



**Borough of Milltown**  
 Borough Clerk's Office  
 39 Washington Ave.  
 Milltown, NJ 08850  
 (732)828-2100 Extension 181  
 Fax (732)249-4568

# Checklist for Raffles Applicants

New Jersey Legalized Games of Chance Control Commission (LGCCC) has final say on all determinations for games of chance. Milltown Borough 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"> <li>All applications must be submitted 4 (four) weeks prior to event           <ul style="list-style-type: none"> <li>Date Submitted _____</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Contact information for application           <ul style="list-style-type: none"> <li>Name _____</li> <li>E-mail _____</li> <li>Phone _____</li> <li>Organization _____</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Application must be submitted in quadruplicate (4 copies)           <ul style="list-style-type: none"> <li>Each copy of the application must contain at least two (2) original signatures</li> <li>Each copy of the application must contain an original notary seal</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Copy of valid Registration card issued by LGCCC           <ul style="list-style-type: none"> <li>Must be valid through the date of Raffle               <ul style="list-style-type: none"> <li>License Number _____ Expiration Date _____</li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Date of Raffle _____</li> </ul>
	<ul style="list-style-type: none"> <li>Type of Raffle (50/50, Gift Auction, Calendar, Bingo) _____</li> </ul>
	<ul style="list-style-type: none"> <li>Is the Raffle On Premise or Off Premise (Please choose one)           <ul style="list-style-type: none"> <li>On Premise               <ul style="list-style-type: none"> <li>Tickets will only be sold at the event and <b>Winner must be present to receive prize</b></li> </ul> </li> <li>Off Premise               <ul style="list-style-type: none"> <li>Tickets can be sold prior to the event and <b>Winner does not need to be present to receive prize</b></li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Sample ticket needs to be provided if the raffle is Off Premise</li> </ul>
	<ul style="list-style-type: none"> <li>Check for fees payable to Legalized Games of Chance Control Commission (LGCCC)           <ul style="list-style-type: none"> <li>For fee schedule, please visit <a href="http://www.njconsumeraffairs.gov/lgccc/Pages/licensefees.aspx">http://www.njconsumeraffairs.gov/lgccc/Pages/licensefees.aspx</a></li> <li>Common games of chance and corresponding fees are attached</li> </ul> </li> </ul> <p>Check Number _____ Amount _____</p>
	<ul style="list-style-type: none"> <li>Check for fees payable to Borough of Milltown           <ul style="list-style-type: none"> <li>Five Dollars (\$5.00) for each application</li> </ul> </li> </ul> <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 15<sup>th</sup> 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>





**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.**

# 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> <hr style="margin: 10px 0;"/> <div style="display: flex; justify-content: space-between;"> <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
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%; border-right: 1px solid black; text-align: center;">Name</div> <div style="width: 15%; border-right: 1px solid black; text-align: center;">Address</div> <div style="width: 15%; border-right: 1px solid black; text-align: center;">State</div> <div style="width: 15%; border-right: 1px solid black; text-align: center;">City</div> <div style="width: 15%; border-right: 1px solid black; text-align: center;">Telephone Number</div> <div style="width: 15%; text-align: center;">Municipal RL #</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 15%; border-right: 1px solid black; text-align: center;">NJ LGCCC Identification#</div> <div style="width: 15%; text-align: center;">Municipal RL #</div> </div> <div style="text-align: center; margin-top: 20px;">Ticket #</div>	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">NJ LGCCC Identification #</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Municipal RL #</div> </div> <div style="text-align: center; margin-bottom: 10px;"> <div style="border-top: 1px solid black; width: 100%; text-align: center;">Name of Organization</div> <div style="border-top: 1px solid black; width: 40%; margin: 0 auto;"></div> <div style="border-top: 1px solid black; width: 40%; margin: 0 auto;"></div> <div style="border-top: 1px solid black; width: 40%; margin: 0 auto;"></div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">List of Prizes</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Retail Values</div> </div> <div style="text-align: center; margin-bottom: 10px;"> <div style="border-top: 1px solid black; width: 100%; text-align: center;">Location of Drawing</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Date of Drawing</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Time of Drawing</div> </div> <div style="text-align: center; margin-bottom: 10px;"> <div style="border-top: 1px solid black; width: 100%; 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> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Price of Ticket</div> <div style="width: 45%; border-top: 1px solid black; 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 the 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

# 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. \_\_\_\_\_

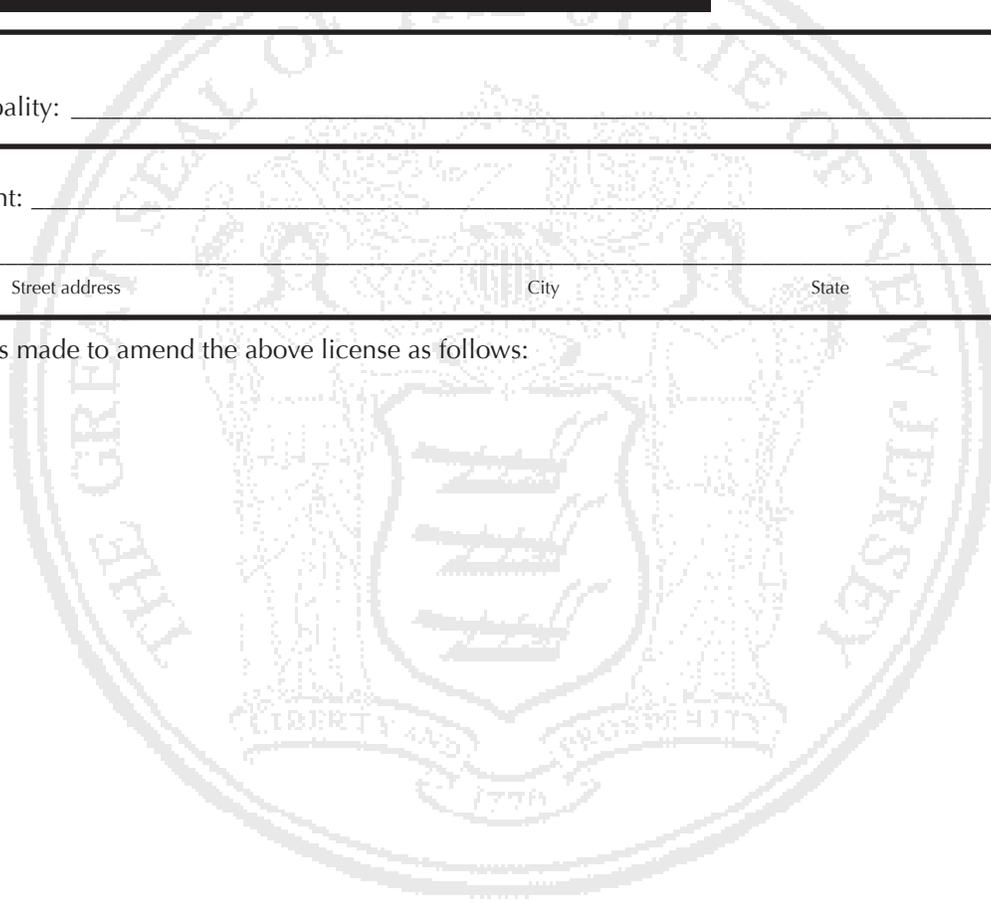
Please print clearly.

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.
- 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



\_\_\_\_\_  
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.**



***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	\$ _____



**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.

**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." Facts stated on this report are regarded as if made under oath.

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

