

LICENSING FEES DUE TO THE CONTROL COMMISSION AND THE BOROUGH OF GARWOOD. FEES AMENDED OCTOBER 2, 2006.

**ON PREMISE**

On premise draw raffle for cash prizes (50/50) in excess of \$400.00 or merchandise prizes where the total combined retail value of prizes awarded is in excess of \$400.00: \$20.00 for each day on which a drawing(s) is to be conducted under license.

On premise draw raffle for cash prizes (50/50) that do not exceed \$400.00 or merchandise prizes where the total combined retail value of prizes awarded does not exceed \$400.00: NO LICENSING FEE. In the event the retail value of prize(s) offered or awarded exceeds \$400.00 in a raffle in which it was anticipated that the retail value would not exceed \$400.00, the licensee shall submit a check or money order made payable to the Legalized Games of Chance and a check or money order payable to the Borough of Garwood in the amount of \$20.00 at the time of filing the report of operations required by N.J.A.C. 13:47-9.

**OFF PREMISE**

Off premise draw raffle awarding merchandise as a prize: \$20.00 for each \$1,000 or part thereof of the retail value of the prize(s) to be awarded.

Off premise cash (50/50) raffle: a \$20.00 fee shall be paid at the time the application is filed. In the event the awarded prize exceeds \$1,000.00, then an additional fee of \$20.00 for each \$1,000.00 or part thereof in the value of the awarded prize in excess of \$1,000.00 shall be forwarded to the Borough of Garwood and also one to Legalized Games of Chance Control Commission together with the Report of Operations as required by N.J.A.C. 13:47-9.

\* **BINGO:** BOROUGH & LEGALIZED GAMES OF CHANCE: \$20.00 FOR EACH OCCASION ON WHICH BINGO IS HELD.

**CALENDAR RAFFLE:** BOROUGH & LEGALIZED GAMES OF CHANCE: \$20.00 (FOR EACH \$1,000 OR PART THEREOF OF THE RETAIL VALUE OF PRIZES.)

**GOLF HOLE-IN-ONE:** \$20.00 (FOR EACH \$1,000 OR PART THEREOF OF THE RETAIL VALUE OF ANCILLARY PRIZES.)

**ARMCHAIR RACE:** \$50.00 PER LICENSED DAY OF OPERATION

**CASINO NIGHTS:** \$100.00 PER OCCASION

**INSTANT RAFFLE:** \$20.00 FOR EACH DAY ON WHICH INSTANT RAFFLE TICKETS ARE SOLD OR OFFERED FOR SALE OR \$750.00 FOR A ONE YEAR LICENSE

**SPECIAL DOOR PRIZE RAFFLE:** NO FEE - NO LICENSE, PROVIDED THE MERCHANDISE IS WHOLLY DONATED AND HAS A RETAIL VALUE OF LESS THAN \$50.00. NOTE: CANNOT BE CONDUCTED WHEN OTHER GAMES OF CHANCE ARE BEING CONDUCTED

**CARNIVAL GAMES OR WHEELS:** \$20.00 FOR EACH GAME OR WHEEL HELD ON ANY ONE DAY, OR ANY SERIES OF CONSECUTIVE DAYS NOT EXCEEDING 6 AT ONE LOCATION

## RULES AND REGULATIONS FOR RAFFLE APPLICATIONS

NO ONE UNDER THE AGE OF 18 SHALL BE PERMITTED TO CONDUCT OR ASSIST IN THE CONDUCT OF THE PLAYING OF ANY GAME OF CHANCE.

NO LICENSEE SHALL OFFER, DISTRIBUTE OR GIVE ANY PRIZE CONSISTING OF REAL ESTATE OR AN INTEREST THEREIN, BONDS, SHARES OF STOCK, SECURITIES OR EVIDENCES OF INDEBTEDNESS, WEAPONS, LIVE ANIMALS, PERSONAL SERVICES OR ANY MERCHANDISE REFUNDABLE IN ANY OF THE FOREGOING OR IN MONEY OR CASH. GOLD BULLION IS ACCEPTABLE.

### ALCOHOLIC BEVERAGES MAY NOT BE AWARDED AS A PRIZE

LICENSE NEEDED FOR:

ON-PREMISE DRAW RAFFLE - NO TICKETS PRINTED, GENERALLY NUMBERS DRAWN DOOR PRIZE TYPE, CHINESE AUCTION ETC. TICKETS ARE NOT SOLD IN ADVANCE.

OFF-PREMISE DRAW RAFFLE - TICKETS ARE PRINTED AND SOLD BEFORE DRAWING.

NON-DRAW - WHEEL GAME TYPE OF CHANCE

50/50 RAFFLE - CASH DRAWING 50% OF PROCEEDS. 50/50 DRAWINGS MAY BE AN ON OR OFF PREMISE RAFFLE. TICKETS MAY BE SOLD IN ADVANCE.

### PACKET INCLUDES:

\*RULES AND REGULATIONS

\*FEE SCHEDULE

\*LGCCC 2R-A - APPLICATION FORM

\*PENCIL SKETCH OF TICKET (FILED WITH APPLICATION)

\*PRINTERS CERTIFICATE (FILED WITH REPORT OF OPERATIONS)

\*REPORT OF OPERATIONS FORM TO BE SENT DIRECTLY TO LEGALIZED GAMES OF CHANCE AFTER RAFFLE IS COMPLETE.

### DIRECTIONS:

COMPLETE APPLICATION AND PLEASE DO NOT FORGET TO HAVE IT NOTARIZED. PLEASE NOTE IN SECTION G. OF APPLICATION ALL SOCIAL SECURITY NUMBERS FOR THE MEMBERS IN CHARGE MUST BE INCLUDED. WHEN COMPLETED PLEASE RETURN APPLICATION AND PENCIL SKETCH (IF APPLICABLE) TO BOROUGH HALL. ALSO PLEASE BRING A COPY OF YOUR STATE AFFIDAVIT SHOWING YOUR ORGANIZATION'S I.D. NUMBER.

UPON RECEIVING VERIFICATION THAT YOUR APPLICATION HAS BEEN APPROVED BY THE MAYOR AND COUNCIL AND LEGALIZED GAMES OF CHANCE, YOU MAY HAVE TICKETS PRINTED. (PLEASE NOTE 14 DAYS SHALL HAVE ELAPSED BETWEEN THE TIME THE MUNICIPALITY FORWARDS THE APPLICATION AND LICENSING FEE TO THE CONTROL COMMISSION AND THE LICENSE IS ISSUED BY THE MUNICIPALITY).

REPORT OF OPERATIONS MUST BE FILED NO LATER THAN 15 DAYS AFTER THE RAFFLE IS HELD. RETURN REPORT AND PRINTER'S CERTIFICATE (IF APPLICABLE) TO, LEGALIZED GAMES OF CHANCE CONTROL COMMISSION, P.O. BOX 46000, NEWARK, NJ 07101.

NOTE: PACKET INCLUDES ONE COPY OF EACH FORM. PLEASE PRESENT ONE COPY OF APPLICATION WHEN APPLYING. COPIES WILL BE MADE AT THE BOROUGH HALL OFFICE.



**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 E - Officers of Applicant**

(1) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. <i>(include area code)</i>	
_____	Day _____ Evening _____	

(2) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. <i>(include area code)</i>	
_____	Day _____ Evening _____	

(3) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. <i>(include area code)</i>	
_____	Day _____ Evening _____	

(4) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. <i>(include area code)</i>	
_____	Day _____ Evening _____	

**Part F - Members of Applicant who will be in charge of the games**

Name of member in charge	Residence address	Telephone No. <i>(include area code)</i> 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.**



***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 ("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 bingo. 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 his/her name and title, and sign the document before a notary public.

Bingo Report of Operations completed must 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. 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.

Bingo Report of Operations completed online must be e-mailed to the Commission at [PetermanA@dca.lps.state.nj.us](mailto: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

## Bingo 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 _____	Number of players _____
1. Regular games sales	\$ _____	9. Regular games payout	\$ _____
2. Special games sales	\$ _____	10. Special games payout	\$ _____
3. 50/50 Bingo games sales	\$ _____	11. 50/50 Bingo games payout	\$ _____
4. Multicolor games sales	\$ _____	12. Multicolor games payout	\$ _____
5. Progressive games sales	\$ _____	13. Progressive jackpot/cons.	\$ _____
6. Predraw games sales	\$ _____	14. Predraw payout	\$ _____
7. Electronic hand-held sales	\$ _____		
Adm. cards	\$ _____		
8. Total sales	\$ _____	15. Total payout	\$ _____
		20. Net proceeds	\$ _____

Occasion 2	Date _____	Time _____	Number of players _____
1. Regular games sales	\$ _____	9. Regular games payout	\$ _____
2. Special games sales	\$ _____	10. Special games payout	\$ _____
3. 50/50 Bingo games sales	\$ _____	11. 50/50 Bingo games payout	\$ _____
4. Multicolor games sales	\$ _____	12. Multicolor games payout	\$ _____
5. Progressive games sales	\$ _____	13. Progressive jackpot/cons.	\$ _____
6. Predraw games sales	\$ _____	14. Predraw payout	\$ _____
7. Electronic hand-held sales	\$ _____		
Adm. cards	\$ _____		
8. Total sales	\$ _____	15. Total payout	\$ _____
		20. Net proceeds	\$ _____

Occasion 3	Date _____	Time _____	Number of players _____
1. Regular games sales	\$ _____	9. Regular games payout	\$ _____
2. Special games sales	\$ _____	10. Special games payout	\$ _____
3. 50/50 Bingo games sales	\$ _____	11. 50/50 Bingo games payout	\$ _____
4. Multicolor games sales	\$ _____	12. Multicolor games payout	\$ _____
5. Progressive games sales	\$ _____	13. Progressive jackpot/cons.	\$ _____
6. Predraw games sales	\$ _____	14. Predraw payout	\$ _____
7. Electronic hand-held sales	\$ _____		
Adm. cards	\$ _____		
8. Total sales	\$ _____	15. Total payout	\$ _____
		20. Net proceeds	\$ _____





### 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 <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. Facts stated on this report are regarded as if made under oath.

N.L.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 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

