

## 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:

Township of Colts Neck; 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.

6. Please call the Township Municipal Clerk, **732-462-5470, x 100**, 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 25 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. 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. 100, weekdays between 8:30 a.m. and 4:30 p.m. and speak with Beth Kara, Registered Municipal Clerk, Township of Colts Neck.

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

Beth Kara  
Registered Municipal Clerk  
Township of Colts Neck  
732-462-5470, x 100  
bkara@colts-neck.nj.us

Attachment





**Part E - Officers of Applicant**

Office	Name of officer	Residence address	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

\_\_\_\_\_  
Member in Charge

\_\_\_\_\_  
Member in Charge

\_\_\_\_\_  
Member in Charge

\_\_\_\_\_  
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.**

No.	
Name	
Address	
City	
State	Zip
Telephone	
ID. #	R.L. #

\$ _____	No.
Raffle Sponsored by _____	
<b>Raffle</b>	
First Prize _____	(Retail Value\$ _____)
Second Prize _____	(Retail Value\$ _____)
Third Prize _____	(Retail Value\$ _____)
<b>Drawing</b>	
Will be held on _____ at _____ p.m.	
at _____ NJ _____	
(Benefit of _____)	
No substitution of the offered prize(s) may be made and no cash will be given in lieu of the prize(s).	
I.D. No. _____	R.L. No. _____

**This is a sample ticket**

COMPLETE THIS FORM AND ATTACH A COPY TO ALL THE APPLICATIONS

PLEASE INCLUDE ALL DETAILED INFORMATION ON THE SAMPLE TICKET

**All this information must appear on the printed tickets**

*Please note that this sample ticket is for guidance only*

	No.
Name _____	
Address _____	
City _____	
State _____	Zip _____
Telephone _____	
ID. # _____	R.L. # _____

	\$ _____
Raffle Sponsored by _____ No. _____	
<b>50/50 Raffle</b>	
This is a 50/50 cash raffle and the winner(s) will receive 50 percent of the amount received for all tickets or rights to participate.	
First Prize _____	Percent of the prize pool _____
Second Prize _____	Percent of the prize pool _____
Third Prize _____	Percent of the prize pool _____
<b>Drawing</b>	
Will be held on _____ at _____ p.m.	
at _____ NJ _____	
(Benefit of _____ )	
No substitution of the offered prize(s) may be made.	
I.D. No. _____	R.L. No. XXXXXX

# **13:47-6.20**

## **Prohibited Prizes**

No licensee shall offer or award any prize consisting of real estate or any interest therein, bonds, shares of stock, securities or evidences of indebtedness, weapons, live animals (except a gift certificate redeemable for live, edible seafood), foreign or domestic coins (except collector pieces or sets that are marketed as such and are clearly not intended for use as legal tender), tobacco products, motor vehicle leases, or any merchandise refundable in any of the foregoing or as money or cash.