



**KEEP
CALM
IT'S
RAFFLE
TIME!**



Township of Wall
 Township Clerk's Office
 2700 Allaire Road
 Wall, NJ 07719
 (732)449-8444 Ext. 2200
clerk@townshipofwall.com

Raffles

This packet has been designed to assist registered organizations with the games of chance process. We have created and gathered forms and samples and simplified instructions for the purpose of streamlining this process.

This package is meant to be used simply as a guide. The State Legalized Games of Chance has full authority over games of chance.

It is important to visit the website for Legalized games of Chance for the most updated and current information. A comprehensive list of links and contact information has been provided on the next page.

Please feel free to contact the Wall Township Clerk's Office for further assistance when applying for games of chance. The office can be reached at (732)449-8444 extension 2200 or at e-mail address clerk@townshipofwall.com.

The Wall Township Website, www.wallnj.com, contains raffle information for our town as well as fillable forms and applications.

Four CDs have been included with this packet. The CD's contain all the information provided in this packet as well as fillable applications and forms. Please disperse these CD's to anyone who may assist in the application process.

Legalized Games of Chance Control Commission Contact Information and Important Links

Contact Information

Legalized Games of Chance Phone Number	(973)273-8000
Legalized Games of Chance Mailing Address	PO Box 46000 Newark, NJ 07101
Legalized Games of Chance Physical Address	124 Halsey Street Newark, NJ 07102

Website Links

Home Page	www.njconsumeraffairs.gov/lgccc/pages/default.aspx
LGCCC Registration Information	http://www.njconsumeraffairs.gov/lgccc/Pages/requestspeaker.aspx
LGCCC Application and Forms	http://www.njconsumeraffairs.gov/lgccc/Pages/applications.aspx
Laws and Regulations	http://www.njconsumeraffairs.gov/lgccc/Pages/regulations.aspx
LGCCC Fees	http://www.njconsumeraffairs.gov/lgccc/Pages/licensefees.aspx
Registered Organizations, Licensed Dealers, Licensed Equipment Providers	http://www.njconsumeraffairs.gov/lgccc/Pages/Registered-Organizations.aspx

Applications

This section contains:

- “Application for a Raffle License” Instructions
- Blank Application for a Raffle License
- “Application for a Bingo License” Instructions
- Blank Application for a Bingo License
- “Application to Amend a Game of Chance” Instructions
- Blank Application to Amend a Game of Chance

Frequently Asked Questions

This section contains:

- Checklist for Raffle Applicant
- Frequently Asked Questions about Games of Chance
- Prohibited Prizes of Games of Chance
- Common Reasons Applications are Denied
- Raffle Types and Associated Fees

Bingo

This section includes:

- “Application for a Bingo License” Instructions
- Blank Application for a Bingo License
- Statement of Landlord for Bingo

Sample Tickets

Please note that Sample Tickets are required for any game of chance that is considered OFF PREMISE. OFF Premise means the winner does not need to be present at time of drawing.

This section includes:

- “Sample Ticket for Off Premise 50-50” Instructions
- Blank Sample Ticket for Off Premise 50-50
- “Sample Ticket for Off Premise Merchandise Raffle” Instructions
- Blank Sample Ticket for Off Premise Merchandise Raffle

Report of Operations

Reports of Operation must be submitted on the 15th day of the calendar month immediately following the date of the licensed activity.

Failure to file this report on time will result in future games being denied by the State Legalized Games of Chance Control Commission.

This section includes:

- Report of Operations for Bingo
- Report of Operation for Raffles

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:

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
_____	<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	_____
_____	<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	_____

Organizations may donate the proceeds to another organization. This section must be completed and signed.

This does not mean the benefitting organization is "borrowing the license" or can operate without the licensed organization. They are merely benefitting from the collected proceeds.

This information will also need to be noted appropriately in the Raffle Report of Operations. Failing to do so will result in future denials.

The description of prizes must be listed in this section. This can vary from merchandise to "50% of the proceeds collected"

It is very important to make sure the prizes you are offering are not prohibited by the Legalized Games of Chance Control Commission to be awarded during games of chance.

Please review prohibited prizes

This is where you should note the **ANTICIPATED** value of the prizes.

The amount due for each game of chance is dependent on the anticipated and actual retail value of prizes awarded.

If no amount is put in this space, the Legalized Games of Chance Control Commission will assume the highest value for fee purposes.

Part E - Officers of Applicant

(1) Office	Name of officer	Age

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

Residence address	Telephone No. <i>(include area code)</i>	
_____	Day _____ Evening _____	
(3) Office	Name of officer	Age

Residence address	Telephone No. <i>(include area code)</i>	
_____	Day _____ Evening _____	
(4) Office	Name of officer	Age

Residence address	Telephone No. <i>(include area code)</i>	
_____	Day _____ Evening _____	

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

Name of member in charge	Residence address	Telephone No. <i>(include area code)</i> 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.
_____	_____	_____
_____	_____	_____

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

Please make sure to write in all officers of the organization who owns the Legalized Games of Chance Control Commission Registration Card

It is helpful to make a note of the best point of contact on this sheet. That way if the State or the Municipality must reach the organization, it can be done with ease and in a timely manner.

The members listed in this section are responsible for the application, reports, handling, etc. of the games.

Their information should be listed in order of best contact.

They may be duplicative of those members listed as officers.

The members listed in the section will be responsible for actually conducting the game when it is held.

They should be listed in order of best contact.

They may be duplicative of those members listed as officers

This section is to be used if more than one organization will be assisting in the conduct of the game.

They must be a registered organization with the Legalized Games of Chance Control Commission.

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 Licensee's 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 limit 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

All four (4) applications submitted for each game of chance must have original Notary Seal and information.

Copies of this page WILL NOT be accepted!

An officer that was named in the previous section **MUST** sign this section and note their title. **(Part E)**
The signature of the officer signifies that the application can use the registration from the Legalized Games of Chance Control Commission.

The members listed as being in charge of the raffle should **ALL** sign in this section. **(Part G)**
Those members listed as in charge are signing off on the statement of compliance with all statutes and guidelines for games of chance.

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 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.
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____

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

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 E - Officers of Applicant

Office	Name of officer	Residence address	Age

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

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.

continue ▶

Please make sure to write in all officers of the organization who owns the Legalized Games of Chance Control Commission Registration Card

It is helpful to make a note of the best point of contact on this sheet. That way if the State or the Municipality must reach the organization, it can be done with ease and in a timely manner.

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Their information should be listed in order of best contact.

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The members listed in the section will be responsible for actually conducting the game when it is held.

They should be listed in order of best contact.

They may be duplicative of those members listed as officers

This section is to be used if more than one organization will be assisting in the conduct of the game.

They must be a registered organization with the Legalized Games of Chance Control Commission.

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:

- 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.
- 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."
- 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.
- 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.
- 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.
- 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.
- 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

AFFIX SEAL HERE

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

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.

All four (4) applications submitted for each game of chance must have original Notary Seal and information.

Copies of this page WILL NOT be accepted!

An officer that was named in the previous section **MUST** sign this section and note their title. **(Part E)**

The signature of the officer signifies that the application can use the registration from the Legalized Games of Chance Control Commission.

The members listed as being in charge of the raffle should **ALL** sign in this section. **(Part G)**

Those members listed as in charge are signing off on the statement of compliance with all statutes and guidelines for games of chance.

Part E - Officers of Applicant

Office	Name of officer	Residence address	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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 _____

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

_____ 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



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.

Application to Amend a Bingo Raffles License

(Please check one.)



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

License No. _____

Identification No. _____

Please print clearly:

Name of municipality: _____

Name of applicant: _____

Address: _____
Street address City State ZIP code

1. Application is made to amend the above license as follows:



- Additional proofs, signatures and verifications required for this amendment are attached.
- If this amendment is permitted, the original license will be returned in exchange for the amended license.

Date: _____ Signature of officer: _____

The statement on the reverse side must be signed and notarized.



Applications need to be submitted in quadruplicate.
Applications must be originals.

Copies of signature or notary seal will not be accepted

This is the license number provided by the municipality where the application was submitted. This number MUST be on the application to amend or the LGCCC will deny the application.

This is the identification number listed on the registration card issued by the LGCCC. The registration must be valid through the date of the amended application, or the application will be denied.

The name of the organization must **match exactly** the name on the Registration card issued from Legalized Games of Chance Control Commission.

Describe the change you wish to make to the application previously submitted.

This can include, but is not limited to, date, time, location.

Please make sure to be specific as to what was on the original application and what the desired change is.

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 Bingo Licensing Law or 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 this State 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 or the Raffles Licensing Law, as the case may be, 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, 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. No prize greater in amount or retail value than authorized by law will be awarded in any single game.
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

AFFIX SEAL HERE

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

All four (4) applications submitted for each game of chance must have original Notary Seal and information.

Copies of this page WILL NOT be accepted!

An officer that was named in the previous section **MUST** sign this section and note their title. **(Part E of Original Application)**

The signature of the officer signifies that the application can use the registration from the Legalized Games of Chance Control Commission.

The members listed as being in charge of the raffle should **ALL** sign in this section. **(Part G of Original Application)**

Those members listed as in charge are signing off on the statement of compliance with all statutes and guidelines for games of chance.

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

Application to Amend a Bingo Raffles License

(Please check one.)

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

License No. _____

Identification No. _____

Please print clearly.

Name of municipality: _____

Name of applicant: _____

Address: _____

Street address

City

State

ZIP code

1. Application is made to amend the above license as follows:



2. Additional proofs, signatures and verifications required for this amendment are attached.

3. If this amendment is permitted, the original license will be returned in exchange for the amended license.

Date: _____ Signature of officer: _____

The statement on the reverse side must be signed and notarized.

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 Bingo Licensing Law or the Raffles Licensing Law.
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- 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 or the Raffles Licensing Law, as the case may be, 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, 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. No prize greater in amount or retail value than authorized by law will be awarded in any single game.
- 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

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



Township of Wall
 Township Clerk's Office
 2700 Allaire Road
 Wall, NJ 07719
 (732)449-8444 Ext. 2200

Checklist for Raffles Applicant

New Jersey Legalized Games of Chance Control Commission (LGCCC) has final say on all determinations for games of chance. Wall Township acts as a liaison to the LGCCC, but cannot contest any denial, time restraint or fee the LGCCC institutes.

	<ul style="list-style-type: none"> • All applications must be submitted 5 (five) weeks prior to event <ul style="list-style-type: none"> ○ Date Submitted _____
	<ul style="list-style-type: none"> • Contact information for application <ul style="list-style-type: none"> Name _____ E-mail _____ Phone _____ Organization _____
	<ul style="list-style-type: none"> • Application must be submitted in quadruplicate (4 copies) <ul style="list-style-type: none"> ○ Each copy of the application must contain at least two (2) original signatures ○ Each copy of the application must contain an original notary seal
	<ul style="list-style-type: none"> • Copy of valid Registration card issued by LGCCC <ul style="list-style-type: none"> ○ Must be valid through the date of Raffle <p style="text-align: center;">License Number _____ Expiration Date _____</p>
	<ul style="list-style-type: none"> • Date of Raffle _____
	<ul style="list-style-type: none"> • Type of Raffle (50/50, Gift Auction, Calendar, Bingo) _____
	<ul style="list-style-type: none"> • Is the Raffle On Premise or Off Premise (Please choose one) <ul style="list-style-type: none"> ○ On Premise <ul style="list-style-type: none"> ▪ Tickets will only be sold at the event and Winner must be present to receive prize ○ Off Premise <ul style="list-style-type: none"> ▪ Tickets can be sold prior to the event and Winner does not need to be present to receive prize
	<ul style="list-style-type: none"> • Sample ticket needs to be provided if the raffle is Off Premise
	<ul style="list-style-type: none"> • Check for fees payable to Legalized Games of Chance Control Commission (LGCCC) <ul style="list-style-type: none"> ○ For fee schedule, please visit http://www.njconsumeraffairs.gov/lgccc/Pages/licensefees.aspx ○ Common games of chance and corresponding fees are attached <p>Check Number _____ Amount _____</p>
	<ul style="list-style-type: none"> • Check for fees payable to Township of Wall <ul style="list-style-type: none"> ○ Five Dollars (\$5.00) for each application <p>Check Number _____ Amount _____</p>

Helpful Hints

- For more information, visit <http://www.njconsumeraffairs.gov/lgccc/Pages/default.aspx>
- Registration with the LGCCC allows the privilege of holding a game of chance. Each game must be applied for and licensed with the Town where the game is to be held.
- **An organization must apply with the LGCCC to obtain a registration.**
 - Must be a “Qualified Organization”
 - A bona fide organization or association of veterans, religious congregation, religious organization, charitable organization, educational organization, fraternal organization, civic and service club, officially recognized volunteer fire company, officially recognized first aid squad, and officially recognized rescue squads, and senior citizens association or club.
- **A Raffle Report of Operations** must be submitted to the LGCCC no later than the 15th day of the calendar month immediately following the date of the licensed activity.
 - Failure to file this report will result in future applications being denied
 - The form can be found at <http://www.njconsumeraffairs.gov/lgccc/Pages/applications.aspx>

Raffle Frequently Asked Questions

1. **How do I register with the Legalized Games of Chance Control Commission?**
 - a. According to the State website:
 - i. Every organization interested in conducting bingo or raffles or allow its members to assist a licensed affiliated organization, must first apply to the Commission for eligibility. If the Commission determines that the applicant qualifies as a bona fide charitable, educational, religious, patriotic, public-spirited organization or senior citizen association or club it issues to it a registration certificate reflecting its identification number.
 - ii. **"Qualified organization"** means a bona fide organization or association of veterans, religious congregation, religious organization, charitable organization, educational organization, fraternal organization, civic and service club, officially recognized volunteer fire company, officially recognized first aid squad, and officially recognized rescue squads, and senior citizens association or club.
 - iii. **"Registered organization"** means an organization which has applied for, received and possesses a valid registration certificate bearing an identification number issued to it by the Legalized Games of Chance Control Commission. Only a registered organization is qualified, within the meaning of N.J.S.A. 5:8-60.3, to conduct raffles.
2. **Is there a list of organizations that holds a LGCCC registration?**
 - a. The Legalized Games of Chance Control Commission is working on a comprehensive list to be posted on their website updated daily.
 - b. Please visit <http://www.njconsumeraffairs.gov/lgccc/Pages/Registered-Organizations.aspx>
3. **Where do I apply for a game of chance Registration Card?**
 - a. Organizations must apply for a biannual registration card from the Legalized Games of Chance Control Commission.
 - b. This registration allows the holder to apply for each of their games in the municipality where they will be held
 - c. **HAVING AN LGCCC REGISTRATION CARD DOES NOT MEAN YOU CAN HOST RAFFLES WITHOUT FIRST APPLYING AND BEING APPROVED BY THE MUNICIPALITY IN WHICH THE GAMES ARE TO BE HELD.**
4. **Where do I apply for each game of chance**
 - a. You must apply in the town where the games are to be held or the winner will be drawn.
 - b. Each game must be applied for.
 - c. There are no "blanket licenses"
5. **Can I apply for a game of chance if my LGCCC registration has expired?**
 - a. No
 - b. A copy of the valid registration must be submitted with the application.
 - c. Registration must be valid through the date of the raffle in order for the application to be received by the office.

6. Does my application need to be notarized?

- a. Yes
- b. Applications need to be submitted in quadruplicate (4 copies)
- c. Each copy of the application **MUST** contain original signatures and original notary

7. Can I give 1 application in to have Wall Township make copies made?

- a. No, since the signatures and notary must be original, copies of a single application cannot be made or accepted.

8. What is the difference between On and Off Premise games of chance?

- a. On Premise means the winner of the prize **needs to be present**.
- b. Off Premise means the winner of the prize does **not need to be present**
 - i. Sample tickets **ALWAYS** need to be provided if off premise.

9. What needs to be on a Sample Ticket?

- a. Sample Tickets must have the following:
 - i. NJ LGCCC Registration ID number
 - ii. Name of the Organization
 - 1. This must match exactly what is on the Registration Card of the Organization Card issued from the LGCCC
 - iii. Description of Prize
 - iv. Location of Drawing
 - v. Date of Drawing
 - vi. Time of Drawing
 - vii. Price of Ticket
 - viii. Ticket Number
 - ix. Purpose to which proceeds will be devoted
 - x. Space for the Municipally Issued Raffle Number
 - xi. Space for purchasers information including but not limited to:
 - 1. Name
 - 2. Address
 - 3. Telephone number
- b. Please see sample tickets provided in packet.

10. When do I need to provide a Sample Ticket?

- a. Sample tickets need to be provided for any game of chance that is considered OFF PREMISE.

11. What fees are associated with games of chance?

- a. The Township of Wall charges \$5.00 per game of chance
 - i. Municipalities have the right to charge different amounts.
 - ii. Please review the rules, regulations and fees of the towns in which you wish to apply.
- b. The State LGCCC charges different amounts based on the game and anticipated prizes.
 - i. Please see included fee listing for assistance.

12. How long do I need to hand in the application in order for my raffle to be accepted?

- a. Wall Township requests that applications are submitted at least 5 (Five) weeks prior to a game of chance's date of operation.
- b. This allows for the following:
 - i. The application must be submitted to the Township at least one week prior to being submitted to the Legalized Games of Chance Control Commission
 - ii. The Legalized Games of Chance Control Commission requires a minimum of 14 days from receipt of application before approving a raffle.
 - iii. If a holiday, unexpected closing, etc. occurs in this time, this timeline may be extended.
- c. It is important to get the application in as early as possible so that if an error is present, it can be corrected without affecting the date of the raffle.

13. My Application was rejected, who do I speak to?

- a. The municipality where you applied can be contacted to assist in correcting an application.
- b. The denial of an application always comes from the State.
- c. **The State has the ultimate deciding power on whether an application is approved.**

14. What is the Report of Operations?

- a. The report of operations is a form that needs to be completed and submitted to the State.
 - i. Some municipalities also require a completed report of operations be submitted
- b. The form may require additional fees based on the value of the prizes or the proceeds raised.
- c. Must be submitted no later than the 15th day of the calendar month following the date of the licensed activity.

15. Can I change the date of my game?

- a. Yes
- b. An application to amend a raffle license must be completed.
- c. Please see section in this packet regarding this application.

Prohibited Prizes

Cash or Money



- **Except for**
 - 50/50 with the maximum prize amount not to exceed \$25,000 (twenty five thousand dollars)
 - Calendar Raffle with the maximum prize amount not to exceed \$25,000 (twenty five thousand dollars)
 - Bingo game
 - Big 6 wheels
 - Horse Race wheels
 - Instant Raffle game with a maximum prize amount of \$500 for any one (1) ticket
- Merchandise refundable in any of the subsequent or as money or cash

Bonds



Real Estate

Securities or evidence of indebtedness



Shares of stock

Weapons



Live animals

- May give a certificate redeemable for live edible seafood

Foreign or Domestic Coins

- Except collector pieces
- Sets marketed as collector pieces and no intended as legal tender



Motor Vehicle Leases

Tobacco Products

Common Reasons Raffles are Denied

<p style="text-align: center;">Sample Ticket not provided</p>	<ul style="list-style-type: none"> • Sample Tickets are required when the winner of the prize does NOT NEED TO BE PRESENT at the time of drawing
<p style="text-align: center;">Sample Ticket filled out incorrectly</p>	<ul style="list-style-type: none"> • Sample Tickets must have the following: <ul style="list-style-type: none"> ○ NJ LGCCC Registration ID number ○ Name of the Organization <ul style="list-style-type: none"> ▪ This must match exactly what is on the Registration Card of the Organization Card issued from the LGCCC ○ Description of Prize ○ Location of Drawing ○ Date of Drawing ○ Time of Drawing ○ Price of Ticket ○ Ticket Number ○ Purpose to which proceeds will be devoted ○ Space for the Municipally Issued Raffle Number ○ Space for purchasers information including but not limited to: <ul style="list-style-type: none"> ▪ Name ▪ Address ▪ Telephone number
<p style="text-align: center;">Incorrect Sample Ticket used</p>	<ul style="list-style-type: none"> • Sample tickets must be altered depending on the type of game of chance being hosted • Merchandise Raffles <ul style="list-style-type: none"> ○ Must have disclaimer “ No Substitution of the offered prize may be made and no cash will be given in lieu of the prize ○ Must list prizes and retail values • 50/50 Raffle <ul style="list-style-type: none"> ○ Must have disclaimer “No substitution of the offered prize may be made” ○ Must state that “This is a 50/50 cash raffle and the winner will receive 50% of the amount received” • Please see Sample Ticket Section for more information
<p style="text-align: center;">Raffle Report of Operations not completed</p>	<ul style="list-style-type: none"> • Raffle Reports of Operation are due by the 15th of the calendar month after the date of the raffle • This report must be completed in their entirety • The form must be notarized • Off Premise games must have a printers certificate and a sample ticket • Additional fees when required
<p style="text-align: center;">Proper Fees not included with Raffle Report of operations</p>	<ul style="list-style-type: none"> • Some games will incur additional fees based on the amount • These fees will need to be included with the report of operations otherwise future games will be denied
<p style="text-align: center;">Name of Registered Organization does not match Application or Sample Ticket</p>	<p>The name on the Registration Card provided by the Legalized Games of Chance Control Commission is the ONLY way the organization name should be listed on the application or sample ticket. Any deviation will lead to a denial.</p>
<p style="text-align: center;">Incorrect fees</p>	<p>Please make sure to check the fee listing included in this packet to insure you are including the correct fees with your application</p>

Wall Township Raffle Fees

The Legalized Games of Chance has the right to update fees at their discretion. This list is a guide to the fees due. Please confirm fees on the State Website.

If you do not see the game of chance listed below, please reference the LGCCC website for additional games and corresponding fees

<http://www.niconsumeraffairs.gov/lgccc/Pages/licensefees.aspx>

<u>Raffle Type</u>	<u>Off/On Premise</u> Off Premise- Winner does not need to be present to claim prize On Premise- Winner needs to be present to claim prize	<u>State Fee</u> <u>To be submitted at time of application</u>	<u>State Fee</u> <u>To be submitted with Raffle Report of Operation</u>	<u>Wall Township Fee</u>
50/50	On Premise		\$20.00 per day IF the anticipated prize is in excess of \$400.	\$5.00
50/50	Off Premise	\$20.00	\$20.00 for each \$1,000 or part thereof in value of the awarded prize	\$5.00
Merchandise Raffle <i>Gift Auction</i>	On Premise	\$20.00 ONLY IF the value of the prize is anticipated to be over \$400		\$5.00
Merchandise Raffle <i>Gift Auction</i>	Off Premise	\$20.00 for each \$1,000 or part thereof of the total retail value of the prizes		\$5.00
Non Draw Raffle <i>Big Wheel, Nonprofit Carnival Games</i>	N/A	\$20.00 for each game or wheel held on any one day.		\$5.00
Bingo	N/A	\$20.00 for each occasion		\$5.00
Duck Race		\$20.00 for each \$1,000 or part of the total retail value of the ancillary prize(s) offered		\$5.00
Calendar Raffle		\$20.00 for each \$1,000 or part thereof of the total retail value of the prizes		\$5.00
Instant Raffle Game		\$20.00 for each day on which instant raffle tickets are sold or offered for sale, or \$750 for a one year license to sell or to offer for sale instant raffle tickets during that year.		\$5.00

Part E - Officers of Applicant

Office	Name of officer	Residence address	Age

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

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.

continue ▶

Please make sure to write in all officers of the organization who owns the Legalized Games of Chance Control Commission Registration Card

It is helpful to make a note of the best point of contact on this sheet. That way if the State or the Municipality must reach the organization, it can be done with ease and in a timely manner.

The members listed in this section are responsible for the application, reports, handling, etc. of the games.

Their information should be listed in order of best contact.

They may be duplicative of those members listed as officers.

The members listed in the section will be responsible for actually conducting the game when it is held.

They should be listed in order of best contact.

They may be duplicative of those members listed as officers

This section is to be used if more than one organization will be assisting in the conduct of the game.

They must be a registered organization with the Legalized Games of Chance Control Commission.

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 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

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

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

All four (4) applications submitted for each game of chance must have original Notary Seal and information.

Copies of this page WILL NOT be accepted!

An officer that was named in the previous section **MUST** sign this section and note their title. **(Part E)**

The signature of the officer signifies that the application can use the registration from the Legalized Games of Chance Control Commission.

The members listed as being in charge of the raffle should **ALL** sign in this section. **(Part G)**

Those members listed as in charge are signing off on the statement of compliance with all statutes and guidelines for games of chance.

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 E - Officers of Applicant

Office	Name of officer	Residence address	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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 _____

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

_____ 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



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.

STATEMENT OF LANDLORD

(To be attached to each copy of Bingo Application where the premises are rented)

Name of the organization to conduct bingo

Address Identification No.

State of New Jersey

County of _____ :§

I _____, being duly sworn on my oath depose and say that:

1. I am an authorized officer, namely the _____ of _____, in which the lessor of the premises to be rented, described in the annexed application.
2. The address of the lessor is:
3. The rent to be charged and paid for the premises is \$ _____ for each occasion, including facilities, fixtures and equipment.
4. (Complete the applicable clause)
 - A. The lessor is licensed to conduct bingo holding License No. _____ issued by the Governing Body of _____
 - B. The lessor is licensed as a rentor holding License No. _____
5. The rental to be charged and paid is reasonable and is not in excess of the rental ordinarily charged for the use of the premises other than for games of chance.
6. I understand that no charge may be made on a percentage basis, or according to the number of persons attending, and that bingo equipment may not be leased for a charge.
7. There is attached to this statement a copy of the Lease Agreement.

Sworn & Subscribed before me

this _____ day of _____, _____

Signature of Notary Public

**Sample Ticket
Off Premises Raffle Awarding Cash
N.J.A.C. 13:47-8.8**

Stub					Ticket	
Name	Address	State	City	ZIP code	NJ LGCCC Identification #	Municipal RL #
					Telephone Number	Name of Organization
						50/50
						This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate
						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."
					NJ LGCCC Identification #	
					Municipal RL #	
					Ticket #	Ticket #
					Price of 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.

Internet

This is the information that will be filled in by the purchaser of the ticket.

This information is required, but you may also add additional contact information.

This number will be issued by the Municipality once the game of chance has been approved by the LGCCC.

A space for the information as well as "XX" should be used as a place holder.

This is the number supplied on the Registration card from the Legalized Games of Chance License.

This number needs to be written in exactly as it appears on the registration card.

These spaces relate to the ticket information.

The price of the ticket is required.

How the tickets will be numbered must be provided for ticket to be accepted.

This information must match the information supplied on the application regarding the game of chance.

This statement must be included on all Off Premise Raffles Awarding Cash

The name of the organization that is listed on the registration card issued by the LGCCC
The name of the organization must be written exactly as it appears on the Registration card.

Any Alteration will be denied by the LGCCCC

Sample Ticket

Off Premises Raffle Awarding Cash

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

Stub	Ticket
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Name</p> <hr/> <p style="text-align: center;">Address</p> <hr/> <p style="text-align: center;">City</p> <hr/> <p style="text-align: center;">State</p> <hr/> <p style="text-align: center;">ZIP code</p> <hr/> <p style="text-align: center;">Telephone Number</p> <hr/> </div> <div style="width: 45%;"> <p style="text-align: center;">Municipal RL #</p> <hr/> <p style="text-align: center;">NJ LGCCC Identification#</p> <hr/> </div> </div> <p style="text-align: center; margin-top: 20px;">Ticket #</p>	<div style="display: flex; justify-content: space-between;"> <p style="width: 45%;">NJ LGCCC Identification #</p> <p style="width: 45%;">Municipal RL #</p> </div> <hr style="margin: 10px 0;"/> <p style="text-align: center;">Name of Organization</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold; margin: 10px 0;">50/50</p> <p style="text-align: center;">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> <hr style="margin: 10px 0;"/> <p style="text-align: center;">Location of Drawing</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <p style="width: 45%;">Date of Drawing</p> <p style="width: 45%;">Time of Drawing</p> </div> <hr style="margin: 10px 0;"/> <p style="text-align: center;">Purpose to which entire proceeds will be devoted "No substitution of the offered prize may be made."</p> <hr style="margin: 10px 0;"/> <div style="display: flex; justify-content: space-between;"> <p style="width: 45%;">Price of Ticket</p> <p style="width: 45%;">Ticket #</p> </div>

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 Merchandise Raffle
N.J.A.C. 13:47-8.7

Stub				Ticket			
Name	Address	State	City	NJ LGCCC Identification #	NJ LGCCC Identification #	Municipal RL #	Municipal RL #
		ZIP code			Name of Organization		
			Telephone Number		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."		
Ticket #				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.

Internet

This is the information that will be filled in by the purchaser of the ticket.

This information is required, but you may also add additional contact information.

This number will be issued by the Municipality once the game of chance has been approved by the LGCCC.

A space for the information as well as "XX" should be used as a place holder.

This is the number supplied on the Registration card from the Legalized Games of Chance License.

This number needs to be written in exactly as it appears on the registration card.

These spaces relate to the ticket information.

The price of the ticket is required.

How the tickets will be numbered must be provided for ticket to be accepted.

This information must match the information supplied on the application regarding the game of chance.

This statement must be included on all Off Premise Merchandise Raffle Tickets

The name of the organization that is listed on the registration card issued by the LGCCC
 The name of the organization must be written exactly as it appears on the Registration card.

Any Alteration will be denied by the LGCCCC

Sample Ticket

Off Premises Merchandise Raffle

N.J.A.C. 13:47-8.7

Stub	Ticket
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%; text-align: center;">Name</div> <div style="width: 15%; text-align: center;">Address</div> <div style="width: 15%; text-align: center;">State</div> <div style="width: 15%; text-align: center;">City</div> <div style="width: 15%; text-align: center;">ZIP code</div> <div style="width: 15%; text-align: center;">Telephone Number</div> <div style="width: 15%; text-align: center;">Municipal RL #</div> </div> <hr style="margin-top: 20px;"/> <div style="text-align: center;">Ticket #</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">NJ LGCCC Identification #</div> <div style="width: 45%; text-align: center;">Municipal RL #</div> </div> <hr style="margin-top: 10px;"/> <div style="text-align: center;">Name of Organization</div> <hr style="margin-top: 5px;"/> <hr style="margin-top: 5px;"/> <hr style="margin-top: 5px;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">List of Prizes</div> <div style="width: 45%; text-align: center;">Retail Values</div> </div> <hr style="margin-top: 10px;"/> <div style="text-align: center;">Location of Drawing</div> <hr style="margin-top: 10px;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">Date of Drawing</div> <div style="width: 45%; text-align: center;">Time of Drawing</div> </div> <hr style="margin-top: 10px;"/> <div style="text-align: center;">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."</div> <hr style="margin-top: 10px;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">Price of Ticket</div> <div style="width: 45%; text-align: center;">Ticket #</div> </div>

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.



New Jersey Office of 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

Instructions for Filing the Raffle Report of Operations

Pursuant to N.J.A.C. 13:47-9.1, licensees must file a report of operations with the Legalized Games of Chance Control Commission (“Commission”) no later than the 15th day of the calendar month immediately following the calendar month in which the licensed activity was held, operated or conducted.

You may download this report and complete ALL of the entries for each occasion(s) relating to the conduct of all raffles, except for instant raffle games and carnival games and wheels. Once completed, a member/officer shall certify that he/she has reviewed the report and that the information provided is true, accurate and complete. This will require the person to state their name and title, and sign the document before a notary public.

Raffle Report of Operations for the conduct of off-premises 50/50 or merchandise raffles must be submitted along with a printer’s certificate and a sample ticket. All reports on paper are to be mailed to the Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101.

However, for your convenience, we offer the ability to file reports electronically via e-mail, EXCEPT FOR OFF-PREMISES 50/50 RAFFLES INVOLVING ADDITIONAL FEES. To employ this option, you must do a “SAVE AS” of the report, and place it onto your personal computer. Complete the report by using the “TAB” key to maneuver through each field.

Upon completion, the member/officer shall certify by placing a check in the box provided, that he/she has reviewed the report and that the information provided is true, accurate and complete. Subsequently, the person must state his/her name and title. Reports that are not properly certified will be sent or e-mailed back.

Raffle Report of Operations completed online must be e-mailed to the Commission at PetermanA@dca.lps.state.nj.us.

It is recommended that you maintain a copy of all reports as part of the organization’s records.



New Jersey Office of 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

Raffle Report of Operations

Please print clearly.

Identification number _____

Municipality _____ License number _____

Name of licensee _____
Organization _____

Street address _____ City _____ State _____ ZIP code _____

Location of games _____

This report, as required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9, must be filed with the Legalized Games of Chance Control Commission no later than the 15th day of the month following the conduct of the game(s) of chance.

Occasion 1 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold	_____	4. Cost of prizes	\$ _____	Type of prize(s)	_____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____		_____
3. Gross receipts	\$ _____	6. Other expenses	\$ _____		_____
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____

Occasion 2 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold	_____	4. Cost of prizes	\$ _____	Type of prize(s)	_____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____		_____
3. Gross receipts	\$ _____	6. Other expenses	\$ _____		_____
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____

Occasion 3 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold	_____	4. Cost of prizes	\$ _____	Type of prize(s)	_____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____		_____
3. Gross receipts	\$ _____	6. Other expenses	\$ _____		_____
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____

Occasion 4 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold	_____	4. Cost of prizes	\$ _____	Type of prize(s)	_____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____		_____
3. Gross receipts	\$ _____	6. Other expenses	\$ _____		_____
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____



New Jersey Office of 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

Instructions for Filing the Bingo Report of Operations

Pursuant to N.J.A.C. 13:47-9.1, licensees are to file a report of operations with the Legalized Games of Chance Control Commission (“Commission”) no later than the 15th day of the calendar month immediately following the calendar month in which the licensed activity was held, operated or conducted.

You may download this report and complete ALL of the entries for each occasion(s) relating to the conduct of bingo. Once completed, a member/officer shall certify that he/she has reviewed the report and that the information provided is true, accurate and complete. This will require the person to state his/her name and title, and sign the document before a notary public.

Bingo Report of Operations completed must be mailed to the Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101.

However, for your convenience, we offer the ability to file reports electronically via e-mail. To employ this option, you must do a “SAVE AS” of the report, and place it onto your personal computer. Complete the report by using the “TAB” key to maneuver through each field.

Upon completion, the member/officer shall certify by placing a check in the box provided, that he/she has reviewed the report and that the information provided is true, accurate and complete. Subsequently, the person must state his/her name and title. Reports that are not properly certified will be sent or e-mailed back.

Bingo Report of Operations completed online must be e-mailed to the Commission at PetermanA@dca.lps.state.nj.us .

It is recommended that you maintain a copy of all reports as part of the organization’s records.



New Jersey Office of 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

Bingo Report of Operations

Please print clearly.

Identification number _____

Municipality _____ License number _____

Name of licensee _____

Organization _____

Street address _____

City _____

State _____

ZIP code _____

Location of games _____

This report, as required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9, must be filed with the Legalized Games of Chance Control Commission no later than the 15th day of the month following the conduct of the game(s) of chance.

Occasion 1 Date _____ Time _____ Number of players _____

1. Regular games sales	\$ _____	9. Regular games payout	\$ _____	16. Rentals	\$ _____
2. Special games sales	\$ _____	10. Special games payout	\$ _____	17. Supplies/equip.	\$ _____
3. 50/50 Bingo games sales	\$ _____	11. 50/50 Bingo games payout	\$ _____	18. Comp. Workers	\$ _____
4. Multicolor games sales	\$ _____	12. Multicolor games payout	\$ _____	19. Total expenses	\$ _____
5. Progressive games sales	\$ _____	13. Progressive jackpot/cons.	\$ _____		
6. Predraw games sales	\$ _____	14. Predraw payout	\$ _____		
7. Electronic hand-held sales	\$ _____				
Adm. cards	\$ _____				
8. Total sales	\$ _____	15. Total payout	\$ _____	20. Net proceeds	\$ _____

Occasion 2 Date _____ Time _____ Number of players _____

1. Regular games sales	\$ _____	9. Regular games payout	\$ _____	16. Rentals	\$ _____
2. Special games sales	\$ _____	10. Special games payout	\$ _____	17. Supplies/equip.	\$ _____
3. 50/50 Bingo games sales	\$ _____	11. 50/50 Bingo games payout	\$ _____	18. Comp. Workers	\$ _____
4. Multicolor games sales	\$ _____	12. Multicolor games payout	\$ _____	19. Total expenses	\$ _____
5. Progressive games sales	\$ _____	13. Progressive jackpot/cons.	\$ _____		
6. Predraw games sales	\$ _____	14. Predraw payout	\$ _____		
7. Electronic hand-held sales	\$ _____				
Adm. cards	\$ _____				
8. Total sales	\$ _____	15. Total payout	\$ _____	20. Net proceeds	\$ _____

Occasion 3 Date _____ Time _____ Number of players _____

1. Regular games sales	\$ _____	9. Regular games payout	\$ _____	16. Rentals	\$ _____
2. Special games sales	\$ _____	10. Special games payout	\$ _____	17. Supplies/equip.	\$ _____
3. 50/50 Bingo games sales	\$ _____	11. 50/50 Bingo games payout	\$ _____	18. Comp. Workers	\$ _____
4. Multicolor games sales	\$ _____	12. Multicolor games payout	\$ _____	19. Total expenses	\$ _____
5. Progressive games sales	\$ _____	13. Progressive jackpot/cons.	\$ _____		
6. Predraw games sales	\$ _____	14. Predraw payout	\$ _____		
7. Electronic hand-held sales	\$ _____				
Adm. cards	\$ _____				
8. Total sales	\$ _____	15. Total payout	\$ _____	20. Net proceeds	\$ _____

Utilization of Net Proceeds

Date	Description	Check number	Amount

Bank

Name	Address where balance is deposited	Account number

Person Responsible for Use of Proceeds

Name	Address	Telephone number <small>(include area code)</small>

I certify that all of the statements on this report of operations are true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment. Facts stated on this report are regarded as if made under oath.

N.J.S.A. 5:8-37 “It shall be the duty of each licensee to maintain and keep such books and records as may be necessary to substantiate the particulars of each such report.”

I certify that I have reviewed this report and that the information on this report of operations is true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

*I **certify** by placing a check in this box, that I have reviewed the report and that the information provided is true, accurate and complete.*

You must state your name and title below. Reports that are not properly certified will be sent or e-mailed back.

Name and title of officer (please print)

Signature of officer

Sworn and subscribed to before me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

