



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) OfÄce	Name of ofÄcer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(2) OfÄce	Name of ofÄcer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(3) OfÄce	Name of ofÄcer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(4) OfÄce	Name of ofÄcer	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	IdentiÄcation 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 RafAes 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 RafAes 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 RafAes 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 RafAes 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.



BOROUGH OF ATLANTIC HIGHLANDS
COUNTY OF MONMOUTH

LGCCC AFFIDAVIT

NOTE: All members listed in Parts E & F of Raffle/Bingo Application must file an Affidavit.

(Please Print)

1) _____, associated with the organization _____ having the LGCCC registration number of _____ do solemnly swear (or affirm) that I am of good moral character and that I have never been convicted of a crime. I understand that a copy of this Affidavit will be made part of the Raffle Application and may be forwarded to the State of New Jersey's Department of Law & Public Safety Legalized Games of Chance Control Commission.

(Signature)

(Date)

Notarized by:

(Notary Public of New Jersey)

(Date)

My commission expires on _____

{Apply Notary Seal Here}