

**INSTRUCTIONS FOR RAFFLE APPLICATIONS --Please Read Carefully**

1. **Raffle Applications**
  - a) Must be submitted no less than 7 days before the date of a public meeting of the Township Council.  
Meetings are normally held on the first and third Mondays of each month.
  - b) Submit applications in triplicate (3 copies)
  - c) Part A, Item 1 – Name of Applying Organization – Must read exactly as it is written on Registration I.D.
2. **Signatures Notarized**

Each application submitted in **triplicate** must have **original signatures** (page 4 of application) and each must be **notarized**.
3. **Off-Premise or On-Premise Raffles**

Off Premise Raffle is one where tickets are printed and sold-before the date of the affair. (Sample Ticket must be submitted with Application. (Form Enclosed with Application)  
On Premise Raffle is one where tickets are sold only to persons present at the affair on the date the drawing is held.
9. **Part C – Schedule of Expenses- Page 2 of Application**

Only expenses incurred directly in connection with the raffle are allowed.
4. **State of New Jersey--Registration I.D.**

Your organizations **original** Registration I.D. issued by the State of New Jersey must be shown (in person) with the submission of each application. (A copy will not be accepted) Please make sure the registration i.d. is current. (not expired).
5. **Record Check**

Your local police will perform a record check for each person listed on the application. (the form is provided)  
Please complete the form and drop it at your local police station in the Town in which you live.  
Livingston residents can submit the record check applications to the Clerk's office when dropping off their raffle application.  
It is only necessary to submit **two (2) names** when applying for a raffle, one (1) Officer and one (1) Member in Charge of Games.  
The application is contingent on approval by the Police.
6. **Raffle Fees**

50/50 - \$20.00-Check Made Payable to "Township of Livingston" & \$20.00 – Check Made Payable to LGCCC  
Casino Night - \$100.00 fee for Township & \$100.00 fee for LGCCC  
Merchandise Raffle – Off Premise or On Premise - \$20.00 for every \$1000.00 in prizes to Township & same for LGCCC  
Checks should be made payable to "LGCCC" (Legalized Games of Chance Control Commission) & to the "Township of Livingston"
7. **Report of Operations**

Two copies of the "Report of Operations" must be filed with the LGCCC by the 15<sup>th</sup> of the following month after the drawing.  
The form is attached.
8. **Printer's Certificate**

Two (2) copies of the "Printer's Certificate," with two printed tickets attached, must be submitted with all reports of Off-Premise Raffles. (Form attached)
10. **Prohibited Prizes**

A copy of prohibited prizes is included with this Packet. Also included is the LGCCC's web address.  
It is the applicant's responsibility to study carefully the rules and regulations prescribed by the LGCCC so that no details are overlooked in conducting and reporting a raffle. A copy of the Rules and Regulations was given to your organization along with the green card containing your Legalized Games of Chance I.D. number. You may obtain another copy or discuss any questions you may have regarding specific items by calling 973-273-8012. The officials at LGCCC are extremely helpful.

Any questions, please call Karen Carnevale, Deputy Township Clerk at 973-535-7940.

# Application for Raffles License

Application No. RA: \_\_\_\_\_

Identification No. \_\_\_\_\_

Insert name of Municipality: \_\_\_\_\_

Prepare 4 copies of application. One copy will be returned

## Part A GENERAL

1 Name of applying organization \_\_\_\_\_

2 a. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4 Address of place where Raffles will be played \_\_\_\_\_

a. Does the applicant own the premises or regularly occupy them for its general purposes? ..... Yes

..... No

5 If raffles equipment is rented, attach statement of raffles equipment lessor to application on Form 13.

## Part B QUALIFICATION OF APPLICANT

1 Is this the first time the applicant has applied for a license in this municipality? ..... Yes ..... No

2 If not, has there been any change in the applicant's certificate of incorporation, charter, constitution or by-laws since the latest application was made? ..... Yes ..... No

3 If applicant is unincorporated, state number of members: \_\_\_\_\_ members.



Part E SCHEDULE OF PRIZES

A description of all prizes to be offered and given in all 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, so indicate and estimate as accurately as possible the information called for).

Description of Prize Donated (yes or no) Retail Value

Lined area for entering prize details.

Part F OFFICERS OF APPLICANT

Office Name of Officer Residence Address Age

Lined area for entering officer information.

Part G MEMBERS OF APPLICANT WHO WILL BE IN CHARGE OF THE GAMES

Name of Member in Charge Residence Address Tel. No. Age

Lined area for entering member information.

(If more space is needed in any section of this application, insert extra sheets.)

**Part H Members of Applicant Who Will Assist in Conducting the Games**

Name of Member	Residence Address	Age

**Part I Names of Other Organizations Whose Members Will Assist in Conducting the Games**

Name and Address of Organization	How Related	Identification Number

**Part J Statement of Applicant and Member(s) in Charge**

State of New Jersey }  
 County of            } ss.:

We do hereby each make the following statement, under oath, with respect to the foregoing application:

- |  |  |
|--|--|
| <p>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.</p> <p>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."</p> <p>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.</p> <p>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.</p> | <p>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.</p> <p>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, no prize will be offered and given in cash, except as otherwise provided by the Raffles Licensing Law, or of greater value than is provided in said Law.</p> <p>7 All statements in the foregoing application are true.</p> |
|--|--|

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Notary Public

(SEAL OF NOTARY)

- \_\_\_\_\_  
Signature of Officer, and Title
- \_\_\_\_\_  
Member in Charge
- \_\_\_\_\_  
Member in Charge
- \_\_\_\_\_  
Member in Charge
- \_\_\_\_\_  
Member in Charge

Applicant's registration slip from the Control Commission must be presented to the Municipal Clerk with this application

# Sample Ticket

## Off Premises Merchandise Raffle

### N.J.A.C. 13:47-8.7

Stub

Ticket

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 100%;">Name</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100%;">Address</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 33%;">City</td> <td style="border-bottom: 1px solid black; width: 33%;">State</td> <td style="border-bottom: 1px solid black; width: 33%;">ZIP code</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Telephone Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NJ LGCCC Identification#</td> <td colspan="2" style="border-bottom: 1px solid black;">Municipal RL #</td> </tr> </table>	Name	Address	City	State	ZIP code	Telephone Number			NJ LGCCC Identification#	Municipal RL #		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;">NJ LGCCC Identification #</td> <td style="border-bottom: 1px solid black; width: 50%;">Municipal RL #</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Name of Organization</td> </tr> <tr> <td style="border-bottom: 1px solid black;">List of Prizes</td> <td style="border-bottom: 1px solid black;">Retail Values</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date of Drawing</td> <td style="border-bottom: 1px solid black;">Location of Drawing</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Time of Drawing</td> <td></td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p style="text-align: center;">Purpose to which entire proceeds will be devoted                      "No substitution of the offered prize may be made                      and no cash will be given in lieu of the prize."</p> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Price of Ticket</td> <td style="border-bottom: 1px solid black;">Ticket #</td> </tr> </table>	NJ LGCCC Identification #	Municipal RL #	Name of Organization		List of Prizes	Retail Values	Date of Drawing	Location of Drawing	Time of Drawing		<p style="text-align: center;">Purpose to which entire proceeds will be devoted                      "No substitution of the offered prize may be made                      and no cash will be given in lieu of the prize."</p>		Price of Ticket	Ticket #
Name																										
Address																										
City	State	ZIP code																								
Telephone Number																										
NJ LGCCC Identification#	Municipal RL #																									
NJ LGCCC Identification #	Municipal RL #																									
Name of Organization																										
List of Prizes	Retail Values																									
Date of Drawing	Location of Drawing																									
Time of Drawing																										
<p style="text-align: center;">Purpose to which entire proceeds will be devoted                      "No substitution of the offered prize may be made                      and no cash will be given in lieu of the prize."</p>																										
Price of Ticket	Ticket #																									

This illustration is provided for your convenience. While the form of the ticket may vary, the information listed above must be contained on your printed ticket. If you require assistance with your ticket, please contact the office of Legalized Games of Chance Control Commission at (973) 273-8000. This sample ticket must be attached to the Application for Municipal Raffle License and submitted to the municipality.

# Sample Ticket

## Off Premises Raffle Awarding Cash

### N.J.A.C. 13:47-8.8

Stub

Ticket

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 100%;">Name</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100%;">Address</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 33%;">City</td> <td style="border-bottom: 1px solid black; width: 33%;">State</td> <td style="border-bottom: 1px solid black; width: 33%;">ZIP code</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Telephone Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NJ LGCCC Identification #</td> <td colspan="2" style="border-bottom: 1px solid black;">Municipal RL #</td> </tr> </table> <p style="text-align: right; margin-top: 10px;">Ticket # _____</p>	Name	Address	City	State	ZIP code	Telephone Number			NJ LGCCC Identification #	Municipal RL #		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">NJ LGCCC Identification #</td> <td style="border-bottom: 1px solid black; width: 40%;">Municipal RL #</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Name of Organization</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px 0;"> <p><b>50/50</b></p> <p>This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate</p> </td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 50%;">Date of Drawing</td> <td style="border-bottom: 1px solid black; width: 50%;">Time of Drawing</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Location of Drawing</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">                 Purpose to which entire proceeds will be devoted                  "No substitution of the offered prize may be made."             </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Price of Ticket</td> <td style="border-bottom: 1px solid black;">Ticket #</td> </tr> </table>	NJ LGCCC Identification #	Municipal RL #	Name of Organization		<p><b>50/50</b></p> <p>This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate</p>		Date of Drawing	Time of Drawing	Location of Drawing		Purpose to which entire proceeds will be devoted "No substitution of the offered prize may be made."		Price of Ticket	Ticket #
Name																										
Address																										
City	State	ZIP code																								
Telephone Number																										
NJ LGCCC Identification #	Municipal RL #																									
NJ LGCCC Identification #	Municipal RL #																									
Name of Organization																										
<p><b>50/50</b></p> <p>This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate</p>																										
Date of Drawing	Time of Drawing																									
Location of Drawing																										
Purpose to which entire proceeds will be devoted "No substitution of the offered prize may be made."																										
Price of Ticket	Ticket #																									

This illustration is provided for your convenience. While the form of the ticket may vary, the information listed above must be contained on your printed ticket. If you require assistance with your ticket, please contact the office of Legalized Games of Chance Control Commission at (973) 273-8000. This sample ticket must be attached to the Application for Municipal Raffle License and submitted to the municipality.

TOWNSHIP OF  LIVINGSTON

357 South Livingston Avenue • Livingston, New Jersey 07039-3994  
Phone 973-992-5000 • Fax 973-535-7967

www.livingstonnj.org

STEPHEN A. SANTOLA  
MAYOR

COUNCIL MEMBERS  
LELAND A. PEYSER  
GARY S. SCHNEIDERMAN  
CHARLES "BUDDY" AUGUST  
ARLENE A. JOHNSON

MICHELE E. MEADE  
TOWNSHIP MANAGER  
973-535-7973

GLENN R. TURTLETAUB  
TOWNSHIP CLERK  
973-535-7940

SHARON L. WEINER  
TOWNSHIP ATTORNEY

To: Applicants for Licenses Issued by the Livingston Township Clerk

Approval of all applications is contingent on approval by Livingston Police Chief. In order to facilitate this procedure it is necessary to have this form filled out by the Police Department where the applicant resides. **(Forms may be duplicated if additional copies are required)**

Type of Raffle: \_\_\_\_\_ Date of Raffle: \_\_\_\_\_

Location of Raffle: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Do Not Write Below This Line**

A search of our criminal record files indicates that the above named individual has not been brought to our attention.

Comments: \_\_\_\_\_

\_\_\_\_\_  
Municipality: \_\_\_\_\_

Signature – Police Chief/Date



# Prohibited Prizes

---

No licensee shall offer or award any prize consisting of:

real estate or an interest therein;

bonds;

shares of stock;

securities or evidence of indebtedness;

weapons;

live animals; (Expect edible Seafood Only)

✓ alcoholic beverages;

foreign or domestic coins, except collector pieces or sets that are marked as such and are clearly not intended for use as legal tender;

tobacco products;

motor vehicles leases or;

✓ any merchandise refundable in any of the foregoing or in money or cash.

A prize consisting of money or cash shall not be offered or awarded except in the case of:

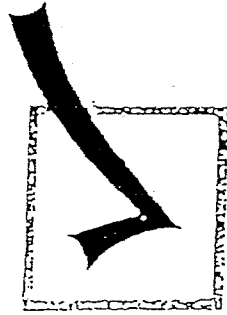
1. A raffle conducted by drawing with the prize(s) equaling 50 percent of the amount received for all the tickets or rights to participate, a calendar raffle within the limits set in N.J.A.C. 13:47-8.22; an instant raffle game within the limits set forth in this Chapter; or

2. Any bingo game(s) conducted in accordance with the provisions of this chapter and the Bingo Licensing Law, N.J.S.A. 5:8-24 et seq.; or

3. Big six wheels and horse race wheels conducted in accordance with the provisions set forth in N.J.A.C. 13:47-8.

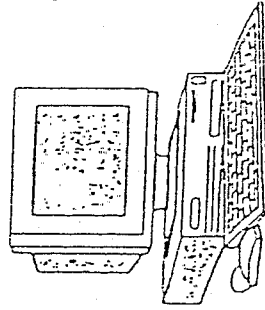
N.J.A.C. 13:47-6.20 Prohibited Prizes

Need Information about Bingo, Raffles or  
Amusement Games?



Check out our website:

[www.state.nj.us/lps/ca/gccc.htm](http://www.state.nj.us/lps/ca/gccc.htm)



Legalized Games of Chance Control Commission  
124 Halsey Street  
P.O. Box 46000  
Newark, New Jersey 07101  
(973) 273-8000

NJ Department of Law & Public Safety  
 Division of Consumer Affairs  
 Legalized Games of Chance Control Commission  
 P.O. Box 46000, Newark, NJ 07101  
 Raffle Report of Operations

Municipality \_\_\_\_\_

LD. # \_\_\_\_\_

Lic. # \_\_\_\_\_

Name of Licensee \_\_\_\_\_

Address \_\_\_\_\_

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 15<sup>th</sup> day of the month following the conduct of the game(s) of chance.

Occasion 1 Date \_\_\_\_\_ Time \_\_\_\_\_ type of raffle \_\_\_\_\_  
 # of tickets sold \_\_\_\_\_ ticket price \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  
 cost of prizes \$ \_\_\_\_\_ rentals \$ \_\_\_\_\_  
 equipment costs \$ \_\_\_\_\_ other \$ \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_  
 type of prize \_\_\_\_\_ Net Proceeds \$ \_\_\_\_\_

Occasion 2 Date \_\_\_\_\_ Time \_\_\_\_\_ type of raffle \_\_\_\_\_  
 # of tickets sold \_\_\_\_\_ ticket price \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  
 cost of prizes \$ \_\_\_\_\_ rentals \$ \_\_\_\_\_  
 equipment costs \$ \_\_\_\_\_ other \$ \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_  
 type of prize \_\_\_\_\_ Net Proceeds \$ \_\_\_\_\_

Occasion 3 Date \_\_\_\_\_ Time \_\_\_\_\_ type of raffle \_\_\_\_\_  
 # of tickets sold \_\_\_\_\_ ticket price \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  
 cost of prizes \$ \_\_\_\_\_ rentals \$ \_\_\_\_\_  
 equipment costs \$ \_\_\_\_\_ other \$ \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_  
 type of prize \_\_\_\_\_ Net Proceeds \$ \_\_\_\_\_

Occasion 4 Date \_\_\_\_\_ Time \_\_\_\_\_ type of raffle \_\_\_\_\_  
 # of tickets sold \_\_\_\_\_ ticket price \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  
 cost of prizes \$ \_\_\_\_\_ rentals \$ \_\_\_\_\_  
 equipment costs \$ \_\_\_\_\_ other \$ \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_  
 type of prize \_\_\_\_\_ Net Proceeds \$ \_\_\_\_\_

Occasion 5 Date \_\_\_\_\_ Time \_\_\_\_\_ type of raffle \_\_\_\_\_  
 # of tickets sold \_\_\_\_\_ ticket price \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  
 cost of prizes \$ \_\_\_\_\_ rentals \$ \_\_\_\_\_  
 equipment costs \$ \_\_\_\_\_ other \$ \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_  
 type of prize \_\_\_\_\_ Net Proceeds \$ \_\_\_\_\_

Occasion 6 Date \_\_\_\_\_ Time \_\_\_\_\_ type of raffle \_\_\_\_\_  
 # of tickets sold \_\_\_\_\_ ticket price \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  
 cost of prizes \$ \_\_\_\_\_ rentals \$ \_\_\_\_\_  
 equipment costs \$ \_\_\_\_\_ other \$ \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_  
 type of prize \_\_\_\_\_ Net Proceeds \$ \_\_\_\_\_

Total # of occasions \_\_\_\_\_  
 Total # of tickets sold (1-6 combined) \_\_\_\_\_  
 Price of tickets \$ \_\_\_\_\_  
 Total gross proceeds (1-6 combined) \$ \_\_\_\_\_  
 Total expenses (1-6 combined) \$ \_\_\_\_\_  
 Total net proceeds (1-6 combined) \$ \_\_\_\_\_

Bank Name and address of where balance is deposited \_\_\_\_\_

Account number \_\_\_\_\_

Name, address and phone number of person responsible for use of proceeds \_\_\_\_\_

### Description of Expenses

Please provide the name, address and amount paid to providers of equipment, prizes or services. If additional space is required, attach a separate sheet of paper

Name	Address	Amount

### Utilization of Net Proceeds

if additional space is required, attach a separate sheet of paper

Date	Description of Use & Check Number	Amount

I hereby certify that all statements on the foregoing Report of Operations are true, accurate and complete.

\_\_\_\_\_  
 Name of Officer - Title (please print)

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 A Notary Public

\_\_\_\_\_  
 Name of Member in Charge (please print)

\_\_\_\_\_  
 Signature

PRINTERS CERTIFICATE

Pursuant to Part VIII, Rule 9 of the Rules and Regulations of the Legalized Games of Chance Control Commission, I hereby certify the the following information is correct.

Total number of raffles tickets printed \_\_\_\_\_

First number used \_\_\_\_\_

Last number used \_\_\_\_\_

The tickets were numbered consecutively, and a sample is attached \_\_\_\_\_

Cost of printing raffles tickets \_\_\_\_\_

Signature of Printer \_\_\_\_\_

Name of Printing Co. \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Attach Copy of Ticket Below

THIS FORM TO BE SUBMITTED IN DUPLICATE