



**Veterans of Foreign Wars  
Department of New Jersey  
2024 - 2025**

District# \_\_\_\_\_ Post# \_\_\_\_\_

1. CRI 200-300 Number \_\_\_\_\_ (Attach copy of Renewal or Letter of Exemption)
2. Copy of Incorporation Renewal, better known as the Annual Report, Business Reinstatement and Agent Change Service
3. If the Post has Gaming, attach copy of State and Township Gaming Licenses
4. Does Post have:
  - a. Liquor Liability Insurance
  - b. Post Liability Insurance
  - c. Is the Department and National VFW a Rider or Insurance (Attach a copy of the Insurance Policy to this Report)
5. Discrimination and Sexual Harassment Statement read at meeting and posted.
6. IRS Filing Date: \_\_\_\_\_ Form 990 & 990T: \_\_\_\_\_ (Attach Copy)
7. EIN or FIN Number: \_\_\_\_\_
8. Copy of Original Article of Incorporation.
9. Copy Deed of Property or Lease Agreement. Items are required in case of any malfeasance or building disasters.
10. Date of Inspection: \_\_\_\_\_

Commander: \_\_\_\_\_ Inspector: \_\_\_\_\_