



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

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
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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.



BOROUGH OF OAKLAND
1 MUNICIPAL PLAZA
OAKLAND, NEW JERSEY 07436

AFFADAVIT FOR RAFFLE APPLICATION

Raffle Application No. _____

Identification No. _____

Name of Applicant: _____

This is to attest that the individuals listed below, who will be members in charge of the games of chance, are bona fide active members, are of good moral character, and have never been convicted of a crime.

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

Name of Member In Charge

Residential Address

_____	_____
_____	_____
_____	_____

Signature of Officer and Title

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 20____.

(SEAL OF NOTARY)

Sample Ticket

Off Premises Merchandise Raffle

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

Stub		Ticket	
<div> <div>Name</div> <div>Address</div> <div>City</div> <div>State</div> <div>ZIP code</div> <div>Telephone Number</div> <div>Municipal RL #</div> </div>		<div> <div>NJ LGCCC Identification #</div> <div>Municipal RL #</div> </div>	
<div> <div>Name of Organization</div> <div>List of Prizes</div> <div>Retail Values</div> </div>		<div> <div>Location of Drawing</div> <div>Date of Drawing</div> <div>Time of Drawing</div> </div>	
<div> <div>Purpose to which entire proceeds will be devoted</div> <div>"No substitution of the offered prize may be made and no cash will be given in lieu of the prize."</div> </div>		<div> <div>Price of Ticket</div> <div>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.

Sample Ticket

Off Premises Raffle Awarding Cash

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

Stub		Ticket	
<div> <div>Name</div> <div>Address</div> <div>City</div> <div>State</div> <div>ZIP code</div> <div>Telephone Number</div> <div>Municipal RL #</div> </div>		<div> <div>NJ LGCCC Identification #</div> <div>Municipal RL #</div> </div>	
<div> <div>Name of Organization</div> <div> <div>50/50</div> <div> This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate. </div> </div> </div>		<div> <div>Location of Drawing</div> <div>Time of Drawing</div> </div>	
<div> <div>Purpose to which entire proceeds will be devoted</div> <div>"No substitution of the offered prize may be made."</div> </div>		<div> <div>Price of Ticket</div> <div>Ticket #</div> </div>	

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