

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 Raffle License

Application No. **RA** _____

Identification No. _____

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

Please print clearly.

Name of municipality: _____

Part A - General

1. Name of applying organization: _____
- 2a. Street address of headquarters: _____
- b. Mailing address (if different): _____
3. A license is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

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

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

b. Does the applicant own the premises or regularly occupy them for its general purposes? ☐ Yes ☐ No

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

Part B - Schedule of Expenses

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

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

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



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
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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 AskGames@dca.njoag.gov.

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



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Raffle 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 _____ 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