

Application for a Raffle License

Application No. **RA** _____

Identification No. _____

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: _____

Part A - General

1. Name of applying organization: _____
- 2a. Street address of headquarters: _____
- 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4a. Address of place where raffles will be played: _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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:
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:

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

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.

[illegible]

Part E - Officers of Applicant

(1) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(2) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ 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
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

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 _____

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

_____ day of _____, 20 ____.

Notary Public (Print name)

Signature of Notary Public

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

AFFIX SEAL HERE

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.



Sample Ticket
Off Premises Merchandise Raffle
N.J.A.C. 13:47-8.7

Ticket # _____		Stub	
Name _____		Address _____	
City _____	State _____	ZIP code _____	
Telephone Number _____			
NJ LGCCC Identification# _____		Municipal RL # _____	

Ticket		Ticket # _____	
NJ LGCCC Identification # _____		Municipal RL # _____	
Name of Organization			

List of Prizes		Retail Values	
_____		_____	
_____		_____	
Location of Drawing		_____	
_____		_____	
Date of Drawing		Time of Drawing	
_____		_____	
Purpose to which entire proceeds will be devoted "No substitution of the offered prize may be made and no cash will be given in lieu of the prize."			
Price of Ticket _____		Ticket # _____	

This illustration is provided for your convenience. While the form of the ticket may vary, the information listed above must be contained on your printed ticket. If you require assistance with your ticket, please contact the office of Legalized Games of Chance Control Commission at (973) 273-8000. This sample ticket must be attached to the Application for Municipal Raffle License and submitted to the municipality.

Sample Ticket

Off Premises Raffle Awarding Cash

N.J.A.C. 13:47-8.8

Stub	Ticket
<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ ZIP code _____</p> <p>Telephone Number _____</p> <p>NJ LGCCC Identification# _____ Municipal RL # _____</p>	<p>NJ LGCCC Identification # _____ Municipal RL # _____</p> <p>Name of Organization _____</p> <p>50/50</p> <p>This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate</p> <p>Location of Drawing _____</p> <p>Date of Drawing _____ Time of Drawing _____</p> <p>Purpose to which entire proceeds will be devoted "No substitution of the offered prize may be made."</p> <p>Price of Ticket _____ Ticket # _____</p>

This illustration is provided for your convenience. While the form of the ticket may vary, the information listed above must be contained on your printed ticket. If you require assistance with your ticket, please contact the office of Legalized Games of Chance Control Commission at (973) 273-8000. This sample ticket must be attached to the Application for Municipal Raffle License and submitted to the municipality.

AFFIDAVIT

COUNTY OF CUMBERLAND
STATE OF NEW JERSEY

_____ of full age being duly sworn according
to law upon _____ oath say that:
(his or her)

I am _____ of the _____
(Title of Officer) (Name of

_____ and as such I am personally acquainted with the facts
the Organization)

set forth in an application filed with the Municipal Clerk of Vineland, New Jersey, for a

_____ license.
(Bingo or raffle)

I so swear that none of the Officers or persons entrusted with the conducting of the said

_____ have been convicted of any crime and that said persons are all
(Bingo or raffle)

of good moral character.

I make this affidavit to induce the Governing Body of the City of Vineland to grant a
license to our organization.

Sworn and subscribed to

before me this _____

day of _____, 20____

(Signature of Officer)

(Notary Public)

City of Vineland, New Jersey

Application for Raffles License – Supplemental Information

This information will be used by the Vineland Police Department to conduct the State required background check on the officers and members conducting the games. Use additional sheets if necessary.

PLEASE PRINT NEATLY

Part A General

1. Name of applying organization.....

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2. a. Street address of headquarters.....

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b. Mailing address (if different).....

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Part F Officers of Applicant

Office	Name of Officer	Residence	Social Security Number	Date of Birth (m/d/y)
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Part G Members of Applicant Who Will Be In Charge of the Games

Name of Member in Charge	Residence Address	Social Security Number	Date of Birth (m/d/y)
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Part H Members of Applicant Who Will Assist in Conducting the Games

Name of Member in Charge	Residence Address	Social Security Number	Date of Birth (m/d/y)
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