun _____
 Mr. Paolone _____

 Professionals: Mr. Youngblood _____ Mr. Polistina _____ Mrs. Napoli _____
2. Approval of Minutes Without Formal Reading
3. Mayor's Report
4. Councilwoman Byrnes
 - A. Neighborhood Services
 1. Library Construction Bond Act
5. Councilwoman DeDomenicis
 - A. Public Works
 2. Resolution authorizing a Mosquito Control Agreement with Atlantic County
6. Councilman Ford
 - A. Planning & Development
 1. Resolution authorizing the refund of a Construction Permit to Central Park East
 2. Resolution authorizing the refund of a Rental Registration Fee to Sepahan, LLC
 3. Resolution authorizing the refund of a Construction Permit to Pulse Plumbing
7. Councilman Gordon
 - A. Engineering
8. Councilman Heun
 - A. Public Safety
 1. Resolution approving the certification of qualified volunteers for LOSAP
9. Councilman Levinson
 - A. Revenue & Finance
 1. Salary Ordinance
 2. Resolutions authorizing refund and cancelation of taxes for 208 East Drive, 404 Joseph Avenue, and 103 E. Dawn Drive due to 100% permanently disable veteran status
 - B. Planning Board
 1. Resolution awarding Non-competitive Contracts to Eric Goldstein as Planning Board Solicitor and Vincent Polistina as Planning Board Engineer
10. Council President Paolone
 - A. Administration
 1. Resolutions authorizing a Bingo and Raffle Licenses to Mainland Crew, Mainland Performing Arts Parent Organization, the Alcove Center, and EHT Softball
11. Mr. Youngblood
 - A. Ordinance providing for the purchase of Block 82 Lots 7 & 8 in the City of Linwood

**LINWOOD COMMON COUNCIL
AGENDA OF REGULAR MEETING
February 12, 2020**

CALL TO ORDER

**NOTICE OF THIS MEETING HAS BEEN
PUBLISHED IN ACCORDANCE WITH THE
REQUIREMENTS OF THE OPEN PUBLIC MEETINGS ACT.**

FLAG SALUTE: Councilman Eric Ford

ROLL CALL

APPROVAL OF MINUTES WITHOUT FORMAL READING

ORDINANCES

- | | |
|------------------|--|
| 1 OF 2020 | AN ORDINANCE PROVIDING FOR AND ESTABLISHING SALARIES, COMPENSATION AND SALARY RANGES OF OFFICERS AND EMPLOYEES OF THE CITY OF LINWOOD, AND REPEALING ALL ORDINANCES HERETOFORE ADOPTED, THE PROVISIONS OF WHICH ARE INCONSISTENT HEREWITH.
<i>FIRST READING:</i> February 12, 2020
<i>PUBLICATION:</i> February 17, 2020
<i>PASSAGE:</i> February 26, 2020 |
| 2 OF 2020 | AN ORDINANCE PROVIDING FOR THE PURCHASE OF REAL PROPERTY WITHIN THE CITY OF LINWOOD FROM VST CAPITAL, LLC AND REPEALING ALL ORDINANCES HERETOFORE ADOPTED THE PROVISIONS OF WHICH ARE INCONSISTENT HEREWITH.
<i>FIRST READING:</i> February 12, 2020
<i>PUBLICATION:</i> February 17, 2020
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RESOLUTIONS WITHIN CONSENT AGENDA

All matters listed under item, Consent Agenda, are considered to be routine by City Council, and will be enacted by one motion in the form listed. Any items requiring expenditure are supported by a Certification of Availability of Funds and any item requiring discussion will be removed from the Consent Agenda and discussed separately. All Consent Agenda items will be reflected in full in the minutes.

- | | |
|----------------|---|
| 49-2020 | A Resolution authorizing the refund of taxes paid and the cancellation of 2020 taxes due to tax exempt status for Block 40 Lot 52 located at 208 East Drive in the City of Linwood |
| 50-2020 | A Resolution authorizing the refund of taxes paid and the cancellation of 2020 taxes due to tax exempt status for Block 24 Lot 4 located at 404 Joseph Avenue in the City of Linwood |
| 51-2020 | A Resolution authorizing the refund of taxes paid and the cancellation of 2020 taxes due to tax exempt status for Block 31 Lot 10 located at 103 E. Dawn Drive in the City of Linwood |
| 52-2020 | A Resolution awarding Non-Competitive Contracts for Professional Services to Eric S. Goldstein as Planning Board Solicitor and Vincent Polistina as Planning Board Engineer |
| 53-2020 | A Resolution authorizing the issuance of a Raffle License, #2020-14, to Mainland Crew Association |
| 54-2020 | A Resolution authorizing the issuance of a Raffle License, #2020-15, to Mainland Performing Arts Parent Organization |

RESOLUTIONS WITHIN CONSENT AGENDA (continued)

- 55-2020** A Resolution authorizing the issuance of a Raffle License, #2020-16, to Mainland Performing Arts Parent Organization
- 56-2020** A Resolution authorizing the issuance of a Raffle License, #2020-17, to the Alcove Center for Grieving Children & Families
- 57-2020** A Resolution authorizing the issuance of a Bingo License, #2020-06, to the Alcove Center for Grieving Children & Families
- 58-2020** A Resolution authorizing the issuance of a Bingo License, #2020-07, to Egg Harbor Twp Youth Softball Inc.
- 59-2020** A Resolution authorizing the issuance of a Raffle License, #2020-18, to Egg Harbor Twp Youth Softball Inc.
- 60-2020** A Resolution authorizing the refund of Construction Permit 2019-0238
- 61-2020** A Resolution authorizing the refund of a Rental Registration Fee
- 62-2020** A Resolution authorizing the refund of Construction Permit 2019-0270
- 63-2020** A Resolution approving the certification of qualified volunteers for LOSAP
- 64-2020** A Resolution authorizing entering into an Agreement with Atlantic County for Municipal Aerial Mosquito Control Spraying
- 65-2020** A Resolution authorizing the issuance of a Raffle License, #2020-19, to Egg Harbor Twp Youth Softball Inc.

APPROVAL OF BILL LIST: \$

MEETING OPEN TO THE PUBLIC

FINAL REMARKS BY MAYOR AND COUNCIL

ADJOURNMENT

ORDINANCE NO. 1, 2020

AN ORDINANCE PROVIDING FOR AND ESTABLISHING SALARIES, COMPENSATION AND SALARY RANGES OF OFFICERS AND EMPLOYEES OF THE CITY OF LINWOOD, AND REPEALING ALL ORDINANCES HERETOFORE ADOPTED, THE PROVISIONS OF WHICH ARE INCONSISTENT HEREWITH.

BE IT ORDAINED, by the Common Council of the City of Linwood, County of Atlantic and State of New Jersey as follows:

SECTION 1: That the following salaries, wages and compensations shall be paid to the following officials, officers and employees of the City of Linwood, retroactive to January 1, 2020, subject, however, to the provisions of certain Employment Contracts between the City of Linwood and the Mainland Police Benevolent Association, the bargaining agent for the members of the Linwood Police Department and Linwood Superior Officers; the Teamsters Local 331 inclusive of the Police Secretary, Linwood Uniformed Firefighters Association Local Union #4370, and also except as otherwise stated herein.

<u>PART TIME HOURLY</u>	<u>RANGE</u>
Administrative Assistant	\$ 11.00 to \$35.00
Clerk Typist	\$ 11.00 to \$35.00
Code Enforcement Officer	\$ 11.00 to \$35.00
Deputy Court Administrator	\$ 11.00 to \$35.00
Dispatcher	\$ 11.00 to \$35.00
Fire Relief	\$ 11.00 to \$35.00
Groundskeeper	\$ 11.00 to \$35.00
Matron	\$ 11.00 to \$35.00
Recreation Aide	\$ 11.00 to \$35.00
Special Law Enforcement Officer Class II	\$ 11.00 to \$35.00
Summer Intern	\$ 11.00 to \$35.00

<u>PART TIME PER DIEM</u>	<u>RANGE</u>
Planning Board Recording Secretary	\$ 50.00 to \$300.00
Planning Board Tape Recorder Operator/Secretary	\$ 50.00 to \$300.00
School Crossing Guard Captain	\$ 30.00 to \$ 60.00
School Crossing Guard	\$ 25.00 to \$ 50.00

PART TIME PER ANNUM

RANGE

Clean Communities Coordinator	\$ 50.00 to \$ 5,000.00
Code Enforcement Officer	\$ 1,000.00 to \$ 5,000.00
Computer Maintenance Coordinator	\$ 500.00 to \$ 2,000.00
Communications Coordinator	\$ 1,000.00 to \$ 4,000.00
Construction Official	\$ 5,000.00 to \$50,000.00
Council Member	\$ 5,000.00 to \$15,000.00
Council President	\$ 5,000.00 to \$20,000.00
Deputy Emergency Management Director	\$ 500.00 to \$ 2,000.00
Drug Alliance Coordinator	\$ 1,000.00 to \$ 5,000.00
Emergency Management Director	\$ 1,000.00 to \$ 4,000.00
Journeyman Electrician	\$ 3,100.00 to \$ 5,000.00
Floodplain Manager	\$ 1,000.00 to \$ 3,000.00
Mayor	\$ 5,000.00 to \$25,000.00
Memorial Park Director	\$ 4,000.00 to \$15,000.00
Assistant Memorial Park Director	\$ 1,000.00 to \$ 5,000.00
Municipal Magistrate	\$10,000.00 to \$30,000.00
Planning Board Secretary	\$ 5,000.00 to \$20,000.00
Police Chief	\$30,000.00 to \$150,000.00
Recycling Coordinator	\$ 1,000.00 to \$ 5,000.00
Utilities Collector	\$ 2,000.00 to \$ 7,000.00
Sub-Code Off/Building Inspector	\$ 5,000.00 to \$25,000.00
Sub-Code Off/Electrical Inspector	\$ 5,000.00 to \$25,000.00
Sub-Code Off/Fire Protection	\$ 5,000.00 to \$25,000.00
Sub-Code Off/Plumbing Inspector	\$ 5,000.00 to \$25,000.00
Tax Assessor	\$25,000.00 to \$50,000.00
Uniform Fire Official/Fire Marshall	\$ 5,000.00 to \$15,000.00
Uniform Fire Safety Inspector	\$ 1,000.00 to \$10,000.00
Zoning Board of Adjustment Secretary/Tape Recorder	\$5,000.00 to \$15,000.00
Zoning Officer	\$ 5,000.00 to \$15,000.00

FULL TIME PER ANNUM

RANGE

Account Clerk	\$25,000.00 to \$50,000.00
Accountant	\$25,000.00 to \$50,000.00
Accounting Assistant	\$25,000.00 to \$50,000.00
Administrative Assistant	\$25,000.00 to \$50,000.00
Administrator	\$50,000.00 to \$95,000.00
Bookkeeper	\$25,000.00 to \$35,000.00
Chief Financial Officer	\$50,000.00 to \$95,000.00
Code Enforcement Officer/Housing Inspector	\$25,000.00 to \$50,000.00
Deputy Court Administrator	\$25,000.00 to \$50,000.00
Deputy Municipal Clerk	\$25,000.00 to \$50,000.00
Deputy Tax Collector	\$25,000.00 to \$60,000.00
Dispatcher / Supervisor	\$42,000.00 to \$60,000.00
Dispatcher	\$25,000.00 to \$60,000.00
Equipment Operator	\$25,000.00 to \$70,000.00
Fire Captain	\$56,000.00 to \$90,000.00
F/F during 1 st year of service	\$23,000.00 to \$45,000.00
F/F after 1 year of service	\$23,000.00 to \$50,000.00
F/F after 2 years of service	\$23,000.00 to \$55,000.00
F/F after 3 years of service	\$23,000.00 to \$60,000.00
F/F after 4 years of service	\$23,000.00 to \$65,000.00
F/F after 5 years of service	\$23,000.00 to \$70,000.00

FULL TIME PER ANNUM (continued)RANGE

F/F after 6 years of service	\$23,000.00 to \$75,000.00
F/F after 7 years of service	\$23,000.00 to \$80,000.00
F/F after 8 years of service	\$23,000.00 to \$85,000.00
F/F after 9 years of service	\$23,000.00 to \$85,000.00
F/F after 10 years of service	\$23,000.00 to \$85,000.00
F/F after 11 years of service	\$23,000.00 to \$85,000.00
F/F after 12 years of service	\$23,000.00 to \$85,000.00
F/F after 13 years of service	\$23,000.00 to \$85,000.00
F/F after 14 years of service	\$23,000.00 to \$85,000.00
General Supervisor	\$40,000.00 to \$95,000.00
Groundskeeper	\$25,000.00 to \$50,000.00
Municipal Clerk	\$30,000.00 to \$95,000.00
Municipal Court Administrator	\$30,000.00 to \$65,000.00
Patrolman - During Probation	\$35,000.00 to \$50,000.00
Patrolman - Step 1	\$35,000.00 to \$55,000.00
Patrolman - Step 2	\$35,000.00 to \$60,000.00
Patrolman - Step 3	\$35,000.00 to \$65,000.00
Patrolman - Step 4	\$35,000.00 to \$70,000.00
Patrolman - Step 5	\$35,000.00 to \$75,000.00
Patrolman - Step 6	\$35,000.00 to \$90,000.00
Patrolman - Step 7	\$35,000.00 to \$95,000.00
Patrolman - Step 8	\$35,000.00 to \$95,000.00
Patrolman - Step 9	\$35,000.00 to \$95,000.00
Patrolman - Step 10	\$35,000.00 to \$95,000.00
Patrolman - Step 11	\$35,000.00 to \$95,000.00
Patrolman - Step 12	\$35,000.00 to \$99,000.00
Police Captain	\$50,000.00 to \$130,000.00
Police Chief	\$75,000.00 to \$150,000.00
Police Department Secretary	\$30,000.00 to \$70,000.00
Police Lieutenant	\$50,000.00 to \$125,000.00
Police Sergeant	\$40,000.00 to \$105,000.00
Public Works Foreman	\$25,000.00 to \$80,000.00
Public Works Laborer	\$25,000.00 to \$60,000.00
Public Works Superintendent	\$50,000.00 to \$95,000.00
Secretary	\$25,000.00 to \$60,000.00
Tax Collector	\$40,000.00 to \$85,000.00
Tech. Assistant to Construction Office	\$30,000.00 to \$60,000.00

SECTION 2A: A current full time employee, employed as of January 1, 2012, shall be paid together with his or her annual salary as fixed and determined by this ordinance, additional compensation based upon length of his or her full time service, effective and limited to January 1, 2012, an amount to be added to base salary and paid bi-weekly or monthly in accordance with the following schedule:

YEARS OF SERVICE

COMPENSATION PER ANNUM
IN ADDITION TO FIXED SALARY

3
Each year after 3 to 30 years

\$350.00
\$350.00 plus \$150.00 for
each additional year up to
a maximum of \$4,000.00

However, all longevity pay for current employees shall be frozen at the level of service achieved effective January 1, 2012 and no new employee or current employee who has not reached a level of service whereby he or she is entitled to longevity pay as of that date, shall be paid longevity, nor shall said employees be entitled to longevity pay at any time in the future.

SECTION 2B: The aforesaid additional compensation and all overtime paid for any union employee shall be payable in accordance with the terms of the union employee contracts.

SECTION 2C: The period of eligibility for length of service for longevity pay shall be determined as of the anniversary date of the full time employment of each employee. Those employees hired from January 1 to June 30 will be considered to have completed a full year December 31 of that year. Those employees hired after June 30 will be considered to have completed a full year December 31 of the following year. For all years thereafter, all anniversary dates will be on January 1. However, all current employees shall be frozen at the level of employment achieved as of January 1, 2012 for purposes of longevity and no new employees shall be entitled to longevity.

SECTION 2D: All full time employees holding a Bachelor's Degree in a subject related to that employee's position within the City of Linwood shall receive additional compensation in the amount of \$1,250.00 per year. All full time employees holding a Master's Degree related to that employee's position within the City of Linwood shall receive additional compensation in

the amount of \$1,400.00 per year. Such additional compensation shall be added to base salary and paid bi-weekly or monthly.

SECTION 3: All said salaries, wages and compensation shall be paid to the Municipal Magistrate, Tax Assessor, Emergency Management Director, Fire Inspector and the Uniform Fire Official in equal monthly installments; to the Mayor, Councilpersons, and Drug Alliance Coordinator in equal quarterly installments; and all of the other abovementioned salaries, wages and compensation shall be paid biweekly, in equal installments, every other Friday.

SECTION 4: All ordinances or parts of ordinances inconsistent herewith are hereby repealed to the extent of such inconsistencies.

SECTION 5: Should any section, clause, sentence, phrase or provision of this ordinance be declared unconstitutional or invalid by a Court of competent jurisdiction, such decision shall not affect the remaining portions of this ordinance.

SECTION 6: This ordinance shall take effect retroactively to January 1, 2020 upon its final passage, publication and adoption in the manner prescribed by law.

<i>FIRST READING:</i>	<i>February 12, 2020</i>
<i>PUBLICATION:</i>	<i>February 17, 2020</i>
<i>PASSAGE:</i>	<i>February 26, 2020</i>

The within Ordinance was introduced at a meeting of the Common Council of the City of Linwood, County of Atlantic and State of New Jersey held on, February 12, 2020 and will be further considered for final passage after a public hearing thereon at a meeting of said Common Council on February 26, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

ORDINANCE NO. 2, 2020

AN ORDINANCE PROVIDING FOR THE PURCHASE OF REAL PROPERTY WITHIN THE CITY OF LINWOOD FROM VST CAPITAL, LLC AND REPEALING ALL ORDINANCES HERETOFORE ADOPTED THE PROVISIONS OF WHICH ARE INCONSISTENT HEREWITH.

BE IT ORDAINED, by Common Council of the City of Linwood, County of Atlantic and State of New Jersey, as follows:

WHEREAS, the Mayor and Council of the City of Linwood, pursuant to N.J.S.A. 40A:12-5, have determined to purchase certain real estate for public purposes in the City of Linwood; and

WHEREAS, the City of Linwood has negotiated with the owner of the property which is identified as Lot 7 in Block 82 AND Lot 8 in Block 82 on the Tax Map of the City of Linwood; and

WHEREAS, the City of Linwood and VST Capital, LLC, the owner of the property, have negotiated the terms of the sale and have agreed to the conditions of said sale; and

WHEREAS, the City of Linwood has agreed to purchase the afore described property for \$140,000.00;

NOW, THEREFORE, BE IT ORDAINED, by the Mayor and Council of the City of Linwood that the City of Linwood is hereby authorized to acquire the property described herein according to the terms of an Agreement of Sale to be entered into between the Seller, VST Capital, LLC and the Buyer, City of Linwood, pursuant to the draft Agreement of Sale attached hereto and made a part hereof;

BE IT FURTHER ORDAINED, that the Mayor and City Clerk be and are hereby authorized, directed and empowered to execute the Agreement of Sale and all other necessary and required documents in order to effect this purchase;

BE IT FURTHER ORDAINED, that this Ordinance and the authorization to purchase the subject property is specifically contingent upon the City of Linwood's ability to secure and obtain funding for the entire purchase price from the Frank H. Stewart Trust;

BE IT FURTHER ORDAINED, that this Ordinance and the authorization to purchase the subject property is further contingent upon the City of Linwood's ability to secure a satisfactory

preliminary environmental report with regard to the subject property, which shall be in the sole discretion of the City;

BE IT FURTHER ORDAINED, that all ordinances or parts of ordinances inconsistent herewith are hereby repealed to the extent of such inconsistencies and should any section, clause, sentence or provision of any item in this Ordinance be declared unconstitutional or invalid by a Court of competent jurisdiction, such decision shall not affect the remaining portions of this Ordinance.

This Ordinance shall take effect upon its final passage and publication as provided by law.

FIRST READING: February 12, 2020

PUBLICATION: February 17, 2020

PASSAGE: February 26, 2020

The within Ordinance was introduced at a meeting of the Common Council of the City of Linwood, County of Atlantic and State of New Jersey held on February 12, 2020 and will be further considered for final passage after a public hearing thereon at a meeting of said Common Council on February 26, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

RESOLUTION No. 49, 2020

A RESOLUTION AUTHORIZING THE REFUND OF TAXES PAID AND THE CANCELLATION OF 2020 TAXES DUE TO TAX EXEMPT STATUS FOR BLOCK 40 LOT 52 LOCATED AT 208 EAST DRIVE IN THE CITY OF LINWOOD

WHEREAS, Grace, Robert & Marie are the owners of Block 40 Lot 52 located at 208 East Drive in the taxing District of the City of Linwood; and

WHEREAS, Grace, Robert made application to the Tax Assessor, of the City of Linwood, for property tax exemption due to his 100% permanently disabled veteran status and the Tax Assessor for the City of Linwood granted the exemption for Grace, Robert as of December 18, 2019;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that the Chief Financial Officer of the City of Linwood be and is hereby authorized, empowered and directed to execute and deliver a draft in favor of Grace, Robert & Marie, 208 East Drive, Linwood, NJ 08221 in the prorated amount of \$277.72 which is the amount of the refund to said property owner due as of December 18, 2019.

BE IT FURTHER RESOLVED, by the Common Council of the City of Linwood, that the Tax Collector is hereby authorized, empowered and directed to cancel the prorated 4th quarter of 2019 taxes and 1st and 2nd quarters 2020 taxes for the property known as Block 40, Lot 52 assessed in the name of Grace, Robert & Marie.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____

Claim for Property Tax Exemption on Dwelling of Disabled Veteran or Surviving Spouse/Civil Union or Domestic Partner of Disabled Veteran or Serviceperson

(N.J.S.A. 54:4-3.30 et seq.; N.J.A.C. 18:28-1.1 et seq.)

Important: File this completed claim with your municipal tax assessor. (See General Guidelines)

1. Claimant Name

ROBERT L. GRACE & MARIE P. GRACE

Name(s) of veteran claimant owner (& spouse, as tenants by entirety, or civil union or domestic partner) or of surviving spouse/civil union or domestic partner permanently residing in dwelling.

2. Dwelling Location

208 EAST DRIVE, LINWOOD 609-788-4317 CLEMMON 43C DL.COM.
 Street Address of claimant owner's principal residence Phone # Email

ATLANTIC LINWOOD NEW JERSEY
 County Municipality

40 52 _____
 Block Lot Qualifier

3. Disabled Veteran/Surviving Spouse/Civil Union or Domestic Partner of Disabled Veteran or Serviceperson (Check A, B, or C)

- A. Honorably discharged disabled veteran with active wartime service in United States Armed Forces. ATTACH copy DD214; or
- B. Surviving spouse/civil union or domestic partner of honorably discharged disabled veteran with active wartime service in United States Armed Forces; and
 I have not remarried/formed a new registered civil union or domestic partnership. ATTACH copy DD214; or
- C. Surviving spouse/civil union or domestic partner of serviceperson who died on wartime active duty in the United States Armed Forces; and
 I have not remarried/formed a new registered civil union or domestic partnership. ATTACH copy Military Notification of Death.

4. Active War Time Service Period (Check All Applicable Service Periods)

- | | | | | | |
|----|-------------------------------------|---|--------------------|---|-------------------|
| A. | <input type="checkbox"/> | World Trade Center Rescue & Recovery | September 11, 2001 | - | May 30, 2002 |
| B. | <input type="checkbox"/> | Operation Northern/Southern Watch | August 27, 1992 | - | March 17, 2003 |
| C. | <input type="checkbox"/> | Operation Iraqi Freedom | March 19, 2003 | - | Ongoing |
| D. | <input type="checkbox"/> | Operation Enduring Freedom | September 11, 2001 | - | Ongoing |
| E. | <input type="checkbox"/> | "Joint Endeavor/Joint Guard"-Bosnia & Herzegovina | November 20, 1995 | - | June 20, 1998 |
| F. | <input type="checkbox"/> | "Restore Hope" Mission - Somalia | December 5, 1992 | - | March 31, 1994 |
| G. | <input type="checkbox"/> | Operation Desert Shield/Desert Storm Mission | August 2, 1990 | - | February 28, 1991 |
| H. | <input type="checkbox"/> | Panama Peacekeeping Mission | December 20, 1989 | - | January 31, 1990 |
| I. | <input type="checkbox"/> | Grenada Peacekeeping Mission | October 23, 1983 | - | November 21, 1983 |
| J. | <input type="checkbox"/> | Lebanon Peacekeeping Mission | September 26, 1982 | - | December 1, 1987 |
| K. | <input checked="" type="checkbox"/> | Vietnam Conflict | December 31, 1960 | - | May 7, 1975 |
| L. | <input type="checkbox"/> | Lebanon Crisis of 1958 | July 1, 1958 | - | November 1, 1958 |
| M. | <input type="checkbox"/> | Korean Conflict | June 23, 1950 | - | January 31, 1955 |
| N. | <input type="checkbox"/> | World War II | September 16, 1940 | - | December 31, 1946 |

Note** – New Jersey amended wartime service criteria for the 100% Disabled Veteran's Property Tax Exemption effective January 16, 2018. Wartime service in a specified geographic location for a minimum number of days is no longer required. If the veteran was on active duty during any of the statutory service periods listed above, he or she meets the wartime service criterion for exemption. Other requirements, such as honorable discharge, property ownership, disability, etc., are unchanged. This amendment does not apply to the \$250 Veteran's Property Tax Deduction. (Refer to the General Guidelines for additional information.**)

5. Disability (Check A or B)

Date V.A. determined 100% permanently and totally disabled 12/18/19.

- A. Wartime service-connected disability from paraplegia, sarcoidosis, osteochondritis resulting in permanent loss of use of both legs, or permanent paralysis of both legs and lower parts of the body, or from hemiplegia and having permanent paralysis of one leg and one arm or either side of the body, resulting from injury to spinal cord, skeletal structure, or brain or from disease of spinal cord not resulting from any form of syphilis; or from total blindness; or from amputation of both arms or both legs, or both hands or both feet, or the combination of a hand and a foot; or
- B. Other wartime service-connected disability declared to be a total or 100% permanent disability, and not so evaluated solely because of hospitalization or surgery and recuperation, sustained through enemy action, or accident, or resulting from disease contracted while in such service.

6. Ownership & Occupancy (Complete A and B)

- A. I (my spouse/civil union partner & I, as tenants by entirety), solely own or hold legal title to the above dwelling house. Partial owners: I (as joint tenant/tenant in common) own 100%.
Grantee (buyer) Robert + Maria Grace name per deed. Deed Date 6-9-16.
- B. The dwelling house is One-Family and I occupy all of it as my principal residence. or
- The dwelling house is Multi-Unit and I occupy _____% as my principal residence.

7. Citizen & Resident (Complete A or B)

- A. As of 6/9/2016 (insert date - month/day/year), I, the above named veteran claimant was a citizen and legal or domiciliary resident of New Jersey; or
- B. As of _____ (insert date - month/day/year), I, the above named surviving spouse/civil union or domestic partner claimant was a citizen and legal or domiciliary resident of New Jersey; and
- My deceased veteran or serviceperson spouse/civil union or domestic partner was a citizen and resident of New Jersey at death.

I certify the above declarations are true to the best of my knowledge and belief. I understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

[Signature]
Claimant Signature

1/14/2020
Date

OFFICIAL USE ONLY - Block <u>40</u> Lot <u>52</u> Qualifier _____	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disallowed
Assessor <u>1/14/2020</u> <u>[Signature]</u> Date _____	<u>Elisible</u> <u>As of 12-18-19</u>

General Guidelines

Application Filing Period

File this form with the municipal tax assessor at any time during the tax year. Partial or prorated exemption is permitted for the remainder of any taxable year from the date ownership or title to the dwelling house is acquired provided all other eligibility requirements are met. For example, where application is filed on June 1st of the tax year for exemption on a dwelling house acquired on February 14th of the tax year, the assessed value is to be prorated for taxation purposes so that 44/365th's of the total assessment would be taxable and 321/365th's would be exempt.

A. Eligibility Requirements **Disabled Veteran Claimant** (must meet all 5 requirements)

RA 1/14/2020

- ✓1. Have had active war time service in United States Armed Forces and been honorably discharged;
- ✓2. Have a United States Veterans Administration certification of wartime service-connected disability as described under #5 on front of this DVSSE Claim;
- ✓3. Wholly or partially own or hold legal title to the dwelling house for which exemption is claimed;
- ✓4. Occupy the dwelling house as the principal residence;
- ✓5. Be a citizen and legal or domiciliary resident of New Jersey.

B. **Surviving Spouse/Civil Union or Domestic Partner Claimant** (must meet all 6 requirements)

1. Document that the deceased veteran or serviceperson was a citizen and resident of New Jersey at death who had active wartime service in the United States Armed Forces and who was honorably discharged or who died on active wartime duty;
2. Document that the deceased veteran had V. A. certified wartime service-connected disability;
3. Not have remarried/formed a new registered civil union or domestic partnership;
4. Wholly or partially own or hold legal title to the claimed dwelling house;
5. Occupy the dwelling house as the principal residence;
6. Be a citizen and legal or domiciliary resident of New Jersey.

***Note** - Claimants must inform the assessor of any change in status which may affect their continued entitlement to the exemption.

Dwelling House & Curtilage Defined

Dwelling house means any one-family building or structure or unit in a horizontal property regime or condominium or multiple-family building or structure on that portion occupied by the claimant as his legal residence including any outhouses or appurtenances used for the dwelling's fair enjoyment. *Curtilage* means the enclosed space of ground and buildings immediately surrounding the dwelling house and enjoyed with it for its more convenient occupation.

Disability Defined

A wartime service-connected disability as described under #5 on front of this claim and certified as such by the United States Veterans Administration.

Veteran Defined

Any New Jersey citizen and resident honorably discharged from active wartime service in the United States Armed Forces.

For assistance in documenting veterans' status, contact the NJ Department of Military and Veterans Affairs at (609) 530-6958 or (609) 530-6854. The United States Veterans Administration can be reached at 1-800-827-1000.

1/14/2020

Surviving Spouse/Civil Union or Domestic Partner Defined

The lawful widow or widower/civil union or domestic partner of a disabled veteran or serviceperson who has not remarried/formed a new registered civil union or domestic partnership.

Active Service Member Defined

Military service during one or more of the specific periods listed under #4 on front of this claim. Active duty for training or field training purposes as a member of a reserve component does NOT constitute active service time of war unless activated into Federal military service by Presidential or Congressional order.

Citizen and Resident Defined

United States Citizenship is not required. Resident for purposes of this exemption means an individual who is legally domiciled in New Jersey. Domicile is the place you regard as your permanent home – the place you intend to return to after a period of absence. You may have only one legal domicile even though you may have more than one place of residence. Seasonal or temporary residence in this State, of whatever duration, does not constitute domicile. Absence from the State for a 12 month period is prima facie evidence of abandonment of domicile.

Documentary Proofs Required

Each assessor may require such proofs necessary to establish claimant's exemption entitlement and copies of any documents should be attached to DVSSE Claim as part of the application.

[Handwritten initials]

• **Military Records** - Certificate of Honorable Discharge or Release, Form DD214, or Military Notification of Death or Certification of United States Veterans Administration.

• **Disability** - Veterans Administration Certification of Disability.

• **Surviving Spouse/Civil Union or Domestic Partner** - Death Certificate of decedent, marriage license/civil union or domestic partnership registration certificate.

[Handwritten initials]

• **Ownership** - real property deed, executory contract for property purchase, or Probated Last Will and Testament if by devise, or if intestate or without a will give names and relationships of decedent's heirs-at-law.

[Handwritten initials]

• **Residency** - New Jersey driver's license or motor vehicle registration, voter's registration, etc.

Appeals - A claimant may appeal any unfavorable determination by the assessor to the County Board of Taxation annually on or before April 1.

Retroactive Refunds – N.J.S.A. 54:4-3.32 states that the governing body of each municipality, at its discretion, may return all taxes collected on property which would have been exempt had proper claim in writing been made. For those disabled veterans who became eligible for the exemption because of the change in law effective as of January 16, 2018: If you are seeking a retroactive refund for a period prior to January 16, 2018, then you must still meet all former requirements of service in a statutorily designated geographic location applicable to your dates of active duty. If you do not meet the geographic requirement, then retroactive refund cannot be made prior to the enactment of P.L. 2017, c. 367 on January 16, 2018.

BLQ: 40. 52. Tax Year: 2019 to 2019
Owner Name: GRACE, ROBERT & MARIE Property Location: 208 EAST DR

Tax Year: 2019	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Original Billed:	1,986.36	1,986.35	2,080.31	2,080.30	8,133.32
Payments:	1,986.36	1,986.35	2,080.31	2,080.30	8,133.32
Balance:	0.00	0.00	0.00	0.00	0.00

Date	Qtr	Type	Code	Check No	Mthd	Reference	Batch Id	Principal	Interest	2019 Prin Balance
								8,133.32		8,133.32
		Original Billed								
02/01/19	1	Payment	001	931	CK	9773	72 T1 02-01	1,986.36	0.00	6,146.96
04/24/19	2	Payment	001	950	CK	9999	30 T1 4-24	1,986.35	0.00	4,160.61
07/30/19	3	Payment	001	980	CK	10360	19 T1 07-30	2,080.31	0.00	2,080.30
10/29/19	4	Payment	001	1009	CK	10724	15 T1 10-29	2,080.30	0.00	0.00

Total Principal Balance for Tax Years in Range: 0.00

RESOLUTION No. 50, 2020

A RESOLUTION AUTHORIZING THE REFUND OF TAXES PAID AND THE CANCELLATION OF 2020 TAXES DUE TO TAX EXEMPT STATUS FOR BLOCK 24 LOT 4 LOCATED AT 404 JOSEPH AVENUE IN THE CITY OF LINWOOD

WHEREAS, Kairis, John & Gertrude are the owners of Block 24 Lot 4 located at 404 Joseph Avenue in the taxing District of the City of Linwood; and

WHEREAS, Kairis, John made application to the Tax Assessor, of the City of Linwood, for property tax exemption due to his 100% permanently disabled veteran status and the Tax Assessor for the City of Linwood granted the exemption for Grace, Robert as of December 18, 2019;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that the Chief Financial Officer of the City of Linwood be and is hereby authorized, empowered and directed to execute and deliver a draft in favor of Kairis, John & Gertrude, 404 Joseph Avenue, Linwood, NJ 08221 in the prorated amount of \$2,135.22 which is the amount of the refund to said property owner.

BE IT FURTHER RESOLVED, by the Common Council of the City of Linwood, that the Tax Collector is hereby authorized, empowered and directed to cancel the prorated 4th quarter of 2019 taxes and 1st and 2nd quarters 2020 taxes for the property known as Block 24, Lot 4 assessed in the name of Kairis, John & Gertrude.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____

✓ 10070.

CLAIM FOR PROPERTY TAX EXEMPTION ON DWELLING HOUSE OF DISABLED VETERAN OR SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER OF DISABLED VETERAN OR SERVICEPERSON

(N.J.S.A. 54:4-3.30 et seq.; P.L.1948, c.259 as amended; N.J.A.C. 18:28-1.1 et seq.)

IMPORTANT: File this completed claim with your municipal tax assessor. (See Guidelines)

1. CLAIMANT NAME

JOHN KAIRIS + GERTRUDE KAIRIS WIFE
Name(s) of veteran claimant owner (& spouse, as tenants by entirety, or civil union or domestic partner) or of surviving spouse/civil union or domestic partner permanently residing in dwelling.

2. DWELLING LOCATION

404 JOSEPH AVE 609 727 1520
Street Address of claimant owner's principal residence Phone #
ATLANTIC LINWOOD
County Municipality
24 4
Block Lot Qualifier

**3. DISABLED VETERAN/SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER OF
DISABLED VET OR SERVICEPERSON (Check A, B, or C)**

- A. Honorably discharged disabled veteran with active wartime service in United States Armed Forces.
ATTACH copy DD214.
- B. Surviving spouse/civil union or domestic partner of honorably discharged disabled veteran with active wartime service in United States Armed Forces; **and**
 I have not remarried/formed a new registered civil union or domestic partnership.
ATTACH copy DD214.
- C. Surviving spouse/civil union or domestic partner of serviceperson who died on wartime active duty in the United States Armed Forces; **and**
 I have not remarried/formed a new registered civil union or domestic partnership.
ATTACH copy Military Notification of Death.

4. ACTIVE WAR TIME SERVICE PERIOD (Check All Applicable Service Periods)

- | | | | | | |
|------|-------------------------------------|---|--------------------|---|-------------------|
| **A. | <input type="checkbox"/> | World Trade Center Rescue & Recovery | September 11, 2001 | - | May 30, 2002 |
| **B. | <input type="checkbox"/> | Operation Northern/Southern Watch | August 27, 1992 | - | March 17, 2003 |
| **C. | <input type="checkbox"/> | Operation Iraqi Freedom | March 19, 2003 | - | Ongoing |
| **D. | <input type="checkbox"/> | Operation Enduring Freedom | September 11, 2001 | - | Ongoing |
| **E. | <input type="checkbox"/> | "Joint Endeavor/Joint Guard" - Bosnia & Herzegovina | November 20, 1995 | - | June 20, 1998 |
| **F. | <input type="checkbox"/> | "Restore Hope" Mission - Somalia | December 5, 1992 | - | March 31, 1994 |
| **G. | <input type="checkbox"/> | Operation Desert Shield/Desert Storm Mission | August 2, 1990 | - | February 28, 1991 |
| **H. | <input type="checkbox"/> | Panama Peacekeeping Mission | December 20, 1989 | - | January 31, 1990 |
| **I. | <input type="checkbox"/> | Grenada Peacekeeping Mission | October 23, 1983 | - | November 21, 1983 |
| **J. | <input type="checkbox"/> | Lebanon Peacekeeping Mission of 1982 | September 26, 1982 | - | December 1, 1987 |
| K. | <input checked="" type="checkbox"/> | Vietnam Conflict | December 31, 1960 | - | May 7, 1975 |
| **L. | <input type="checkbox"/> | Lebanon Crisis of 1958 | July 1, 1958 | - | November 1, 1958 |
| M. | <input type="checkbox"/> | Korean Conflict | June 23, 1950 | - | January 31, 1955 |
| N. | <input type="checkbox"/> | World War II | September 16, 1940 | - | December 31, 1946 |

****NOTE** - Peacekeeping Missions require a minimum of 14 days service in the actual conflict area except where service-incurred injury or disability occurs in the conflict area, then actual time served though less than 14 days, is sufficient for purposes of property tax exemption or deduction. The 14-day requirement for Bosnia and Herzegovina may be met by services in one or both operations for 14 days continuously or in aggregate. The Bosnia and Herzegovina conflict area also includes the airspace above those nations.

5. **DISABILITY** (Check A or B & complete C)

- A. Wartime service-connected disability from paraplegia, sarcoidosis, osteochondritis resulting in permanent loss of use of both legs, or permanent paralysis of both legs and lower parts of the body, or from hemiplegia and having permanent paralysis of one leg and one arm or either side of the body, resulting from injury to spinal cord, skeletal structure, or brain or from disease of spinal cord not resulting from any form of syphilis; or from total blindness; or from amputation of both arms or both legs, or both hands or both feet, or the combination of a hand and a foot; or
- B. Other wartime service-connected disability declared to be a total or 100% permanent disability, and not so evaluated solely because of hospitalization or surgery and recuperation, sustained through enemy action, or accident, or resulting from disease contracted while in such service.
- C. Date V.A. determined 100% permanently and totally disabled 1/23/2018.

6. **OWNERSHIP & OCCUPANCY** (Complete A, B, and C)

- A. I (my spouse/civil union partner & I, as tenants by entirety), solely own or hold legal title to the above dwelling house. Partial owners: I (as joint tenant/tenant in common) own 100% / 0 % . Grantee (buyer) John Kauris / Gertrude Kauris name per deed. Deed Date 10/30/2019.
- B. The dwelling house is One-Family and I occupy all of it as my principal residence. **OR**
- C. The dwelling house is Multi-Unit and I occupy _____ % as my principal residence.

7. **CITIZEN & RESIDENT** (Complete A or B)

- A. As of 12/2015 (insert date - month/day/year), I, the above named veteran claimant, was a citizen and domiciliary (legal) resident of New Jersey.
- B. As of _____ (insert date - month/day/year), I, the above named surviving spouse/civil union or domestic partner claimant was a citizen and domiciliary (legal) resident of New Jersey; **and**
- My deceased veteran or serviceperson spouse/civil union or domestic partner was a citizen and resident of New Jersey at death.

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and I will be subject to penalties for perjury if they are falsified.

John Kauris 12-18-19
 Signature of claimant Date

USE ONLY - Block	<u>24</u>	Lot	<u>4</u>	Qualifier	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disallowed
Assessor	<u>[Signature]</u>			Date	<u>12-18-19</u>

As of
purchased 10/30/19 ID issued 11/19/19.

GENERAL GUIDELINES

APPLICATION FILING PERIOD

File this form with the municipal tax assessor at any time during the tax year. Partial or prorated exemption is permitted for the remainder of any taxable year from the date ownership or title to the dwelling house is acquired provided all other eligibility requirements are met. For example, where application is filed on June 1st of the tax year for exemption on a dwelling house acquired on February 14th of the tax year, the assessed value is to be prorated for taxation purposes so that 44/365th's of the total assessment would be taxable and 321/365th's would be exempt.

ELIGIBILITY REQUIREMENTS

A. Disabled Veteran Claimant must meet all five (5) requirements:

1. have had active war time service in United States Armed Forces and been honorably discharged;
2. have a United States Veterans Administration or U.S. Department of Veterans Affairs certification of wartime service-connected disability as described under #5 on front of this DVSSE Claim;
3. wholly or partially own or hold legal title to the dwelling house for which exemption is claimed;
4. occupy the dwelling house as the principal residence;
5. be a citizen and domiciliary (legal) resident of New Jersey.

B. Surviving Spouse/Civil Union or Domestic Partner Claimant must meet all six (6) requirements:

1. document that the deceased veteran or serviceperson was a citizen and resident of New Jersey at death who had active wartime service in the United States Armed Forces and who was honorably discharged or who died on active wartime duty;
2. document that the deceased veteran had V. A.-certified wartime service-connected disability;
3. not have remarried/formed a new registered civil union or domestic partnership;
4. wholly or partially own or hold legal title to the claimed dwelling house;
5. occupy the dwelling house as the principal residence;
6. be a citizen and domiciliary (legal) resident of New Jersey.

****NOTE** - Claimants must inform the assessor of any change in status which may affect their continued entitlement to the exemption.

DWELLING HOUSE & CURTILAGE DEFINED

Dwelling house means any one-family building or structure or unit in a horizontal property regime or condominium or multiple-family building or structure on that portion occupied by the claimant as his/her legal residence, including any outhouses or appurtenances used for the dwelling's fair enjoyment. Curtilage means the enclosed space of ground and buildings immediately surrounding the dwelling house and enjoyed with it for its more convenient occupation.

DISABILITY DEFINED - means a wartime service-connected disability as described under #5 on front of this claim and certified as such by the United States Veterans Administration or the U.S. Department of Veterans Affairs.

VETERAN DEFINED - means any New Jersey citizen and resident honorably discharged from active wartime service in the United States Armed Forces. **For assistance in documenting veterans' status, contact the NJ Department of Military and Veterans Affairs at (609) 530-6958 or (609) 530-6854. The United States Department of Veterans Affairs can be reached at 1-800-827-1000.**

SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER DEFINED - means the lawful widow or widower/civil union or domestic partner of a disabled veteran or serviceperson who has not remarried/formed a new registered civil union or domestic partnership.

ACTIVE SERVICE TIME OF WAR DEFINED - means military service during one or more of the specific periods listed under #4 on front of this claim. Active duty for training or field training purposes as a member of a reserve component does NOT constitute active service time of war unless activated into Federal military service by Presidential or Congressional order.

CITIZEN AND RESIDENT DEFINED

United States Citizenship is not required. Resident for purposes of this exemption means an individual who is legally domiciled in New Jersey. Domicile is the place you regard as your permanent home - the place you intend to return to after a period of absence. You may have only one legal domicile even though you may have more than one place of residence. Seasonal or temporary residence in this State, of whatever duration, does not constitute domicile. Absence from the State for a 12-month period is prima facie evidence of abandonment of domicile.

DOCUMENTARY PROOFS REQUIRED - Each assessor may require such proofs necessary to establish claimant's exemption entitlement and copies of any documents should be attached to DVSSE Claim as part of the application.

✓ **MILITARY RECORDS** - Certificate of Honorable Discharge or Release, Form DD214, or Military Notification of Death or Certification of United States Veterans Administration or the U.S. Department of Veterans Affairs.

✓ **DISABILITY** - Veterans Administration Certification of Disability.

SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER - Death Certificate of Decedent, marriage license/civil union or domestic partnership registration certificate.

✓ **OWNERSHIP** - real property deed, executory contract for property purchase, or Probated Last Will and Testament if by devise (leaving property to beneficiaries named in a will) or if intestate (without a will), provide names and relationships of decedent's heirs-at-law.

✓ **RESIDENCY** - New Jersey driver's license or motor vehicle registration, voter's registration, etc.

APPEALS - A claimant may appeal any unfavorable determination by the assessor to the County Board of Taxation annually on or before April 1.

0114 BLOCK 24 LOT 4
-----OWNER INFORMATION-----
KAIRIS, JOHN & GERTRUDE
404 W JOSEPH AVE
LINWOOD, NJ 08221

QUAL. UPDATED ON 122619
-----PROPERTY INFORMATION-----
PROP LOC: 404 W JOSEPH AVE
PROPERTY CLASS 15F ACCOUNT# 000000
BLDG DESC 1SF
LAND/ACRE 75X113.62 / .19
ADDITIONL LOTS

DED AMT #OWN 01
BANK# MORT# SS#

ZONE R-10 MAP 8 USER#1 1426 #2
BULT 1962 UNITS 01 BCLASS 16
VCS 081E SFLA 01612

-----SALES INFORMATION-----
DATE BOOK PAGE PRICE PCD NU 4TYPE
CUR: 103019 14696 56696 230000 A
-1: 030305 11972 27898 276000
-2:

-----TENANT REBATE-----
BASE YR TAXES FLAG
19 7516.80 N

---VALUES---
LAND 95600
IMPR 120400
EXM1
EXM2
EXM3
EXM4
NET 216000

-----TAXES-----
19 TOTAL 7516.80
20 HALF1 3758.40
20 TOTAL .00
21 HALF1 .00
SPTAX CDS:

-----EXEMPT PROPERTY DATA-----
EPL CD 2404097 STAT. 54:4-3.30
FACILITY DISABLED VETERAN
INIT FILE 121819 FUR FILE 110120
ASMT CODE

OLDID:

NEXT ACCESS: BLK LOT QUAL
EN=CHANGE F1=NO ACTION F3=ASSMT HISTORY F5=RECORD CARD F7=MORE

BLQ: 24. 4.
Owner Name: KAIRIS, JOHN & GERTRUDE

Tax Year: 2019 to 2020
Property Location: 404 W JOSEPH AVE

Tax Year: 2019	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Original Billed:	1,837.08	1,837.08	1,921.32	1,921.32	7,516.80
Other Bill Adj:	0.00	213.68-	0.00	213.69-	427.37-
Total Billed:	1,837.08	1,623.40	1,921.32	1,707.63	7,089.43
Payments:	1,837.08	1,623.40	1,921.32	1,707.63	7,089.43
Balance:	0.00	0.00	0.00	0.00	0.00

Date	Qtr	Type	Code	Check No	Mthd	Reference	Batch Id	Principal	Interest	2019 Prin Balance
								7,516.80		7,516.80
								Original Billed		
02/06/19	1	Payment	001	3118	CK	9789	46 T1 2-06	1,837.08	0.00	5,679.72
03/25/19	2	Adjustment	HB			9927	148 IMPORT	213.68-	0.00	5,466.04
								Homestead Credit		
05/08/19	2	Payment	001	3167	CK	10043	16 T1 5-08	1,623.40	0.00	3,842.64
08/07/19	3	Payment	001	1155	CK	10412	4 T1 08-07	1,921.32	0.00	1,921.32
08/09/19	4	Adjustment	HB			10425	140 HOMESTD	213.69-	0.00	1,707.63
								Homestead Credit		
11/06/19	4	Payment	001	1401766	CK	10753	47 T1 11-06	1,707.63	0.00	0.00
								GROUP 21		

Tax Year: 2020	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Original Billed:	1,879.20	1,879.20	0.00	0.00	3,758.40
Payments:	1,879.20	0.00	0.00	0.00	1,879.20
Balance:	0.00	1,879.20	0.00	0.00	1,879.20

Date	Qtr	Type	Code	Check No	Mthd	Reference	Batch Id	Principal	Interest	2020 Prin Balance
								3,758.40		3,758.40
								Original Billed		
01/27/20	1	Payment	001	70028807	CK	11118	35 T1 01-27	1,879.20	0.00	1,879.20
								POLICE AND FIRE CU		

Total Principal Balance for Tax Years in Range: 1,879.20

RESOLUTION No. 51, 2020

A RESOLUTION AUTHORIZING THE REFUND OF TAXES PAID AND THE CANCELLATION OF 2020 TAXES DUE TO TAX EXEMPT STATUS FOR BLOCK 31 LOT 10 LOCATED AT 103 E. DAWN DRIVE IN THE CITY OF LINWOOD

WHEREAS, Kenkelen, Matthew & Ashleigh are the owners of Block 31 Lot 10 located at 103 E. Dawn Drive in the taxing District of the City of Linwood; and

WHEREAS, Kenkelen, Matthew made application to the Tax Assessor, of the City of Linwood, for property tax exemption due to his 100% permanently disabled veteran status and the Tax Assessor for the City of Linwood granted the exemption for Grace, Robert as of December 24, 2019;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that the Chief Financial Officer of the City of Linwood be and is hereby authorized, empowered and directed to execute and deliver a draft in favor of Kenkelen, Matthew & Ashleigh, 103 E. Dawn Drive, Linwood, NJ 08221 in the prorated amount of \$1,922.60 which is the amount of the refund to said property owner.

BE IT FURTHER RESOLVED, by the Common Council of the City of Linwood, that the Tax Collector is hereby authorized, empowered and directed to cancel the prorated 4th quarter of 2019 taxes and 1st and 2nd quarters 2020 taxes for the property known as Block 31, Lot 10 assessed in the name of Kenkelen, Matthew & Ashleigh.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____

* NEED - RESIDENCY ID ✓
or Hand Delivered to collector 2/4/2020 -

100 exempt x
570

Claim for Property Tax Exemption on Dwelling of Disabled Veteran or Surviving Spouse/Civil Union or Domestic Partner of Disabled Veteran or Serviceperson

(N.J.S.A. 54:4-3.30 et seq.; N.J.A.C. 18:28-1.1 et seq.)

Important: File this completed claim with your municipal tax assessor. (See General Guidelines)

1. Claimant Name

Ken Kenen Matthew F.

Name(s) of veteran claimant owner (& spouse, as tenants by entirety, or civil union or domestic partner) or of surviving spouse/civil union or domestic partner permanently residing in dwelling.

2. Dwelling Location

103 Dawn Ave.

609 667 9145

MatKenKen@gmail.com

Street Address of claimant owner's principal residence

Phone #

Email

Atlantic

Linwood

County

Municipality

31

10

Block

Lot

Qualifier

3. Disabled Veteran/Surviving Spouse/Civil Union or Domestic Partner of Disabled Veteran or Serviceperson (Check A, B, or C)

- A. Honorably discharged disabled veteran with active wartime service in United States Armed Forces. ATTACH copy DD214; or
- B. Surviving spouse/civil union or domestic partner of honorably discharged disabled veteran with active wartime service in United States Armed Forces; and
 I have not remarried/formed a new registered civil union or domestic partnership. ATTACH copy DD214; or
- C. Surviving spouse/civil union or domestic partner of serviceperson who died on wartime active duty in the United States Armed Forces; and
 I have not remarried/formed a new registered civil union or domestic partnership. ATTACH copy Military Notification of Death.

4. Active War Time Service Period (Check All Applicable Service Periods)

- | | | | | | |
|----|-------------------------------------|---|--------------------|---|-------------------|
| A. | <input type="checkbox"/> | World Trade Center Rescue & Recovery | September 11, 2001 | - | May 30, 2002 |
| B. | <input type="checkbox"/> | Operation Northern/Southern Watch | August 27, 1992 | - | March 17, 2003 |
| C. | <input checked="" type="checkbox"/> | Operation Iraqi Freedom | March 19, 2003 | - | Ongoing |
| D. | <input checked="" type="checkbox"/> | Operation Enduring Freedom | September 11, 2001 | - | Ongoing |
| E. | <input type="checkbox"/> | "Joint Endeavor/Joint Guard"-Bosnia & Herzegovina | November 20, 1995 | - | June 20, 1998 |
| F. | <input type="checkbox"/> | "Restore Hope" Mission - Somalia | December 5, 1992 | - | March 31, 1994 |
| G. | <input type="checkbox"/> | Operation Desert Shield/Desert Storm Mission | August 2, 1990 | - | February 28, 1991 |
| H. | <input type="checkbox"/> | Panama Peacekeeping Mission | December 20, 1989 | - | January 31, 1990 |
| I. | <input type="checkbox"/> | Grenada Peacekeeping Mission | October 23, 1983 | - | November 21, 1983 |
| J. | <input type="checkbox"/> | Lebanon Peacekeeping Mission | September 26, 1982 | - | December 1, 1987 |
| K. | <input type="checkbox"/> | Vietnam Conflict | December 31, 1960 | - | May 7, 1975 |
| L. | <input type="checkbox"/> | Lebanon Crisis of 1958 | July 1, 1958 | - | November 1, 1958 |
| M. | <input type="checkbox"/> | Korean Conflict | June 23, 1950 | - | January 31, 1955 |
| N. | <input type="checkbox"/> | World War II | September 16, 1940 | - | December 31, 1946 |

***Note -** New Jersey amended wartime service criteria for the 100% Disabled Veteran's Property Tax Exemption effective January 16, 2018. Wartime service in a specified geographic location for a minimum number of days is no longer required. If the veteran was on active duty during any of the statutory service periods listed above, he or she meets the wartime service criterion for exemption. Other requirements, such as honorable discharge, property ownership, disability, etc., are unchanged. This amendment does not apply to the \$250 Veteran's Property Tax Deduction. (*Refer to the General Guidelines for additional information.)

5. Disability (Check A or B)

Date V.A. determined 100% permanently and totally disabled March 8 2018

- A. Wartime service-connected disability from paraplegia, sarcoidosis, osteochondritis resulting in permanent loss of use of both legs, or permanent paralysis of both legs and lower parts of the body, or from hemiplegia and having permanent paralysis of one leg and one arm or either side of the body, resulting from injury to spinal cord, skeletal structure, or brain or from disease of spinal cord not resulting from any form of syphilis; or from total blindness; or from amputation of both arms or both legs, or both hands or both feet, or the combination of a hand and a foot; or
- B. Other wartime service-connected disability declared to be a total or 100% permanent disability, and not so evaluated solely because of hospitalization or surgery and recuperation, sustained through enemy action, or accident, or resulting from disease contracted while in such service.

6. Ownership & Occupancy (Complete A and B)

- A. I (my spouse/civil union partner & I, as tenants by entirety), solely own or hold legal title to the above dwelling house. Partial owners: I (as joint tenant/tenant in common) own _____%.
Grantee (buyer) Matthew Kenkelan name per deed. Deed Date 12/24/2019.
- B. The dwelling house is One-Family and I occupy all of it as my principal residence. or
+ Ashleigh
- The dwelling house is Multi-Unit and I occupy _____% as my principal residence.

7. Citizen & Resident (Complete A or B)

- A. As of _____ (insert date - month/day/year), I, the above named veteran claimant was a citizen and legal or domiciliary resident of New Jersey; or
- B. As of _____ (insert date - month/day/year), I, the above named surviving spouse/civil union or domestic partner claimant was a citizen and legal or domiciliary resident of New Jersey; and
- My deceased veteran or serviceperson spouse/civil union or domestic partner was a citizen and resident of New Jersey at death.

I certify the above declarations are true to the best of my knowledge and belief. I understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

Matthew Kenkelan 12/24/19
 Claimant Signature Date

OFFICIAL USE ONLY – Block <u>31</u> Lot <u>10</u> Qualifier _____ <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disallowed
Assessor <u>[Signature]</u> Date <u>2/4/2020</u>

Approved As of 12/24/19

BLQ: 31. 10.
Owner Name: KENKELEN, MATTHEW & ASHLEIGH

Tax Year: 2019 to 2020
Property Location: 103 E DAWN DR

Tax Year: 2019		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total				
Original Billed:		1,759.69	1,759.68	1,840.38	1,840.37	7,200.12				
Payments:		1,759.69	1,759.68	1,840.38	1,840.37	7,200.12				
Balance:		0.00	0.00	0.00	0.00	0.00				

Date	Qtr	Type	Code	Check No	Mthd	Reference	Batch Id	Principal	Interest	2019 Prin Balance
								7,200.12		7,200.12
01/30/19	1	Payment	001	VARIOUS	CK	9761	92 WELLSFAR	1,759.69	0.00	5,440.43
		Description Original Billed WELLS FARGO								
04/18/19	2	Payment	001	7035712850	CK	9987	263 WELLSFAR	1,759.68	0.00	3,680.75
		Description WELLS FARGO MORTGAGE								
07/26/19	3	Payment	001	VARIOUS	CK	10344	7 WF 3RDQT	1,840.38	0.00	1,840.37
		Description WELLS FARGO 3RD QTR								
10/17/19	4	Payment	001	VARIOUS	CK	10678	31 WELLS FA	1,840.37	0.00	0.00
		Description WELLS FARGO								

Tax Year: 2020		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total				
Original Billed:		1,800.03	1,800.03	0.00	0.00	3,600.06				
Payments:		1,800.03	0.00	0.00	0.00	1,800.03				
Balance:		0.00	1,800.03	0.00	0.00	1,800.03				

Date	Qtr	Type	Code	Check No	Mthd	Reference	Batch Id	Principal	Interest	2020 Prin Balance
								3,600.06		3,600.06
01/31/20	1	Payment	001	various	CK	11139	230 CORELOGI	1,800.03	0.00	1,800.03
		Description Original Billed CORELOGIC								

Total Principal Balance for Tax Years in Range: 1,800.03

RESOLUTION No. 52, 2020

A RESOLUTION AWARDING NON-COMPETITIVE CONTRACTS FOR PROFESSIONAL SERVICES TO ERIC S. GOLDSTEIN AS PLANNING BOARD SOLICITOR AND VINCENT POLISTINA AS PLANNING BOARD ENGINEER

WHEREAS, there exists within the City of Linwood, New Jersey, the need for a Planning Board Solicitor and a Planning Board Engineer; and

WHEREAS, the Local Public Contracts Law (N.J.S. 40A:11.1 et. seq.) requires that a Resolution authorizing the award of Contracts for "Professional Services" without competitive bids must be advertised;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood, New Jersey, as follows:

1. That Eric S. Goldstein of the firm Nehmad, Perillo, Davis & Goldstein, P.C. be and is hereby appointed Planning Board Solicitor for the City of Linwood for a one-year term.
2. That Vincent Polistina of the firm Polistina Associates be and is hereby appointed Planning Board Engineer for a one-year term.
3. That the Mayor and City Clerk are hereby authorized and directed to execute the attached contracts with the above named persons.

These Contracts are awarded without competitive bidding as a "Professional Service" under the provision of the Local Public Contracts Law because the Local Public Contracts Law permits professional services to be awarded without the necessity of competitive bidding.

A copy of this Resolution shall be published in an official newspaper of the City of Linwood as required by law within ten (10) days of its passage.

BE IT FURTHER RESOLVED, that this Resolution is contingent upon a certification of availability of funds by the Chief Financial Officer of the City of Linwood.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____

LEGAL SERVICES AGREEMENT

BETWEEN THE CITY OF LINWOOD
AND NEHMAD PERILLO DAVIS & GOLDSTEIN, P.C.

THIS LEGAL SERVICES AGREEMENT (“Agreement”) is made on this ____ day of January 2020, between the City of Linwood, a Municipality of the State of New Jersey (hereinafter the “City”), by and through its Joint Land Use Planning & Zoning Board (hereinafter the “Board”), and Eric S. Goldstein, Esquire, of the Law Firm of Nehmad, Perillo, Davis & Goldstein, P.C. (hereinafter the “Attorney”).

The parties do hereby agree as follows:

1. The Attorney will supply to the Board all of the ordinary and usual legal services required by the Board as follows:

A. At an hourly rate of \$190.00 per meeting for attendance at all regularly scheduled or special meetings, and for additional attendance at other public meetings where the Board requires or requests attendance by the attorney.

B. At an hourly rate of \$140.00 per hour for ordinary and usual legal services which shall include, but not be limited, to the following:

- (a) Availability by phone to all members of the Board and other City officials and employees, provided that the subject matter pertains to Board business; and
- (b) Expression of routine legal opinions relating to general Board business and specific land use applications; and

(c) Review of land use applications and preparation of all memoranda of decisions and resolutions, together with memoranda pertaining to same when applicable at an hourly rate of \$250.00 per hour, but only as to matters which are billed directly to an Applicant or other third party; and

(d) Any additional legal services beyond the services identified above, if requested by the Board, at an hourly rate to be mutually agreed upon between the Applicant and the Attorney. Such extra legal services shall include, but not be limited to, all types of litigation involving the Board, drafting of complex resolutions, drafting and/or revision of complex ordinances, extensive or specialized legal research and opinions, and any and all other work of special, unique or extraordinary nature beyond the regularly scheduled Board meetings. The determination of the rate will take into consideration the complexity of the matter, the importance of the work to the City, the duration of the assignment, whether or not the assignment is subject to accelerated time limits, whether the assignment will preclude attorney from accepting work from other potential clients, and all other relevant factors identified in the Rules of Professional Conduct as relevant to the determination of a reasonable fee (RPC 1.5).

2. This Agreement is made in conformity with the Local Public Agreements Law of the State of New Jersey and shall be so construed as to comply therewith.

3. This Agreement has been awarded through a "fair and open process" pursuant to N.J.S.A. 19:44A-20.4, et seq.

4. The undersigned does hereby attest that Eric S. Goldstein, Esquire, of the Law Firm of Nehmad, Perillo, Davis & Goldstein, P.C. or principals controlling in excess of 10% of the company has neither made a contribution that is reportable pursuant to the Election Law Enforcement Commission pursuant to N.J.S.A. 19:44A16, in the one (1) year period preceding the award of this Agreement that would, pursuant to P.L. 2004,c 19, affect his eligibility to perform this Agreement, nor will he make a reportable contribution during the term of this Agreement, to any political party committee in the City of Linwood if a member of that political party is serving in an elective public office of the City of Linwood when the Agreement is awarded, or to any candidate committee of any person serving in an elective public office of the City when the Agreement is awarded.

5. The term of this Agreement shall be for one (1) year commencing with the date hereof until December 31, 2020 or until such time as a successor shall be appointed, although either party may terminate this Agreement within sixty (60) days' notice to the other party. Final payment shall be based upon completion of the total scope of work.

DARREN MATIK, MAYOR

CHAIRMAN, PLANNING BOARD

ERIC S. GOLDSTEIN, ESQUIRE

ATTEST: _____
LEIGH ANN NAPOLI, CLERK

AGREEMENT

THIS AGREEMENT, made January 2020, by and between the **CITY OF LINWOOD PLANNING BOARD**, hereafter "Planning Board" and **VINCENT J. POLISTINA, PE, PP** of the firm Polistina & Associates, LLC, hereafter "Engineer", having a principal place of business at 6684 Washington Avenue, Egg Harbor Township, New Jersey 08234.

WITNESSETH:

WHEREAS, the City of Linwood Planning Board desires to hire a professional engineer;
and

WHEREAS, Engineer desires to perform the duties required of the Planning Board
Engineer;

1. This Agreement shall be for a one (1) year term commencing January 2020.
2. Engineer shall perform those engineering services assigned and authorized to him for the Planning Board, including project review, inspection and such advice and assistance to the Board and Board Members, and as may be required from time to time as prescribed by the laws of the State of New Jersey.
3. Engineer shall during the term of this Agreement devote his best efforts to advance the Planning Board's interests to the best of his ability and in accordance with the Code of Professional Responsibility of the National Society of Professional Engineers.
4. Engineer shall be remunerated for services rendered in accordance with the Schedule of Fees which is attached hereto and incorporated herein. The schedule of Fees shall be reviewed annually between the parties and approved by them.
5. The parties intend that professional services to be rendered by Engineer to the Planning Board may be undertaken by Engineer through any qualified Engineer who

is a partner, associate or agent in the firm of Polistina & Associates.

IN WITNESS WHEREOF, the parties have caused these presents to be signed by the municipal officials and the appropriate corporate seal affixed hereto and to have placed their hands and seals and year above written.

CITY OF LINWOOD PLANNING BOARD

ATTEST:

CHAIRMAN

WITNESS:



VINCENT J. POLISTINA, PE, PP



2020 Hourly Rate Schedule

Polistina & Associates proposes to provide all professional engineering / planning / surveying services required under a reimbursable method of compensation. The following is a list of the disciplines and respective hourly rates. These rates will be maintained for the duration of the contract.

Discipline	Hourly Rate
Planning Board Engineer	\$115.00
Project Manager / Review Personnel	\$100.00
Engineer / Planner	\$90.00
Engineering / Planning Aide	\$50.00
Inspector	\$75.00
Clerical	No charge
Survey Crew	\$125.00

RESOLUTION No. 53, 2020

A RESOLUTION AUTHORIZING THE ISSUANCE OF A RAFFLE LICENSE, #2020-14,
TO MAINLAND CREW ASSOCIATION

WHEREAS, Mainland Crew Association has applied for a Raffle License, to conduct games on March 24, 2020; and

WHEREAS, Mainland Crew Association has fulfilled all of the requirements and met all qualifications for such a license, including but not limited to obtaining a Registration Identification Number, that number being 257-4-42141;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that a Raffle License be issued to Mainland Crew Association and that the Clerk be authorized to sign any documentation deemed necessary or useful.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____



New Jersey Office of the Attorney General

Division of Consumer Affairs
Legalized Games of Chance Control Commission
124 Halsey Street, 6th Floor, P.O. Box 46000
Newark, New Jersey 07101
(973) 273-8000

Application for a Raffle License

Application No. RA 14-2020
Identification No. 257-4-42141

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: CITY OF LINWOOD

Part A - General

- 1. Name of applying organization: Mainland Crew Association
2a. Street address of headquarters: PO Box 108, Linwood, NJ 08221
b. Mailing address (if different):

3. A license is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

Table with 4 columns: Date, Hours, Date, Hours. Handwritten entry: 3/24/20, 8:00 p.m.

4a. Address of place where raffles will be played: Mainland Regional High School, 1301 Oak Avenue, Linwood, NJ 08221

b. Does the applicant own the premises or regularly occupy them for its general purposes? [X] Yes [] No

5. If raffles equipment is to be rented, attach a statement by the raffles equipment lessor to this application on Form 13.

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Table with 3 columns: Item of Expense, Name and address of supplier, Purpose. Multiple empty rows for entry.

Part E - Officers of Applicant

(1) Office <u>President</u>	Name of officer <u>STEVEN EVINSKI</u>	Age <u>50</u>
Residence address <u>1813 Shore Rd, Linwood, NJ</u> <u>08221</u>	Telephone No. (include area code) Day <u>609-703-7977</u> Evening <u> </u>	
(2) Office <u>Vice President</u>	Name of officer <u>Jerry Engle</u>	Age <u>51</u>
Residence address <u>152 E. Rosedale Ave,</u> <u>North Field, NJ 08225</u>	Telephone No. (include area code) Day <u>609-226-9776</u> Evening <u> </u>	
(3) Office <u>Treasurer</u>	Name of officer <u>Stephen Carraccia</u>	Age <u>56</u>
Residence address <u>2523 Helen Dr., Northfield, NJ</u> <u>08225</u>	Telephone No. (include area code) Day <u>609-677-3101</u> Evening <u> </u>	
(4) Office <u>SECRETARY</u>	Name of officer <u>CHERYL THAYER</u>	Age <u>50</u>
Residence address <u>206 SCHOOLHOUSE DRIVE</u> <u>LINWOOD, NJ 08221</u>	Telephone No. (include area code) Day <u>609-788-0488</u> Evening <u> </u>	

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. (include area code) Day / Evening	Age
- <u>Steven Evinski</u>	<u>1813 Shore Road, Linwood, NJ</u> <u>08221</u>	<u>609-703-7977</u>	<u>50</u>
<u>Stephen Carraccia</u>	<u>2523 Helen Dr., Northfield,</u> <u>NJ 08226</u>	<u>609-677-3101</u>	<u>56</u>
<u>Jerry Engle</u>	<u>152 E. Rosedale Ave</u> <u>Northfield, NJ 08225</u>	<u>609-226-9776</u>	<u>51</u>

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part I - Statement of Applicant and member(s) in charge

State of New Jersey

} ss.

County of Atlantic

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Raffles Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Raffles Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. No prize may be offered and given in cash, except as otherwise provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). If a cash prize under certain circumstances is permitted by the law, the amount of the cash prize may not exceed the limits prescribed by the Raffles Licensing Law.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this

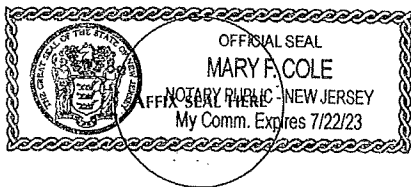
30 day of January, 2020

Mary F Cole

Notary Public (Print name)

[Signature]

Signature of Notary Public



[Signature] / President
Signature of Officer and Title

[Signature] / TREASURER
Signature of Member-in-Charge

[Signature] VP
Signature of Member-in-Charge

[Signature] / Secretary
Signature of Member-in-Charge

Signature of Member-in-Charge

If more space is needed in any section of this application, insert extra sheets of paper.

Applicant's registration slip from the *Legalized Games of Chance Control Commission* must be presented to the Municipal Clerk with this application.

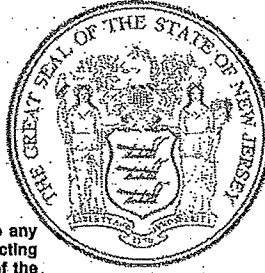
Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date: 03/25/2018

Expiration date: 03/25/2020

Registration identification: 257-4-42141

MAINLAND CREW ASSOCIATION
PO BOX 108
LINWOOD, NJ 08221

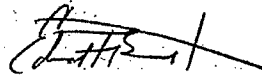


New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
Registration

Neither registration nor the assignment of an identification number shall entitle any organization to hold, operate or conduct, or assist in the holding, operating or conducting of, any game or games of chance without the approval of the Issuing authority of the municipality in which the game or games are to be held, operated or conducted.

Name of organization on application and license must be the same as it appears on this registration.
This Registration Certificate may only be utilized by the above-named organization.

Mail to: MAINLAND CREW ASSOCIATION
PO BOX 108
LINWOOD, NJ 08221
Attn:


Edward F. Barrett, Secretary
Legalized Games of Chance Control Commission

DL

Nº: 0000

Name _____

Address _____

Phone _____

E mail _____

Sold by _____

**Mainland Crew Asso. Dinner Club
\$50 Restaurant Gift Card Raffle
Drawings March 24, 2020**

Please keep the top portion with your number for your records and return the bottom portion with your payment. Gift cards will be given to the person you bought this ticket from and they will make sure you receive it.

ID#257-4-42141 (RI#2020-)

DETAILS

**MAINLAND CREW ASSOCIATION DINNER CLUB
\$50 RESTAURANT GIFT CARD RAFFLE**

Winners based on a random drawing

Ticket Price \$20.00

Drawing March 24, 2020

If The Last Two Digits Of Your Ticket Number Match

The Last Two Digits Drawn You Win!

\$50 gift cards are for area restaurants including:

Charlie's-Somers Point • The Doc's Place-Somers Point • Crab Trap-Somers Point

Anchorage Tavern-Somers Point • Angelo's Fairmount Tavern-Atlantic City

Gregory's-Somers Point

Steven Ewinski mainlandrowingpresident@gmail.com

ID#257-4-42141 RI#2020-

Nº: 0000

RESOLUTION No. 54, 2020

A RESOLUTION AUTHORIZING THE ISSUANCE OF A RAFFLE LICENSE, #2020-15,
TO MAINLAND PERFORMING ARTS PARENT ORGANIZATION

WHEREAS, Mainland Performing Arts Parent Organization has applied for a Raffle License, to conduct games on March 22, 2020; and

WHEREAS, Mainland Performing Arts Parent Organization has fulfilled all of the requirements and met all qualifications for such a license, including but not limited to obtaining a Registration Identification Number, that number being 349-5-41675;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that a Raffle License be issued to Mainland Performing Arts Parent Organization and that the Clerk be authorized to sign any documentation deemed necessary or useful.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Legalized Games of Chance Control Commission
 124 Halsey Street, 6th Floor, P.O. Box 46000
 Newark, New Jersey 07101
 (973) 273-8000

Application for a Raffle License

Application No. RA 2020-15
 Identification No. 349-5-41675

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: _____ City of Linwood _____

Part A - General

1. Name of applying organization: _____ Mainland Performing Arts Parent Organization _____
 2a. Street address of headquarters: _____ 217 Mt. Vernon Ave, Northfield, NJ 08225 _____
 b. Mailing address (if different): _____

3. A license is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

Date	Hours	Date	Hours
March 22, 2020	5:00 PM	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 4a. Address of place where raffles will be played: **Mainland Regional High School,
 1301 Oak Ave, Linwood, NJ 08221** +
 b. Does the applicant own the premises or regularly occupy them for its general purposes? Yes No
 5. If raffles equipment is to be rented, attach a statement by the raffles equipment lessor to this application on Form 13.

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
Raffle Tickets	ticketprinting.com	perferrated tickets
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part E - Officers of Applicant

(1) Office	Name of officer	Age
Vice President	Gina Osbeck	45

Residence address	Telephone No. (include area code)	
300 W Monroe Ave, Linwood, NJ 08221	Day 609-377-4316	Evening same

(2) Office	Name of officer	Age
Secretary	Amy Hughes	45

Residence address	Telephone No. (include area code)	
2036 N. SHEPHERD Ct NORTHFIELD NJ 08225	Day 609 677 9951	Evening Same

(3) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. (include area code)	
_____	Day _____	Evening _____

(4) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. (include area code)	
_____	Day _____	Evening _____

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. (include area code) Day / Evening	Age
Margot Lischin	217 Mt. Vernon Ave, Northfield, NJ 08225	609-338-8919 / same	49
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part I - Statement of Applicant and member(s) in charge

State of New Jersey)
County of Atlantic) ss.

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Raffles Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Raffles Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. No prize may be offered and given in cash, except as otherwise provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). If a cash prize under certain circumstances is permitted by the law, the amount of the cash prize may not exceed the limits prescribed by the Raffles Licensing Law.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this
13th day of January, 2024.

Margot Lischin

Notary Public (Print name)

Signature of Notary Public

Lina O'Neal - Vice President
Signature of Officer and Title

Larry Hughes SECRETARY
Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

MARGOT S LISCHIN
NOTARY PUBLIC
STATE OF NEW JERSEY
ID # 2322832

MY COMMISSION EXPIRES DEC. 13, 2024

If more space is needed in any section of this application, insert extra sheets of paper.

Applicant's registration slip from the *Legalized Games of Chance Control Commission* must be presented to the Municipal Clerk with this application.

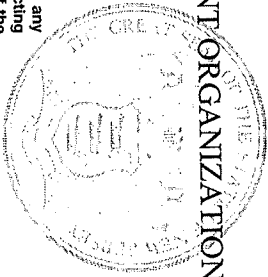
Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date: 02/15/2019

Expiration date: 02/15/2021

Registration identification: 349-5-41675

MAINLAND PERFORMING ARTS PARENT ORGANIZATION
217 MOUNT VERNON AVE
NORTHFIELD, NJ 08225



New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
Registration

Neither registration nor the assignment of an identification number shall entitle any organization to hold, operate or conduct, or assist in the holding, operating or conducting of, any game or games of chance without the approval of the issuing authority of the municipality in which the game or games are to be held, operated or conducted.

Name of organization on application and license must be the same as it appears on this registration. **This Registration Certificate may only be utilized by the above-named organization.**

Mail to: MAINLAND PERFORMING ARTS PARENT ORGANIZATION
217 MOUNT VERNON AVE
NORTHFIELD, NJ 08225
Attn:


Edward F. Barrett, Secretary
Legalized Games of Chance Control Commission

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 07 2016**

MAINLAND PERFORMING ARTS PARENT
ORGANIZATION
217 MT VERNON AVENUE
NORTHFIELD, NJ 08225-0000

Employer Identification Number:
81-1403758
DLN:
26053463001476
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
January 1, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

349-5-41675
NJLGCCC Id #



Municipal RL #

A Chance to Win Your Choice of either an

American Express or Ticketmaster.com Gift Card Worth \$250.00

Drawing will take place during intermission of the evening
performance of Mamma Mia on

Saturday, March 21, 2020, 7:00 PM

Mainland Regional High School • 1301 Oak Ave • Linwood • NJ•08221

**You need not be present to win • No substitution of prize • No cash in lieu of prize.*

All proceeds to benefit Mainland Regional High School's

Performing Arts Programs

Sponsored by the Mainland Performing Arts Parent Organization

Thank You for Supporting the Arts at Mainland!

Ticket Price: \$5.00

Ticket #: 1001

Name
Phone
Email

Ticket # 1001 \$5.00

RESOLUTION No. 55, 2020

A RESOLUTION AUTHORIZING THE ISSUANCE OF A RAFFLE LICENSE, #2020-16,
TO MAINLAND PERFORMING ARTS PARENT ORGANIZATION

WHEREAS, Mainland Performing Arts Parent Organization has applied for a Raffle License, to conduct games on March 19, 2020, March 20, 2020, March 21, 2020, and March 22, 2020; and

WHEREAS, Mainland Performing Arts Parent Organization has fulfilled all of the requirements and met all qualifications for such a license, including but not limited to obtaining a Registration Identification Number, that number being 349-5-41675;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that a Raffle License be issued to Mainland Performing Arts Parent Organization and that the Clerk be authorized to sign any documentation deemed necessary or useful.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Legalized Games of Chance Control Commission
 124 Halsey Street, 6th Floor, P.O. Box 46000
 Newark, New Jersey 07101
 (973) 273-8000

Application No. RA 2020-16
 Identification No. 349-5-41675

Application for a Raffle License

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: _____ City of Linwood _____

Part A - General

1. Name of applying organization: _____ Mainland Performing Arts Parent Organization _____
 2a. Street address of headquarters: _____ 217 Mt. Vernon Ave, Northfield, NJ 08225 _____
 b. Mailing address (if different): _____

3. A license is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

Date	Hours	Date	Hours
March 19, 2020	7:00 PM	_____	_____
March 20, 2020	7:00 PM	_____	_____
March 21, 2020	7:00 PM	_____	_____
March 22, 2020	5:00 PM	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 4a. Address of place where raffles will be played: **Mainland Regional High School,
 1301 Oak Ave, Linwood, NJ 08221** +
 b. Does the applicant own the premises or regularly occupy them for its general purposes? Yes No
 5. If raffles equipment is to be rented, attach a statement by the raffles equipment lessor to this application on Form 13.

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
Raffle Tickets	ticketprinting.com	perferrated tickets
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part E - Officers of Applicant

(1) Office Vice President Name of officer Gina Osbeck Age 45

Residence address 300 W Monroe Ave, Linwood, NJ 08221 Telephone No. (include area code)
 Day 609-377-4316 Evening same

(2) Office Secretary Name of officer Amy Hughes Age 45

Residence address 2036 Shepherd Dr, Northfield NJ 08225 Telephone No. (include area code)
 Day (609) 677-9951 Evening same

(3) Office _____ Name of officer _____ Age _____

Residence address _____ Telephone No. (include area code)
 Day _____ Evening _____

(4) Office _____ Name of officer _____ Age _____

Residence address _____ Telephone No. (include area code)
 Day _____ Evening _____

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. (include area code) Day / Evening	Age
Margot Lischin	217 Mt. Vernon Ave, Northfield, NJ 08225	609-338-8919 / same	49
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed in any section of this application, insert extra sheets of paper.

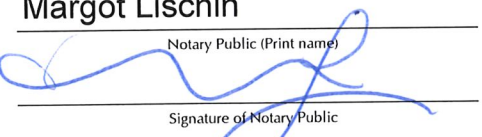
Part I - Statement of Applicant and member(s) in charge

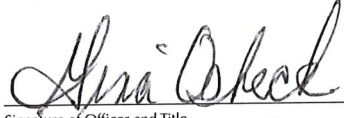
State of New Jersey } ss.
County of Atlantic

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Raffles Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Raffles Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. No prize may be offered and given in cash, except as otherwise provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). If a cash prize under certain circumstances is permitted by the law, the amount of the cash prize may not exceed the limits prescribed by the Raffles Licensing Law.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this
13th day of January, 2020.

Margot Lischin
Notary Public (Print name)

Signature of Notary Public


Signature of Officer and Title

Amy Hughes SECRETARY
Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

MARGOT S. LISCHIN
NOTARY PUBLIC
STATE OF NEW JERSEY
ID # 2322832
MY COMMISSION EXPIRES DEC. 13, 2024

If more space is needed in any section of this application, insert extra sheets of paper.

Applicant's registration slip from the *Legalized Games of Chance Control Commission* must be presented to the Municipal Clerk with this application.

Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date: 02/15/2019

Expiration date: 02/15/2021

Registration identification: 349-5-41675

MAINLAND PERFORMING ARTS PARENT ORGANIZATION
217 MOUNT VERNON AVE
NORTHFIELD, NJ 08225



New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
Registration

Neither registration nor the assignment of an identification number shall entitle any organization to hold, operate or conduct, or assist in the holding, operating or conducting of, any game or games of chance without the approval of the issuing authority of the municipality in which the game or games are to be held, operated or conducted.

Name of organization on application and license must be the same as it appears on this registration.
This Registration Certificate may only be utilized by the above-named organization.

Mail to: MAINLAND PERFORMING ARTS PARENT ORGANIZATION
217 MOUNT VERNON AVE
NORTHFIELD, NJ 08225
Attn:


Edward F. Barrett, Secretary
Legalized Games of Chance Control Commission

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 07 2016**

MAINLAND PERFORMING ARTS PARENT
ORGANIZATION
217 MT VERNON AVENUE
NORTHFIELD, NJ 08225-0000

Employer Identification Number:
81-1403758
DLN:
26053463001476
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
January 1, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

RESOLUTION No. 56, 2020

A RESOLUTION AUTHORIZING THE ISSUANCE OF A RAFFLE LICENSE, #2020-17,
TO THE ALCOVE CENTER FOR GRIEVING CHILDREN & FAMILIES

WHEREAS, the Alcove Center for Grieving Children & Families has applied for a Raffle License, to conduct games on March 21, 2020; and

WHEREAS, the Alcove Center for Grieving Children & Families has fulfilled all of the requirements and met all qualifications for such a license, including but not limited to obtaining a Registration Identification Number, that number being 289-4-35830;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that a Raffle License be issued to The Alcove Center for Grieving Children & Families and that the Clerk be authorized to sign any documentation deemed necessary or useful.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Legalized Games of Chance Control Commission
 124 Halsey Street, 6th Floor, P.O. Box 46000
 Newark, New Jersey 07101
 (973) 273-8000

Application for a Raffle License

Application No. RA 2020-17
 Identification No. 289-4-35830

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: Linwood, NJ

Part A - General

1. Name of applying organization: The Alcove Center for Grieving Children & Families
- 2a. Street address of headquarters: 376 Tilton Road- Rear Northfield NJ 08225
- b. Mailing address (if different): _____
3. A license is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

Date	Hours	Date	Hours
<u>March 21, 2020</u>	<u>5:00pm-10:00pm</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 4a. Address of place where raffles will be played: 724 Maple Ave Linwood ,NJ, 08221
- b. Does the applicant own the premises or regularly occupy them for its general purposes? Yes No ^X
5. If raffles equipment is to be rented, attach a statement by the raffles equipment lessor to this application on Form 13.

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part C - Schedule of Purposes

1. The specific purpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the manner in which they are to be so devoted, are:

- 100% of the proceeds will go directly to The Alcove Center for grieving Children and Families to family and adult bereavement programs.

2. If any part of the net proceeds are to be devoted to a purpose allowed by the Raffles Licensing Law by turning the same over to another organization which is exclusively devoted to such purposes, secure the signature of its president or other executive officer to the following certificate:

"It is hereby certified that _____
Name of organization

will accept from the licensee any part of the net proceeds of the games listed in this application to be turned over to it."

Date: _____ Signature: _____

Part D - Schedule of Prizes

A description of all prizes to be offered and given in all of the games listed in this application is as follows. For merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.

Description of Prize	Donated (Yes or No)	Retail value
50/50	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Part D - Officers of Applicant

(1) Office	Name of officer	Age
Executive Director/Co Founder	Mindy Shemtov	63

Residence address	Telephone No. (include area code)
8208 Lagoon Drive, Margate, NJ 08402	Day 609 484 1133 Evening 609 484 1133

(2) Office	Name of officer	Age
President of Board of Directors	Michele Masterman	50

Residence address	Telephone No. (include area code)
833 Marshall Court, Ventnor, NJ 08406	Day 609 214 3475 Evening 609 214 3475

(3) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. (include area code)
_____	Day _____ Evening _____

(4) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. (include area code)
_____	Day _____ Evening _____

Part E - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. (include area code) Day / Evening	Age
Mindy Shemtov	8208 Lagoon Drive, Margate, NJ 08402	609 484 1133 / 609 484 1133	63
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

Part F - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
Michele Masterman	833 Marshall Court, Ventnor, NJ 08406	50
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part G - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.
N/A	_____	_____
_____	_____	_____
_____	_____	_____

Part I - Statement of Applicant and member(s) in charge

State of New Jersey

} ss.

County of Linwood

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Bingo Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Bingo Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. All prizes offered for games conducted on a single occasion will not exceed the limit on the sum or retail value of prizes as provided by the Bingo Licensing Law (N.J.S.A. 5:8-25 et seq.) and N.J.A.C. 13:47-6.16 and 13:47-7.2.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this

21 day of January, 20 20.

Tiffany Coulter
Notary Public (Print name)

Tiffany Coulter
Signature of Notary Public

Mindy Shims Executive Director
Signature of Officer and Title

Michele Masterman
Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge



TIFFANY COULTER
NOTARY PUBLIC OF NEW JERSEY
Comm. # 50085720
My Commission Expires 7/9/2023

If more space is needed in any section of this application, insert extra sheets of paper.

Applicant's registration slip from the Legalized Games of Chance Control Commission must be presented to the Municipal Clerk with this application.

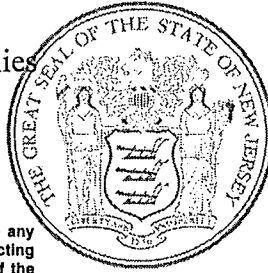
Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date: 02/12/2020

Expiration date: 02/12/2022

Registration identification: 289-4-35830

Alcove Center for Grieving Children & Families
376 TILTON RD- REAR
NORTHFIELD, NJ 08225

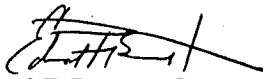


New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
Registration

Neither registration nor the assignment of an identification number shall entitle any organization to hold, operate or conduct, or assist in the holding, operating or conducting of, any game or games of chance without the approval of the issuing authority of the municipality in which the game or games are to be held, operated or conducted.

Name of organization on application and license must be the same as it appears on this registration.
This Registration Certificate may only be utilized by the above-named organization.

Mail to: ALCOVE CENTER FOR GRIEVING CHILDREN & FAMILIES
376 TILTON RD- REAR
NORTHFIELD, NJ 08225
Attn:


Edward F. Barrett, Secretary
Legalized Games of Chance Control Commission

RESOLUTION No. 57, 2020

A RESOLUTION AUTHORIZING THE ISSUANCE OF A BINGO LICENSE, #2020-06, TO
THE ALCOVE CENTER FOR GRIEVING CHILDREN & FAMILIES

WHEREAS, the Alcove Center for Grieving Children & Families has applied for a Bingo License, to conduct games on March 21, 2020; and

WHEREAS, the Alcove Center for Grieving Children & Families has fulfilled all of the requirements and met all qualifications for such a license, including but not limited to obtaining a Registration Identification Number, that number being 289-4-35830;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that a Bingo License be issued to the Alcove Center for Grieving Children & Families and that the Clerk be authorized to sign any documentation deemed necessary or useful.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Legalized Games of Chance Control Commission
 124 Halsey Street, 6th Floor, P.O. Box 46000
 Newark, New Jersey 07101
 (973) 273-8000

Application No. BA 2020-06
 Identification No. 289-4-35830

Application for a Bingo License

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: Linwood, NJ

Part A - General

1. Name of applying organization: The Alcove Center for Grieving Children & Families
- 2a. Street address of headquarters: 376 Tilton Road- Rear Northfield NJ 08225
- b. Mailing address (if different):

3. List date(s) and hours for games:

Date	Hours	Date	Hours
<u>March 21, 2020</u>	<u>5:00pm-10:00pm</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Address of place where bingo will be played: 724 Maple Ave Linwood ,NJ, 08221

- a. Does the applicant own the premises or regularly occupy them for its general purposes? Yes No
- b. If "No," from whom will the applicant rent the premises?
 Name Our Lady of Sorrows Church Address 724 Maple Ave Linwood, NJ, 08221
- c. If premises are to be rented, attach Form 10, "Statement of Landlord."

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
<u>Bingo Console</u>	<u>Name: Tumbling Dice Entertainment, Inc.</u>	<u>Bingo Game</u>
<u>Bingo Paper</u>	<u>Location: 13 Route 530 Southampton, NJ 08088</u>	<u>With Equipment</u>
<u>Bingo Daubers</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part E - Officers of Applicant

Office	Name of officer	Residence address	Age
Executive Director/Co Founder	Mindy Shemtov	8208 Lagoon Drive, Margate, NJ 08402	63
President of Board of Directors	Michele Masterman	833 Marshall Court, Ventnor, NJ 08406	50

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. <small>(include area code)</small>	Age
Mindy Shemtov	8208 Lagoon Drive, Margate, NJ 08402	(609) 484 - 1133	63

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
Michele Masterman	833 Marshall Court, Ventnor, NJ 08406	50

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.
N/A		

If more space is needed in any section of this application, insert extra sheets of paper.

Part I - Statement of Applicant and member(s) in charge

State of New Jersey

} ss.

County of Linwood

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Bingo Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Bingo Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. All prizes offered for games conducted on a single occasion will not exceed the limit on the sum or retail value of prizes as provided by the Bingo Licensing Law (N.J.S.A. 5:8-25 et seq.) and N.J.A.C. 13:47-6.16 and 13:47-7.2.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this

21 day of January, 20 20.

Tiffany Coulter

Notary Public (Print name)

Tiffany Coulter

Signature of Notary Public

Maria Shaw Executive Director

Signature of Officer and Title

Michele Masterman

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge



TIFFANY COULTER
NOTARY PUBLIC OF NEW JERSEY
Comm. # 50085720
My Commission Expires 7/9/2023

If more space is needed in any section of this application, insert extra sheets of paper.

Applicant's registration slip from the Legalized Games of Chance Control Commission must be presented to the Municipal Clerk with this application.

The Alcove's Bingo, Bags, and Boujee!! Sat 3/21/20

ADMIT 1

****THIS IS YOUR TICKET** PLEASE PRESENT THIS AT
THE EVENT****

******DOORS OPEN AT 5:00 P.M******

******PLEASE SEE ATTACHED SCHEDULE OF GAMES******

- YOUR TICKET PRICE OF \$35.00 INCLUDES ONE SET OF TEN (10) BINGO GAMES (4 GAMES PER SHEET)
- ADDITIONAL BINGO GAMES ARE AVAILABLE FOR PURCHASE AT THE SPECIALS TABLE AND WILL BE SOLD ON THE FLOOR BEFORE EACH GAME. THE COST IS \$1 PER SHEET (4 GAMES PER SHEET)
- THE BINGO SCHEDULE IS LISTED ON SEPARATE SHEET
- THERE WILL BE AN INTERMISSION AFTER GAME 5
- TIE BREAKERS: IN THE EVENT OF A TIE, EACH "WINNER" WILL RECEIVE THE PAID VALUE OF THE BAG DIVDED BY THE NUMBER OF WINNERS
- GIFT RECEIPTS: THERE IS A GIFT RECEIPT INCLUDED WITH EACH DESIGNER BAG

**** NO PERSONS UNDER THE AGE OF 18****

ALL PROCEEDS BENEFIT:

The Alcove Center for Grieving Children and Families

THANK YOU FOR YOUR SUPPORT



Our Lady of Sorrows Church

A Perpetual Adoration Parish

724 Maple Avenue – Linwood, NJ 08221-1818

(609) 927-1154 (609) 927-0398 fax

Web Site- www.Ourladyofsorrows.us/

January 22, 2020

To Whom It May Concern:

This letter is in reference to the donation of our hall for 7 hours to The Alcove for a Designer Bag Bingo on Saturday, March 21, 2020. We are a licensed venue for legalized games of chance.

Our I.D. number is **I.D. 257-1-14250**.

Thank you for your time and cooperation.

Sincerely,

Rev. Paul D. Harte, Pastor

Our Lady of Sorrows Church

PDH/bkm

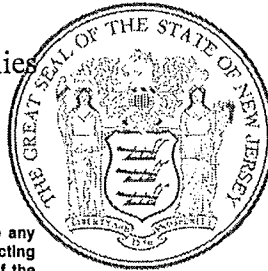
Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date: 02/12/2020

Expiration date: 02/12/2022

Registration identification: 289-4-35830

Alcove Center for Grieving Children & Families
376 TILTON RD- REAR
NORTHFIELD, NJ 08225

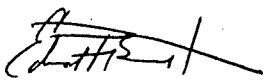


New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
Registration

Neither registration nor the assignment of an identification number shall entitle any organization to hold, operate or conduct, or assist in the holding, operating or conducting of, any game or games of chance without the approval of the issuing authority of the municipality in which the game or games are to be held, operated or conducted.

Name of organization on application and license must be the same as it appears on this registration.
This Registration Certificate may only be utilized by the above-named organization.

Mail to: ALCOVE CENTER FOR GRIEVING CHILDREN & FAMILIES
376 TILTON RD- REAR
NORTHFIELD, NJ 08225
Attn:


Edward F. Barrett, Secretary
Legalized Games of Chance Control Commission

SCHEDULE OF GAMES AND PRIZES

GAME #1: REG. BINGO-	PRIZE: SACHEL	VALUE: \$39.99
GAME#2: REG. BINGO-	PRIZE: SACHEL	VALUE: \$27.99
GAME #3: REG. BINGO-	PRIZE: TOTE	VALUE: \$59.00
GAME #4: REG BINGO-	PRIZE: CROSSBODY	VALUE: \$31.98
GAME #5: REG BINGO-	PRIZE: SHOULDER BAG	VALUE: \$45.00
INTERMISSION*****		
GAME #6: REG BINGO-	PRIZE: SHOULDER BAG	VALUE: \$36.00
GAME #7: REG. BINGO-	PRIZE: SACHEL	VALUE: \$46.00
GAME #8: REG. BINGO	PRIZE: EYEWEAR	VALUE:\$ 54.98
GAME #9: REG. BINGO	PRIZE: WRISTLET	VALUE: \$64.98
GAME #10: REG. BINGO	PRIZE: SUNGLASSES	VALUE: \$59.00

RESOLUTION No. 58, 2020

A RESOLUTION AUTHORIZING THE ISSUANCE OF A BINGO LICENSE, #2020-07, TO EGG HARBOR TWP YOUTH SOFTBALL INC.

WHEREAS, Egg Harbor TWP Youth Softball Inc. has applied for a Bingo License, to conduct games on April 25, 2020; and

WHEREAS, Egg Harbor TWP Youth Softball Inc. has fulfilled all of the requirements and met all qualifications for such a license, including but not limited to obtaining a Registration Identification Number, that number being 126-5-42011;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that a Bingo License be issued to Egg Harbor TWP Youth Softball Inc. and that the Clerk be authorized to sign any documentation deemed necessary or useful.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____

Part E - Officers of Applicant

Office	Name of officer	Residence address	Age
Vice President	Rose Ivie	64 Windsor Drive EHT NJ 08234	49
Treasurer	Tarra Fermane	4 Truman Avenue EHT NJ 08234	48

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. <small>(include area code)</small>	Age
Rose Ivie	64 Windsor Drive EHT NJ 08234	609-374-4068	49

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
Rose Ivie	64 Windsor Drive EHT NJ 08234	49
Tarra Fermane	4 Truman Avenue EHT NJ 08234	48

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.

If more space is needed in any section of this application, insert extra sheets of paper.

Part I - Statement of Applicant and member(s) in charge

State of New Jersey } ss.
County of Atlantic

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Bingo Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Bingo Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. All prizes offered for games conducted on a single occasion will not exceed the limit on the sum or retail value of prizes as provided by the Bingo Licensing Law (N.J.S.A. 5:8-25 et seq.) and N.J.A.C. 13:47-6.16 and 13:47-7.2.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this
14 day of Jan, 2020.

Danielle Garrett
Notary Public (Print name)
[Signature]
Signature of Notary Public

DANIELLE GARRETT
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 8-8-2021



[Signature]
Signature of Officer and Title

[Signature]
Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

If more space is needed in any section of this application, insert extra sheets of paper.

Applicant's registration slip from the *Legalized Games of Chance Control Commission* must be presented to the Municipal Clerk with this application.

Part D - Schedule of Prizes

BINGO GAMES

Game 1

LETTER "E"

COACH BAG \$99

B	I	N	G	O
●	●	●	●	●
●				
●	●	●	●	
●				
●	●	●	●	●

Game 2

LETTER "H"

COACH BAG \$129

B	I	N	G	O
●				●
●				●
●	●	●	●	●
●				●
●				●

Game 3

LETTER "T"

MICHAEL KORS BAG \$100

B	I	N	G	O
●	●	●	●	●
		●		
		●		
		●		
		●		

Game 4

Any line Bingo

KATE SPADE BAG \$100

B	I	N	G	O
		Free Space		

Game 5

Diamond

COACH BAG \$99

B	I	N	G	O
		●		
	●		●	
●		Free Space		●
	●		●	
		●		

Game 6

ANY line bingo

KATE SPADE BAG \$85

B	I	N	G	O
		Free Space		

Game 7
Any Line Bingo

MICHAEL KORS BAG \$85

B	I	N	G	O
		Free Space		

Game 8
Four corners

COACH BAG \$90

B	I	N	G	O
●				●
		Free Space		
●				●

Game 9
Home run

MICHAEL KORS BAG \$92

B	I	N	G	O
●	●	●	●	●
●				●
●		Free Space		●
●				●
●	●	●	●	●

Game 10
Letter "X"

KATE SPADE BAG \$95

B	I	N	G	O
●				●
	●		●	
		●		
	●		●	
●				●

Game 11
Any Line

KATE SPADE BAG \$99

B	I	N	G	O
		Free Space		

Game 12
Coverall

MICHAEL KORS BAG \$105

B	I	N	G	O
●	●	●	●	●
●	●	●	●	●
●	●	●	●	●
●	●	●	●	●
●	●	●	●	●

TIE BREAKERS: In the event there is a tie the winners will receive an equal share of the purchase price of the prize, in cash.

\$35 TO PLAY ALL 12 BINGO GAMES, 4 FACES PER GAME.

\$10 FOR EACH ADDITIONAL BOOK TO PLAY ALL GAMES, 4 FACES PER GAME.



Our Lady of Sorrows Church

A Perpetual Adoration Parish

724 Maple Avenue - Linwood, NJ 08221-1818

(609) 927-1154 (609) 927-0398 fax

Web Site- www.Ourladyofsorrows.us/

January 22, 2020

To Whom It May Concern:

This letter is in reference to the donation of our hall for 7 hours to Egg Harbor Township Softball on Saturday, April 25, 2020. We are a licensed venue for legalized games of chance.

Our I.D. number is **I.D. 257-1-14250**.

Thank you for your time and cooperation.

Sincerely,

Rev. Paul D. Harte, Pastor

Our Lady of Sorrows Church

PDH/bkm

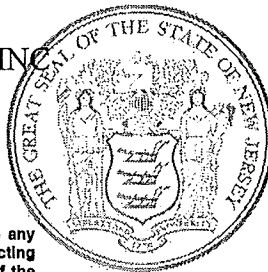
Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date: 12/11/2019

Expiration date: 12/11/2021

Registration identification: 126-5-42011

EGG HARBOR TWP YOUTH SOFTBALL INC
PO BOX 1702
EGG HARBOR TOWNSHIP, NJ 08234

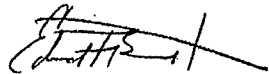


New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
Registration

Neither registration nor the assignment of an identification number shall entitle any organization to hold, operate or conduct, or assist in the holding, operating or conducting of, any game or games of chance without the approval of the issuing authority of the municipality in which the game or games are to be held, operated or conducted.

Name of organization on application and license must be the same as it appears on this registration.
This Registration Certificate may only be utilized by the above-named organization.

Mail to: EGG HARBOR TWP YOUTH SOFTBALL INC
PO BOX 1702
EGG HARBOR TOWNSHIP, NJ 08234
Attn:


Edward F. Barrett, Secretary
Legalized Games of Chance Control Commission

RESOLUTION No. 59, 2020

A RESOLUTION AUTHORIZING THE ISSUANCE OF A RAFFLE LICENSE, #2020-18,
TO EGG HARBOR TWP YOUTH SOFTBALL INC.

WHEREAS, Egg Harbor TWP Youth Softball Inc. has applied for a Raffle License, to conduct games on April 25, 2020; and

WHEREAS, Egg Harbor TWP Youth Softball Inc. has fulfilled all of the requirements and met all qualifications for such a license, including but not limited to obtaining a Registration Identification Number, that number being 126-5-42011;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that a Raffle License be issued to Egg Harbor TWP Youth Softball Inc. and that the Clerk be authorized to sign any documentation deemed necessary or useful.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Legalized Games of Chance Control Commission
 124 Halsey Street, 6th Floor, P.O. Box 46000
 Newark, New Jersey 07101
 (973) 273-8000

Application for a Raffle License

Application No. RA 2020-18
 Identification No. 126-5-42011

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: LINWOOD

Part A - General

1. Name of applying organization: EHT SOFTBALL
- 2a. Street address of headquarters: 31 IDLEWOOD AVE EGG HARBOR TWP, NJ 08234
- b. Mailing address (if different): PO BOX 1702 PLEASANTVILLE, NJ 08232

3. A license is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

Date	Hours	Date	Hours
<u>4/25/2020</u>	<u>5pm-10pm</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 4a. Address of place where raffles will be played: 724 Maple ave. Linwood, NJ 08221
- b. Does the applicant own the premises or regularly occupy them for its general purposes? Yes No
5. If raffles equipment is to be rented, attach a statement by the raffles equipment lessor to this application on Form 13.

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
<u>TICKETS</u>	<u>AMAZON.COM</u>	<u>CONDUCT GAME</u>
<u>BAG TO HOLD TICKETS</u>	<u>AMAZON.COM</u>	<u>CONDUCT GAME</u>
<u>LICENSE</u>	<u>STATE OF NJ LGCC</u>	<u>LICENSE</u>
<u>LICENSE</u>	<u>CITY OF LINWOOD</u>	<u>LICENSE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part E - Officers of Applicant

(1) Office VICE PRESIDENT	Name of officer ROSE IVIE	Age 49
------------------------------	------------------------------	-----------

Residence address 64 WINDSOR DRIVE EHT NJ 08234	Telephone No. (include area code) Day 609-374-4068 Evening _____
--	---

(2) Office TREASURER	Name of officer TARRA FERMANE	Age 48
-------------------------	----------------------------------	-----------

Residence address 4 TRUMAN AVENUE EHT NJ 08234	Telephone No. (include area code) Day 609-816-3815 Evening _____
---	---

(3) Office	Name of officer	Age
------------	-----------------	-----

Residence address	Telephone No. (include area code) Day _____ Evening _____
-------------------	--

(4) Office	Name of officer	Age
------------	-----------------	-----

Residence address	Telephone No. (include area code) Day _____ Evening _____
-------------------	--

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. (include area code) Day / Evening	Age
ROSE IVIE	64 WINDSOR DRIVE EHT NJ 08234	609-374-4068 / _____	49
_____	_____	_____ / _____	_____
_____	_____	LINWOOD / _____	_____
_____	_____	EHT SOFTBALL / _____	_____
_____	_____	_____ / _____	_____

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
KATHLEEN GLICK	64 WINDSOR DRIVE EHT NJ 08234	49
TARRA FERMANE	4 TRUMAN AVENUE EHT NJ 08234	48
_____	_____	_____
_____	_____	_____

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part I - Statement of Applicant and member(s) in charge

State of New Jersey } ss.
County of ATLANTIC

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Raffles Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Raffles Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. No prize may be offered and given in cash, except as otherwise provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). If a cash prize under certain circumstances is permitted by the law, the amount of the cash prize may not exceed the limits prescribed by the Raffles Licensing Law.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this
14 day of Jan., 2020.

Danielle Garrett
Notary Public (Print name)
Signature of Notary Public

DANIELLE GARRETT
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 8-8-2021



Signature of Officer and Title

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

If more space is needed in any section of this application, insert extra sheets of paper.

Applicant's registration slip from the *Legalized Games of Chance Control Commission* must be presented to the Municipal Clerk with this application.

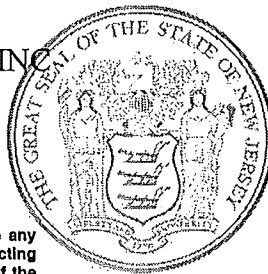
Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date: 12/11/2019

Expiration date: 12/11/2021

Registration identification: 126-5-42011

EGG HARBOR TWP YOUTH SOFTBALL INC
PO BOX 1702
EGG HARBOR TWONSHIP, NJ 08234

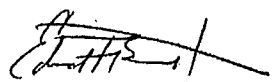


New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
Registration

Neither registration nor the assignment of an identification number shall entitle any organization to hold, operate or conduct, or assist in the holding, operating or conducting of, any game or games of chance without the approval of the issuing authority of the municipality in which the game or games are to be held, operated or conducted.

Name of organization on application and license must be the same as it appears on this registration.
This Registration Certificate may only be utilized by the above-named organization.

Mail to: EGG HARBOR TWP YOUTH SOFTBALL INC
PO BOX 1702
EGG HARBOR TWONSHIP, NJ 08234
Attn:


Edward F. Barrett, Secretary
Legalized Games of Chance Control Commission

RESOLUTION No. 60, 2020

A RESOLUTION AUTHORIZING THE REFUND OF CONSTRUCTION PERMIT 2019-0238

WHEREAS, a permit, #2019-0238, was issued to Central Park East on October 16, 2019 for renovations in the City of Linwood; and

WHEREAS, the permit was canceled by Central Park East; and

WHEREAS, a refund is due in the amount of \$336.00;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that the Chief Financial Officer of the City of Linwood be and hereby is authorized, empowered and directed to issue a check from the City of Linwood in the amount of \$336.00 to Central Park East, 66 Central Square, Linwood, New Jersey, 08221 as a refund of Construction Permit #2019-0238.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____



City of Linwood
 400 Poplar Avenue
 Linwood, NJ 08221
 609 - 9267992

Permit Number: 20190238
 Update Number:
 Control Number: 12459
 Application Date: 10/16/2019
 Permit Date: 11/06/2019

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 159 Lot: 10.04 Qualification Code:	
Work Site Location: 222 NEW ROAD UNIT 501 LINWOOD	Contractor: CENTRAL PARK EAST
Owner In Fee: CENTRAL PARK EAST	Address: 66 CENTRAL SQUARE
Address: 66 CENTRAL SQUARE	LINWOOD NJ 08221
LINWOOD NJ 08221	Telephone: (609) 926-1000
Telephone: (609) 926-1000	Lic. No. / Bldrs. Reg. No.:
Use Group(s): B	Federal Emp. No.:

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:
 TENANT RENOVATION

Permit Cancelled Per Contractor

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
 Cost of Rehabilitation: 9,300.00
 Cost of Demolition: 0.00

Total Cost: \$9,300.00
--

PAYMENTS	(Office Use Only)
Building	\$272.00
Electrical	\$65.00
Plumbing	\$65.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$18.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$420.00
All Fees Waived:	No

Amount to be Paid: \$420.00
 Check Number: 00008185
 Check amount: \$420.00

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

 Jim Galantino
 Construction Official

 Date

Collected by: LYN
 Receipt No:
 Total Cash Amount:
 Total Check Amount: \$420.00
 Total CC Amount:
Grand Total: \$420.00

Issue refund minus
 20% = \$ 336.

Note:

RESOLUTION No. 61, 2020

A RESOLUTION AUTHORIZING THE REFUND OF A RENTAL REGISTRATION FEE

WHEREAS, on January 8, 2020, Sepahan LLC paid \$75.000 to the City of Linwood for a Rental Registration Fee; and

WHEREAS, said fee was made in error as the office is a business; and

WHEREAS, a refund is due in the amount of \$75.00;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that the Chief Financial Officer of the City of Linwood be and hereby is authorized, empowered and directed to issue a check from the City of Linwood in the amount of \$75.00 to Sepahan, LLC, 2106 New Road, Unit D-5, Linwood, New Jersey, 08221 as a refund of a Rental Registration Fee.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____

City of Linwood
 400 Poplar Avenue
 City of Linwood, NJ 08221
 609-9267992

**MUNICIPAL
 RECEIPT
 OF PAYMENT**

BATCH CONTROL NO: 13351

DATE: January 08, 2020

TIME: 10:43:52 am

January 08, 2020 10:44:00AM

Owner In Fee: SEPAHAN, LLC

Block: 6 Lot: 26

Address: 15 PEBBLE BEACH DR

Payee: _____

EGG HARBOR TOWNSHIP NJ 08234

Site Address: 2106 NEW ROAD E-2

Telephone: 609 2897525

LINWOOD

PAYMENT SUMMARY

Account	Cash Amount	Check Amount	Check Number	CC Amount	Total Amount	Receipt Number	Trans Number
<u>RESIDENTIAL RENTAL</u>							
	\$0.00	\$75.00	256	\$0.00	\$75.00		13351
Sub Total :	\$0.00	\$75.00		\$0.00	\$75.00		
Grand Total:	<u>\$0.00</u>	<u>\$75.00</u>		<u>\$0.00</u>	<u>\$75.00</u>		

* please contact Dr. Malecki @ 609-289-7525
on the procedure on her rental of an
office (2106 New Rd. D5)
registration/inspection etc.



* Return of her \$75
Check etc.

City of Linwood
Rental Registration Form

Every owner shall file a registration form for each rental unit contained within a building or structure which shall include the following information:

Address of Rental Unit: 2106 New Rd., Unit E-2

Description of rental unit: Room, Apartment, Condo, Townhouse, Single Family Dwelling
(circle one of the above descriptions)

Name & Address of Owner(s) or Agent:

Owner #1

Owner #2 or Agent:

Name: Sepahan LLC

Address: 2106 New Rd., Unit D5
Linwood NJ 08221

Telephone: (609) 289-7525

E-mail: dmalecki@comcast.net

e-mail and contact phone number are required

Mortgage Company- Name: NO Mortgage

Address: _____

Fuel Oil Dealer (if applicable): N/A

Specifications of each rental unit: Number of Sleeping Rooms: 0 - office
Number of tenants to occupy dwelling: _____

Name & Previous Address of Tenants:

1. Name: _____ Address: _____
2. Name: _____ Address: _____
3. Name: _____ Address: _____
4. Name: _____ Address: _____
5. Name: _____ Address: _____

RESOLUTION No. 62, 2020

A RESOLUTION AUTHORIZING THE REFUND OF CONSTRUCTION PERMIT 2019-0270

WHEREAS, a permit, #2019-0270, was issued to Pulse Plumbing for a tub liner for 1000 Richard Drive in the City of Linwood; and

WHEREAS, the customer canceled the order for the tub liner; and

WHEREAS, a refund is due in the amount of \$69.00;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that the Chief Financial Officer of the City of Linwood be and hereby is authorized, empowered and directed to issue a check from the City of Linwood in the amount of \$69.00 to Pulse Plumbing, 406 Bloomfield Drive, West Berlin, New Jersey, 08091 as a refund of Construction Permit #2019-0270.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____



December 30, 2019

City of Linwood
400 Poplar Avenue
Linwood, NJ 08221

Attention: Construction Office

Reference Permit #: 20190270

To Whom It May Concern,

The purpose of this letter is to inform you that the permit listed above is no longer needed and to request a refund of the permit fee in the amount \$69.00. The homeowner has cancelled their contract with Pulse Plumbing (Flow Rite Plumbing, LCC).

Please forward this refund to our address:

Pulse Plumbing 406 Bloomfield Drive, West Berlin, NJ 08091

If you have any questions on this matter, please feel free to contact us at 856-809-0801 or email at cschenberger@bathsaver.com

Sincerely,

Richard D. Reustle, Jr

Richard D. Reustle, Jr.
Master Plumber



December 30, 2019

City of Linwood
400 Poplar Avenue
Linwood, NJ 08221

Attention: Construction Office

Reference: Cancel Permit

To whom it may concern,

This letter is to inform you that following customer has cancelled their order for a tub liner.

Wallace Mabe, Jr.
1000 Richard Drive
Linwood, NJ 08221

Permit #: 20190270
Block #: 85 Lot #: 19

If you need further information, please do not hesitate to contact our office between 8:00 a.m. and 5:00 p.m. Monday through Friday at 856-809-0801

Sincerely,

Richard D. Reustle, Jr.

Richard D. Reustle, Jr.
Master Plumber

RESOLUTION No. 63, 2020

A RESOLUTION APPROVING THE CERTIFICATION OF QUALIFIED VOLUNTEERS FOR
LOSAP

WHEREAS, the Linwood Volunteer Fire Company has certified a list of volunteer members who have qualified for credit under the LOSAP program for 2019 pursuant to N.J.A.C. 5:30-14.10; and

WHEREAS, the certification has been submitted to the Common Council of the City of Linwood for approval, a copy of which is attached hereto and made a part hereof; and

WHEREAS, the certification has been reviewed and recommendations have been made to approve said certification;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood, that the attached certification of qualified volunteers for LOSAP be and is hereby approved.

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded forthwith to the Linwood Volunteer Fire Company.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____

LINWOODVOLUNTEER FIRE COMPANY # 10

2019 LOSAP Qualified Fire Fighters

Busby, Dave

Dilks, Wayne

Foster, Demetrios

Kisby, Charles

Poley, Timothy

Walley, Martin Sr

Submitted Wayne Dilks

LOSAP Committee,

1/7/2020

RESOLUTION No. 64, 2020

A RESOLUTION AUTHORIZING ENTERING INTO AN AGREEMENT WITH
ATLANTIC COUNTY FOR MUNICIPAL AERIAL MOSQUITO CONTROL SPRAYING

WHEREAS, the Common Council of the City of Linwood is desirous of entering into an agreement with the County of Atlantic for Municipal Aerial Mosquito Control; and

WHEREAS, said Agreement has been presented and reviewed and is found to be acceptable;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that the Mayor be and is hereby duly authorized, empowered and directed to execute a Contract and Agreement on behalf of the City of Linwood with the County of Atlantic for Municipal Aerial Mosquito Control.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____



Dennis Levinson
County Executive

Atlantic County

Department of Public Works

Gregory Brookins
Department Head

609/645-5898 FAX: 645-5836
TDD: 348-5551

Division of Roads and Bridges
609/645-5830 FAX: 645-5873

Office of Fleet Management
609/645-5812 FAX: 645-5950

Division of Parks and Recreation
609/645-5960 FAX: 645-5868

Office of Mosquito Control
609/645-5948 FAX: 645-5873

2020 Municipal Aerial Mosquito Control Agreement

On behalf of Linwood, (City, town, borough) I hereby authorize the Atlantic County Department of Public Works, Office of Mosquito Control, to perform aerial application of pesticides for mosquito control over certain areas of Linwood (City, etc.)

I understand that all pesticides and aircraft are those approved for aerial application by both State and Federal governments. Also, these areas to be treated have high populations of mosquitoes, being either a nuisance, a health hazard, or both.

The Atlantic County Department of Public Works, Office of Mosquito Control shall notify Linwood (City, etc.) Police Department, the municipality, and local news media prior to each application.

Telephone 609-927-4108

Email Address dmatik@linwoodcity.org

[Signature]
(Mayor or Representative)

1/22/2020
(Date)



P.O. Box 719 • New Road and Dolphin Avenue • Northfield, New Jersey 08225-0719

Visit our web site at: <http://www.aclink.org>

Atlantic County is an Equal Opportunity Employer



RESOLUTION No. 65, 2020

A RESOLUTION AUTHORIZING THE ISSUANCE OF A RAFFLE LICENSE, #2020-19,
TO EGG HARBOR TWP YOUTH SOFTBALL INC.

WHEREAS, Egg Harbor TWP Youth Softball Inc. has applied for a Raffle License, to conduct games on April 25, 2020; and

WHEREAS, Egg Harbor TWP Youth Softball Inc. has fulfilled all of the requirements and met all qualifications for such a license, including but not limited to obtaining a Registration Identification Number, that number being 126-5-42011;

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Linwood that a Raffle License be issued to Egg Harbor TWP Youth Softball Inc. and that the Clerk be authorized to sign any documentation deemed necessary or useful.

I, Leigh Ann Napoli, RMC, Municipal Clerk of the City of Linwood, do hereby certify that the foregoing resolution was duly adopted at a Regular Meeting of the City Council of Linwood, held this 12th day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 12th day of February, 2020.

LEIGH ANN NAPOLI, RMC, MUNICIPAL CLERK

DARREN MATIK, MAYOR

APPROVED: _____



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Legalized Games of Chance Control Commission
 124 Halsey Street, 6th Floor, P.O. Box 46000
 Newark, New Jersey 07101
 (973) 273-8000

Application for a Raffle License

Application No. RA 2020-19
 Identification No. 126-5-42011

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: LINWOOD

Part A - General

1. Name of applying organization: EHT SOFTBALL
- 2a. Street address of headquarters: 31 IDLEWOOD AVE EGG HARBOR TWP, NJ 08234
- b. Mailing address (if different): PO BOX 1702 PLEASANTVILLE, NJ 08232

3. A license is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

Date	Hours	Date	Hours
<u>4/25/2020</u>	<u>5pm-10pm</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 4a. Address of place where raffles will be played: 724 Maple ave. Linwood, NJ 08221
- b. Does the applicant own the premises or regularly occupy them for its general purposes? Yes No
5. If raffles equipment is to be rented, attach a statement by the raffles equipment lessor to this application on Form 13.

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
<u>TICKETS</u>	<u>AMAZON.COM</u>	<u>CONDUCT GAME</u>
<u>BAG TO HOLD TICKETS</u>	<u>AMAZON.COM</u>	<u>CONDUCT GAME</u>
<u>LICENSE</u>	<u>STATE OF NJ LGCC</u>	<u>LICENSE</u>
<u>LICENSE</u>	<u>CITY OF LINWOOD</u>	<u>LICENSE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part E - Officers of Applicant

(1) Office	Name of officer	Age
VICE PRESIDENT	ROSE IVIE	49

Residence address	Telephone No. (include area code)	
64 WINDSOR DRIVE EHT NJ 08234	Day 609-374-4068	Evening _____

(2) Office	Name of officer	Age
TREASURER	TARRA FERMANE	48

Residence address	Telephone No. (include area code)	
4 TRUMAN AVENUE EHT NJ 08234	Day 609-816-3815	Evening _____

(3) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. (include area code)	
_____	Day _____	Evening _____

(4) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. (include area code)	
_____	Day _____	Evening _____

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. (include area code)		Age
		Day / Evening		
ROSE IVIE	64 WINDSOR DRIVE EHT NJ 08234	609-374-4068	/	49
_____	_____	_____	/	_____
_____	_____	LINWOOD	/	_____
_____	_____	EHT SOFTBALL	/	_____
_____	_____	_____	/	_____

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
ROSE IVIE	64 WINDSOR DRIVE EHT NJ 08234	49
TARRA FERMANE	4 TRUMAN AVENUE EHT NJ 08234	48
_____	_____	_____
_____	_____	_____

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part I - Statement of Applicant and member(s) in charge

State of New Jersey } ss.
County of ATLANTIC

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Raffles Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Raffles Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. No prize may be offered and given in cash, except as otherwise provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). If a cash prize under certain circumstances is permitted by the law, the amount of the cash prize may not exceed the limits prescribed by the Raffles Licensing Law.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this
14 day of Jan, 2020.

Danielle Garrett
Notary Public (Print name)
Orass
Signature of Notary Public

DANIELLE GARRETT
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 8-8-2021



[Signature]
Signature of Officer and Title

[Signature]
Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

If more space is needed in any section of this application, insert extra sheets of paper.

Applicant's registration slip from the *Legalized Games of Chance Control Commission* must be presented to the Municipal Clerk with this application.

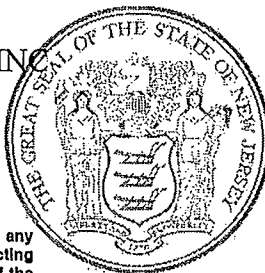
Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date: 12/11/2019

Expiration date: 12/11/2021

Registration identification: 126-5-42011

EGG HARBOR TWP YOUTH SOFTBALL INC
PO BOX 1702
EGG HARBOR TWONSHIP, NJ 08234

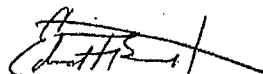


New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
Registration

Neither registration nor the assignment of an identification number shall entitle any organization to hold, operate or conduct, or assist in the holding, operating or conducting of, any game or games of chance without the approval of the issuing authority of the municipality in which the game or games are to be held, operated or conducted.

Name of organization on application and license must be the same as it appears on this registration.
This Registration Certificate may only be utilized by the above-named organization.

Mail to: EGG HARBOR TWP YOUTH SOFTBALL INC
PO BOX 1702
EGG HARBOR TWONSHIP, NJ 08234
Attn:


Edward F. Barrett, Secretary
Legalized Games of Chance Control Commission