

## **INSTRUCTIONS FOR RAFFLE APPLICATIONS**

1. N.J.A.C. 13:47-2.1 Every organization applying to conduct raffles or to allow its members to assist a licensed affiliated organization shall, before making any such application or allowing any assistance, register with the Legalized Games of Chance Control Commission (LGCCC) and secure an Identification (ID) Number. The ID Number issued by LGCCC is valid for two years or until modified, suspended or revoked by the State.
2. Once your organization has an ID Number, complete the application in its entirety. Forms may be obtained at the State's website, <http://www.state.nj.us/lps/ca/lgccc.htm> or from the Township's Municipal Clerk.
3. Prepare **FOUR sets** of the complete application. While you may photocopy your application, the signatures of the Officer in Charge and Member in Charge on **each set** must be originals and notarized by a Notary Public.
4. If you are planning an off-premises raffle, a sample ticket must be included with each of the four raffle sets. A sample ticket is attached showing all information required.
5. The application must include **two checks in identical amounts** made payable to:

Colts Neck Township; and  
Legalized Games of Chance Control Commission.

A complete list of raffle fees is on the State's website (see No.2 above); however the most common type raffles have fees as follows:

On-premises 50/50 raffle: \$20.00;

Gift basket raffles: \$20.00

Off-premises draw raffles: \$20.00 for each \$1,000.00 value of raffle prize.

Casino Night/Texas Hold-Em: \$100

6. Please call the Township Municipal Clerk, **732-462-5470, x 121**, to arrange an appointment time to review you're the four notarized sets of the completed application . You must bring the original LGCCC Registration Certificate for viewing by the Municipal Clerk, which will be returned during the review.
7. The Municipal Clerk has the delegated authority to approve raffle applications without going through a Township Committee Meeting. When preparing for your raffle event, please plan to meet with the Municipal Clerk with your four notarized sets of each raffle application **at least 20 days** prior to your sale start date or raffle event.

8. Upon review and approval by the Municipal Clerk, the application will be mailed to the State LGCCC for final review and approval. Once the State's LGCCC has approved the application, the Municipal Clerk will issue the Raffle License and mail it to the registered organization at the mailing address shown on the LGCCC certificate unless other arrangements are made. The mail packet will include:
  - a. The original Township-sealed Raffle License to the organization;
  - b. A copy of the Findings and Determination for the application;
  - c. One set of the complete notarized application;
  - d. A sign that **must** be posted at the raffle event (1-800-GAMBLER); and
  - e. Raffle Report of Operations.
9. In accordance with State statute, the **Raffle Report of Operations** must be filed with the LGCCC no later than the 15<sup>th</sup> day of the month following the conduct of the game(s) of chance, with a copy provided to the Municipal Clerk's Office. **At the time of filing the Raffle Report of Operations, if additional fees are due, they must be sent to the LGCCC and the identical fees sent to the Colts Neck Township.** Failure to file a Raffle Report of Operations for a licensed raffle will delay or prohibit your organization from being approved for future raffle events, so please be timely in your report filing.

In the event you have any questions regarding the above procedures, please contact the Municipal Clerk's Office, 732-462-5470, ext. 121, weekdays between 8:30 a.m. and 4:30 p.m. and speak with Trina Lindsey, Registered Municipal Clerk, Colts Neck Township.

Visit the State's website <http://www.state.nj.us/lps/ca/lgccc.htm> for forms and additional information.

Trina Lindsey, RMC  
Registered Municipal Clerk  
Colts Neck Township  
732-462-5470, x 121  
[tlindsey@coltsneck.org](mailto:tlindsey@coltsneck.org)



**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)<br>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.**