Name:	Li	cense Number:		
	(if applicable)			
	Credit Card Auth	<u>norization</u>		
Card Type: American Express	Mastercard	Visa	Discover	
	(choose	e one)		
Cuadit Cand Number				
Credit Card Number:				
Cardholder Name:				
	as it appears on the card)			
Expiration Date: S	Security Code:	(3 or 4 digit code . C	an also be referred to as either CV,	CVV, or CID cod
Cardholder Street Address:				
City:	Stata	:	Zip:	
City			Zip:	
Cardholder Phone Number:				
I authorize the State of New Jerse	y to charge the above r	eferenced credi	t card for the amount o	of.
additionize the state of New Jerse	y to charge the above i	ciciciicca cicai	cara for the amount of	,1
[please enter amount]				
Cardholder Signature			Date	
C				
Please note that all fields on this	-			•
returned to you and may delay a directed to the Casino Control (•	• -	regarding your matter	snouid be
Any questions regarding the pro	, ,		ould be directed to the	Division of
Gaming Enforcement's Revenue	· ·			
	For Official \	Use Only		
Authorization #		4		
Date				
				

Rev. Unit

Electronic Submission Instructions

To send secure communications/attachments to the Licensing and Financial Evaluation Unit at the Casino Control Commission:

- 1. Please make sure all form fields are filled out correctly. Navigate to the secure site portal url https://ssl.datamotion.com/register/cureg.aspx?rcpt=licensing@ccc.state.nj.us
- 2. Register to the site if logging in for the first time.
- 3. Attach any necessary files by selecting the "Browse for file".



4. Once you are finished composing your email click "Send Secure" to send your email.

