

# Egg Harbor Township

Office of the Township Clerk – 3515 Bargaintown Road – Egg Harbor Township NJ 08234 – 609-926-4085

## CHECKLIST FOR RAFFLES - APPLICANT

**PLEASE READ CAREFULLY:** New Jersey Legalized Games of Chance Control Commission (LGCCC) has final say on all determinations for games of chance. The Township of Egg Harbor acts as a liaison to the LGCCC, but cannot contest any denial, time restraint or fee the LGCCC institutes.

Pursuant to NJAC 13:47 of the State of New Jersey, the following items must be completed and approved prior to obtaining a license:

### **CONTACT INFORMATION:**

|   |  |
|---|--|
| Name of Organization  |  |
| Contact Person for Organization                             |  |
| E-mail Address  |  |
| Telephone No.   |  |
| Does Organization prefer to pick up license or have mailed? | <input type="checkbox"/> Pick up <input type="checkbox"/> Mail |

**APPLICATION:** Completed and filed by Officer and/or Member-in-Charge.

- Submitted five (5) weeks prior to event. Date Submitted: \_\_\_\_\_
- Submitted in quadruplicate (4 copies)
  - o Each copy of the application must contain at least two (2) original signatures
  - o Each copy of the application must contain an original notary seal

**LEGALIZED GAMES OF CHANCE CONTROL COMMISSION REGISTRATION:** Pursuant to NJSA 5:8-6, you are registered as a “Qualified Organization” with the LGCCC. This registration is valid for two (2) years and must be renewed with the LGCCC prior to expiration.

- Copy of valid Registration card issued by LGCCC
  - o Must be valid through the date of RaffleRegistration No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### **RAFFLE INFORMATION:**

|                   |   |
|-------------------|---|
| Date(s) of Raffle |   |
| Place of Raffle   |   |
| Type of Raffle    | <input type="checkbox"/> On Premise; tickets will only be sold at the event and Winner must be present to receive prize<br><br><input type="checkbox"/> Off Premise; tickets can be sold prior to the event and Winner does not have to be present to receive prize                                     |
| Sample Ticket     | <input type="checkbox"/> N/A – This application is being made for an On Premise Raffle<br><br><input type="checkbox"/> Sample Attached - If you checked “Off Premise” above, you must submit a Sample Ticket. Your Sample Ticket must meet the NJLGCCC requirements or they will deny your application. |

**FEES:** Checks must be on an Organization check. No personal checks are accepted.

- Check for fees payable to Legalized Games of Chance Control Commission (LGCCC). For fee schedule, please contact our office, see fee schedule for common games of chance attached or visit <https://www.njconsumeraffairs.gov/lgccc/Pages/licensefees.aspx>.
- Check for fees payable to Egg Harbor Township. Our fees are the same as the LGCCC, except our fees max out at \$300.



**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. (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.**