INSTRUCTIONS FOR FILING RAFFLE/BINGO LICENSE

1. Fully complete four (4) copies of the application for Raffle License.

2. Submit all four copies of the applications to the Borough Clerk at least seven days prior to a meeting of the Borough Council.

3. If the raffle is off-premise, (tickets for raffle to be sold in advance with a specified time and place of drawing), a form of the raffle ticket must be submitted with the application.

4. Fees for the raffle must be submitted with the application as follows:

   (a) **OFF-PREMISE RAFFLE (AWARDING MERCHANDISE)** – Total value of prizes awarded equal to $1,000.00 or less - $20.00 cash, money order or check made payable to "Borough of Little Ferry" and $20.00 check or money order to "Legalized Games of Chance Control Commission".

   Total prizes equal to $1,000.01 to $2,000.00 - $40.00 to "Borough" and $40.00 to "Legalized Games of Chance Control Commission".

   To continue the above schedule, add an additional $20.00 for both the "Borough" and "Legalized Games of Chance Control Commission" for each additional $1,000, or part thereof, of the retail value of prizes.

   OFF PREMISE RAFFLE (50/50) – An initial fee of $20.00 to the "Borough" and $20.00 to "Legalized Games of Chance Control Commission" After raffle is held and the awarded prize is determined to exceed $1,000.00, an additional fee of $20.00 per $1,000.00 or part thereof, is due both the "Borough" and "Legalized Games of Chance Control Commission" upon the filing of the Report of Operations.

   (b) **ON-PREMISE RAFFLE (AWARDING MERCHANDISE)** – If total value of prizes awarded is under $400.00, no fee is required. If value is above $400.00, a fee of $20.00 is due "Borough" and $20.00 to "Legalized Games of Chance Control Commission". There are no additional charges.

   ON PREMISE RAFFLE (50/50) – If total value of awarded prize is under $400.00, no fee is required . After raffle is held and the awarded prize is determined to exceed $400.00, a fee of $20.00 is due the "Borough" and $20.00 to "Legalized Games of Chance Control Commission". There are no additional charges.

(c) **BINGO** - $20.00 to the "Borough" and $20.00 to "Legalized Games of Chance Control Commission" for each occasion on which Bingo is held.

5. Cash prizes are prohibited except for a 50/50 raffle. Cash includes Government bonds, gift checks and certain types of gift certificates.

6. Prizes of alcoholic beverages are prohibited.

7. Raffle license and copy of application must be displayed at the time the raffle is held.

8. Report of Raffle Operations must be filed with "Legalized Games of Chance Control Commission" within fifteen (15) days after the raffle is held. If the raffle is off-premise, a sample ticket and printer's certificate must be submitted with the report.

9. If you have any questions, please call (201) 641-8462.

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 for a Bingo License

Application No. ***BA***_____
Identification No. _____

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

Please print clearly.

Name of municipality: _____

Part A - General

1. Name of applying organization: _____
2a. Street address of headquarters: _____
b. Mailing address (if different):

3. List date(s) and hours for games:

Date	Hours	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Address of place where bingo will be played:

a. Does the applicant own the premises or regularly occupy them for its general purposes? ☐ Yes ☐ No
b. If "No," from whom will the applicant rent the premises?
Name _____ Address _____
c. If premises are to be rented, attach Form 10, "Statement of Landlord."

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Bingo 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 cash prizes, state the amount; 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 Amount (for cash prizes) or Article (Additionally, please attach a schedule of the games to be conducted.)	**Retail value**

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. (include area code)	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 ➡

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

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.

RAFFLE AND BINGO LICENSE BACKGROUND CHECK

AUTHORIZATION WAIVER

Name: _____ Date of Birth: _____

Address: _____

Driver's License # _____

To Whom It May Concern:

I respectfully permit and authorize you, the **LITTLE FERRY POLICE DEPARTMENT,** to conduct an in-house background check. This authorization is given for one full year from the date of this signed waiver should I participate in any future raffle licenses being issued. I also consent and give permission to copy any material contained therein.

I hereby release you, your organization, or others from liability or damage, which may result from furnishing the requested information.

The original of this form will be maintained by the Borough Clerk and will be made available upon demand. The information requested is to be used to assist the Little Ferry Police Department in processing my application.

Signature: _____

Date: _____

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 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 each bingo game. 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 Bingo Report of Operations is to be mailed to the Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101, or emailed to AskGames@dca.njoag.gov .

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

E-Mail Form | Clear Form

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 (format ###-##-#####) _____

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	$	10. Regular games payout	$	17. Rentals	$
2. Special games sales	$	11. Special games payout	$	18. Supplies/equip.	$
3. 50/50 Bingo games sales	$	12. 50/50 Bingo games payout	$	19. Comp. Workers	$
4. Multicolor games sales	$	13. Multicolor games payout	$	20. Total expenses	$ 0
5. Progressive games sales	$	14. Progressive jackpot/cons.	$		
6. Predraw games sales	$	15. Predraw payout	$		
7. Electronic hand-held sales	$				
8. Admission cards	$				
9. Total sales	$ 0	16. Total payout	$ 0	21. Net proceeds	$ 0

Occasion 2 Date _____ Time _____ Number of players _____

1. Regular games sales	$	10. Regular games payout	$	17. Rentals	$
2. Special games sales	$	11. Special games payout	$	18. Supplies/equip.	$
3. 50/50 Bingo games sales	$	12. 50/50 Bingo games payout	$	19. Comp. Workers	$
4. Multicolor games sales	$	13. Multicolor games payout	$	20. Total expenses	$ 0
5. Progressive games sales	$	14. Progressive jackpot/cons.	$		
6. Predraw games sales	$	15. Predraw payout	$		
7. Electronic hand-held sales	$				
8. Admission cards	$				
9. Total sales	$ 0	16. Total payout	$ 0	21. Net proceeds	$ 0

Occasion 3 Date _____ Time _____ Number of players _____

1. Regular games sales	$	10. Regular games payout	$	17. Rentals	$
2. Special games sales	$	11. Special games payout	$	18. Supplies/equip.	$
3. 50/50 Bingo games sales	$	12. 50/50 Bingo games payout	$	19. Comp. Workers	$
4. Multicolor games sales	$	13. Multicolor games payout	$	20. Total expenses	$ 0
5. Progressive games sales	$	14. Progressive jackpot/cons.	$		
6. Predraw games sales	$	15. Predraw payout	$		
7. Electronic hand-held sales	$				
8. Admission cards	$				
9. Total sales	$ 0	16. Total payout	$ 0	21. Net proceeds	$ 0

Occasion 4 Date _____ Time _____ Number of players_____

1. Regular games sales	$ _____	10. Regular games payout	$ _____	17. Rentals	$_____
2. Special games sales	$ _____	11. Special games payout	$ _____	18. Supplies/equip.	$_____
3. 50/50 Bingo games sales	$ _____	12. 50/50 Bingo games payout	$ _____	19. Comp. Workers	$_____
4. Multicolor games sales	$ _____	13. Multicolor games payout	$ _____	20. Total expenses	$0_____
5. Progressive games sales	$ _____	14. Progressive jackpot/cons.	$ _____		
6. Predraw games sales	$ _____	15. Predraw payout	$ _____		
7. Electronic hand-held sales	$ _____				
8. Admission cards	$ _____				
9. Total sales	$ 0_____	16. Total payout	$ 0_____	21. Net proceeds	$0_____

Occasion 5 Date _____ Time _____ Number of players_____

1. Regular games sales	$ _____	10. Regular games payout	$ _____	17. Rentals	$_____
2. Special games sales	$ _____	11. Special games payout	$ _____	18. Supplies/equip.	$_____
3. 50/50 Bingo games sales	$ _____	12. 50/50 Bingo games payout	$ _____	19. Comp. Workers	$_____
4. Multicolor games sales	$ _____	13. Multicolor games payout	$ _____	20. Total expenses	$0_____
5. Progressive games sales	$ _____	14. Progressive jackpot/cons.	$ _____		
6. Predraw games sales	$ _____	15. Predraw payout	$ _____		
7. Electronic hand-held sales	$ _____				
8. Admission cards	$ _____				
9. Total sales	$ 0_____	16. Total payout	$ 0_____	21. Net proceeds	$0_____

Occasion 6 Date _____ Time _____ Number of players_____

1. Regular games sales	$ _____	10. Regular games payout	$ _____	17. Rentals	$_____
2. Special games sales	$ _____	11. Special games payout	$ _____	18. Supplies/equip.	$_____
3. 50/50 Bingo games sales	$ _____	12. 50/50 Bingo games payout	$ _____	19. Comp. Workers	$_____
4. Multicolor games sales	$ _____	13. Multicolor games payout	$ _____	20. Total expenses	$0_____
5. Progressive games sales	$ _____	14. Progressive jackpot/cons.	$ _____		
6. Predraw games sales	$ _____	15. Predraw payout	$ _____		
7. Electronic hand-held sales	$ _____				
8. Admission cards	$ _____				
9. Total sales	$ 0_____	16. Total payout	$ 0_____	21. Net proceeds	$0_____

Schedule of Expenses

Date	Description	Check number	Amount

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 (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.

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