

Township of Tewksbury

169 Old Turnpike Rd., Calton, New Jersey 07830
Telephone: 908-439-0022
Administration Fax: 908-439-0034
Finance Fax: 908-439-0035



RAFFLE APPLICATION PACKET

This Raffle Application Packet has been prepared to make the Raffle Application process easier for your organization to understand and follow the guidelines in obtaining a Raffle License for your fundraising event.

The Raffle Application Packet includes:

1. Instructions to successfully complete your Raffle Application
2. Raffle Application
3. Sample Ticket for Off-Premise Raffle
4. Legalized Games of Chance Control Commission Fee Schedules
5. Instructions for Filing the Raffle Report of Operations
6. Raffle Report of Operations

We hope you find this information helpful when completing the Raffle Application.
Best wishes for a successful fundraising event.

Jennifer Ader, RMC, CMR
Municipal Clerk

HOW TO APPLY AND OBTAIN A RAFFLE LICENSE

1. Complete the Raffle Application:

Submit four (4) copies of your completed Raffle Application at least 8 weeks prior to your scheduled event to the Tewksbury Township Municipal Hall. Each copy of the complete Raffle Application must have original notarized signatures. Photocopied signatures cannot be accepted. Please refer to the Raffle Application instructions included in this packet when completing your application.

The original Legalized Games of Chance Control Commission Registration Certificate issued by the LGCCC to your organization must be presented at the time of the Raffle Application is submitted. Raffle Applications will not be processed otherwise.

Please visit the LGCCC website at http://www.state.nj.us/lps/ca/lgccc/lgc_registration.htm or contact LGCCC at 973-273-8000 for details on how to obtain or renew your registration certificate.

2. Raffle Application Fees

Submit checks with your completed raffle Application.

The check is made payable to "LGCCC" in the amount listed on the LGCCC Fee Schedule. The LGCCC fees vary depending on the type and value of raffle prizes offered.

Refer to the LGCCC Fee Schedule included in the packet.

3. Approval by the Township of Tewksbury

The Mayor and Township Committee must formally approve your Raffle Application. Keep in mind, the Committee Meetings are held on the 2nd Tuesday of each month. Upon approval by the Mayor and Township Committee, the office prepares a Findings and Determination Report which will be mailed to the State together with your Raffle Application and check payable to the LGCCC.

4. Approval by the Legalized Games of Chance Control Commission (LGCCC)

The Clerk's Office will be authorized to issue a Raffle License upon State approval. State approval takes approximately 15 days.

5. Issuance of Raffle License

Upon receiving State approval, the Clerk's Office will prepare your Raffle License for issuance and you will be notified when your Raffle License is available for pick up. Congratulations! You have successfully completed the Raffle Application process and your Raffle License has been issued.

6. Raffle Report of Operations to be Filed

After the raffle is over, but no later than the 15th day of the calendar month immediately after the raffle event, your organization must file a Report of Operations with the LGCCC. We have included a Raffle Report of Operations form and instructions in this packet.

The completed Raffle Report of Operations is mailed directly to the Legalized Game of Chance Control Commission, P.O. Box 46000, Newark, NJ 07101, and a copy filed with the Township of Tewksbury.

RAFFLE APPLICATION INSTRUCTIONS

PART A - GENERAL

1. Print the name of organization as it appears on LGCCC ID registration card.
- 2a Print the address of organization as it appears on LGCCC ID registration card.
- 2b The mailing address of should reflect the name and address of the person who is to receive the Raffle License, Report of Operations form, and any other pertinent information regarding the raffle.
3. Date, time and type of raffle (example: July 1, 2010, 7:30 p.m., Off-premise 50/50 Cash prize)
4. Address of the location where raffle will be conducted (must be in Lake Como)
5. Answer question, Yes or No.
6. Answer question.

PART B - QUALIFICATION OF APPLICANT

1. Answer question, Yes or No.
2. Answer question, Yes or No.
3. Answer question.
4. If answer to either 1. or 2., By-laws, Charter, or Certificate of Incorporation must be attached

PART C – SCHEDULE OF EXPENSES

Complete list of expenses

PART D – SCHEDULE OF PURPOSES

1. State specific purpose of holding your raffle event
2. Complete only if another organization will be receiving the proceeds of the raffle.

PART E – SCHEDULE OF PRIZES

Description of ALL prizes and their value

- For 50/50 cash prizes, please indicate number of cash prizes and % of gross cash proceeds to be awarded.
- For merchandise prizes, please describe ALL merchandise prizes and value of each prize. If you are not aware of the retail value, please state "to be determined" or "unknown at this time."

PART F - OFFICERS OF APPLICANT

A minimum of two (2) officers must be listed. Complete all information requested for each officer listed.

PART G - MEMBERS OF APPLICANT WHO WILL BE IN CHARGE OF THE GAMES

At least one (1) member in charge must be listed. Complete all information requested for each member listed.

Responsible persons must be "over age 21".

PART H - MEMBERS OF APPLICANT WHO WILL ASSIST IN CONDUCTING THE GAMES

Complete all information requested for members who will assist in conducting the raffle event. Responsible persons must be "over age 21".

PART I - NAMES OF OTHER ORGANIZATIONS WHOSE MEMBERS WILL ASSIST IN CONDUCTING THE GAMES

Complete if applicable

PART J - STATEMENT OF APPLICATION AND MEMBERS IN CHARGE

Signature of Officer and Title – individual must be listed in PART F of the Raffle Application Member(s)-in-charge - individual(s) must be listed in PART G of the Raffle Application. All signatures must be original and notarized!

IMPORTANT: If you are applying for an OFF-PREMISE RAFFLE FOR EITHER CASH OR MERCHANDISE PRIZES you are required to attach a sample raffle ticket to your application. If you need assistance with your ticket, please contact the Legalized Games of Chance Control Commission at 973-273-8000 or visit their website at http://www.state.nj.us/lps/ca/lgccc/lgc_applications.htm

Identification No. _____

Name of municipality: _____

b. Mailing address (if different):

- [illegible]

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

[illegible]

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.

[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.
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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.

Township of Tewksbury

169 Old Turnpike Rd., Califon, New Jersey 07830
Telephone: 908-439-0022
Administration Fax: 908-439-0034
Finance Fax: 908-439-0035



AFFIDAVIT

NOTE: All members listed in Parts F & G of Raffle/Bingo Application must file an Affidavit

(Please Print)

I, _____, associated with the organization of
_____ having the LGCCC registration number of
_____ do solemnly swear (or affirm) that I am of good moral character and
that I have never been convicted of a crime. I understand that a copy of this Affidavit will be
made part of the Raffle Application and may be forwarded to the State of New Jersey's
Department of Law & Public Safety Legalized Games of Chance Control Commission.

Signature

Date

Notarized by:

(Notary Public of New Jersey)

Date

My commission expires on _____

(Apply Notary Seal Here)

Sample Ticket

Off Premises Merchandise Raffle

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

Stub

Ticket

Name		Address		City		State		ZIP code		Telephone Number		NJ LGCCC Identification#		Municipal RL #	
Ticket #															
NJ LGCCC Identification #														Municipal RL #	
Name of Organization															
List of Prizes														Retail Values	
Date of Drawing														Location 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.

LGCCC FEE SCHEDULE

- 1) Bingo - \$20.00 for each occasion.
- 2) On-Premise Draw Raffle for Cash (50/50) or Merchandise - \$20.00 for each day on which a drawing is to be conducted under license. (Exceeding \$400.00 total prize value)
- 3) On-Premise Draw Raffle for Cash (50/50) or Merchandise – (Not exceeding \$400.00 total prize value) – No Licensing Fee.
- 4) Off-Premise Draw Raffle - \$20.00 awarding merchandise as a prize (for each \$1,000 or part thereof).
- 5) Off-Premise (50/50) Raffle - \$20.00 fee application. If more than \$1,000 in awarded prizes, then \$20.00 per \$1,000 in awarded prizes or part thereof.
- 6) Carnival Games or Wheel - \$20.00 for each game or wheel held on any one day, or series of consecutive days not exceeding 6 at any one location.
- 7) Special Door Prize Raffle – No Fee and no license: provided the merchandise is wholly donated and has retail value of less than \$50.00. NOTE: Cannot be conducted when other games of chance are being conducted, held or operated.
- 8) Calendar Raffle - \$20.00 (for each \$1,000 or part thereof the retail value of the prize)
- 9) Instant Raffle –
 - a) \$20.00 for each day on which instant raffle tickets are sold or offered for sale, or
 - b) \$750.00 for a one-year license
- 10) Golf Hole-In-One - \$20.00 (for each \$1,000 or part thereof of retail value of ancillary prizes)
- 11) Armchair Race (Nite at the Races) - \$50.00 per licensed day of operation
- 12) Casino Night - \$100.00 per occasion

Please submit correct fee in the form of check made payable to Legalized Game of Chance Control Commission (LGCCC). You must come in person to the Township Clerk's Office, and bring with you your **VALID REGISTRATION IDENTIFICATION CARD ISSUED BY THE STATE (NJLGCCC)**.



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 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 must 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 must 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 that person must complete the information on page 3 and have the report notarized.

The Raffle Report of Operations for the conduct of off-premises 50/50 or merchandise raffles is to be accompanied with a sample ticket. Reports are to be mailed to Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101, or emailed to 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 \$ _____

Occasion 6		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	\$ _____	(If needed, attach separate sheet)	
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____

Total number of occasions	_____
Total number of tickets sold (1-6 combined)	_____
Price of tickets.....	\$ _____
Total gross proceeds (1-6 combined)	\$ _____
Total expenses (1-6 combined)	\$ _____
Total net proceeds (1-6 combined).....	\$ _____

[illegible][illegible]

Bank

Name	Address where balance is deposited	Account number

Person Responsible for Use of Proceeds

Name	Address	Telephone number (include area code)

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.

Prizes Offered or Awarded

Please list the prizes offered or awarded and their respective retail values.

Prizes Offered or Awarded	Retail Value	Prizes Offered or Awarded	Retail Value

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 emailed 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

Affix Seal Here

Bank

Name	Address where balance is deposited	Account number

Person Responsible for Use of Proceeds

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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 emailed 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

Affix Seal Here