Instructions for

Raffle Applications

BOROUGH OF KINNELON NEW JERSEY

Please Read Carefully

Raffle License Application

- 1) Submit the LGCCC (Legalized Games of Chance Control Commission) application in quadruplicate with Original signatures and notarized, to Borough of Kinnelon, at least one month prior to the event.
- 2) Make sure your organization's LGCCC biennial registration is current and you have it available for Inspection when submitting the application to the Borough. You will need to have that identification number for your application.
- 3) Complete the "License Record Check Forms" for all members listed on the application in Part F and G; Only one person may be signed up for each section.
- 4) Sample raffle tickets should be attached to the application.
- 5) See the fee chart below for appropriate fees accompanying the application. Two checks will need to be submitted, one to the Legalized Games of Chance Control Commission and the other to the Borough of Kinnelon.

Raffle Fees: One check made payable to the Borough of Kinnelon and one check made payable to LGCCC

Bingo

Borough of Kinnelon: \$20.00

LGCCC: \$20.00 for each occasion on which any game or games of bingo are to be conducted under

the license

Calendar Raffle Borough of Kinnelon: \$20.00

LGCCC: \$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) to be awarded

Casino Night

Borough of Kinnelon: \$20.00

LGCCC: \$100.00 for each day of operation of casino

Duck Race

Borough of Kinnelon: \$20.00

LGCCC: \$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) to be awarded

Instant Raffle

Borough of Kinnelon: \$20.00

LGCCC: \$20.00 for each day on which instant raffle tickets are sold or offered for sale, or \$750.00 for

A one-year license to sell, or to offer for sale, instant raffle tickets during that year

Non-Draw Raffle Borough of Kinnelon: \$20.00

LGCCC: \$20.00 for each game or wheel held on any one day, or any series of consecutive days not

Exceeding six at one location

973-838-5401 / 130 Kinnelon Road, Kinnelon New Jersey, 07405 / www.kinnelonboro.org

Instructions for

Raffle Applications page 2

Please read Carefully

Off Premises 50-50 Raffle

Borough of Kinnelon: \$20.00

LGCCC: \$20.00 paid at the time the application if filed for each day on which a drawing(s) is to be conducted under the license. In the event the awarded prize exceeds \$1,000, then an additional fee of \$20.00 for each \$1,000 or part thereof in value of the awarded prize(s) in excess of \$1,000 shall be forwarded to the Control Commission by check payable to the Commission together with the Report of Operations as required by N.J.A.C. 13:47-9

On Premises 50/50 Raffle

Borough of Kinnelon: \$20.00

LGCCC: \$20.00 for each day on which a drawing(s) is to be conducted under the license Only if the anticipated prize is in excess of \$400.00. Otherwise, there is no license fee

Off Premises Merchandise Draw Raffle Borough of Kinnelon: \$20.00

LGCCC: \$20.00 for each \$1,000 or part thereof of the total retail value of the

Prizes(s) to be awarded

On Premises Merchandise Draw Raffle Borough of Kinnelon: \$20.00

LGCCC: \$20.00 for each day on which a drawing(s) is to be conducted under the license only if the anticipated retail value of the merchandise prize(s) is in excess of \$400.00. Otherwise, there is no license fee. In the event the total retail value of the merchandise prize(s) awarded exceeds \$400.00, the licensee shall submit a check or money order made payable to Commission in the amount of \$20.00 at the time of filing the report of operations required by N.J.A.C 13:47-9. In the event the prize(s) awarded exceeds \$400.00. the licensee shall submit a check or money order made payable To Commission in the amount of \$20.00 at the time of filling the report of Operations required by N.J.A.C 13:47-9.

Report of Operations

The report of Operations is due to the LGCCC the month following the event no later than the 15th.



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 - 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**

1. The specific purpose(s) to whe manner in which they are to	nich the entire net proceeds of be so devoted, are:	the games liste	ed in this app	lication are to be devoted, and the
If any part of the net proceed over to another organization executive officer to the follows:	which is exclusively devoted	ose allowed by to such purpos	the Raffles L es, secure the	icensing Law by turning the same signature of its president or other
"It is hereby certified that		Ni-ma of on		
				olication to be turned over to it."
Date:		Signature:		
Part D - Schedule of Prizes				
A description of all prizes to be o describe the article and state the sible the information requested be	retail value; if prizes are to be	ames listed in donated, indi	this application	on is as follows. For merchandise, and estimate as accurately as pos-
Descripti	on of Prize	Donated	(Yes or No)	Retail value
			□ No	
			□ No	
		□ Yes	□ No	
		\textsup Yes	□ No	
		\(\square \text{Yes}	□ No	
		\(\square\) Yes	□ No	
		Yes	□ No	
		\(\square\) Yes	□ No	-
		Pes	□ No	
		\textsup Yes	□ No	
		Pes	□ No	
		Pes	□ No	w////
		Pes	□ No	
<u></u>		Pes	□ No	
		Yes	□ No	
		Pes	□ No	
		Pes	□ No	
		Pes	□ No	
		Pes	□ No	Take the same transfer of the
		□ Yes	□ No	
		Pes	□ No	
		□ Yes	□ No	

Part C - Schedule of Purposes

(1) Office	Name of officer		Age
Residence address	Telephone No. (in	oclude area code)	
	Day	Evening	
(2) Office	Name of officer		Age
Residence address	Telephone No. (in	clude area code)	
	Day	Evening	
(3) Office	Name of officer		Age
Residence address	Telephone No. (in	clude area code)	
	Day	Evening	
(4) Office	Name of officer		Age
Residence address	Telephone No. (in		
art F - Members of Applicant who will b		Evening	
Name of member in charge	Residence address	Telephone No. (include area code) Day / Evening	Age
		//	
art G - Members of Applicant who will a		Residence address	A
Name of member		Residence address	Age
rt H - Names of other organizations wh	nose members will assist in conduc	cting the games	
Name and address of orga	nization	How related Identification	on No.

Part I - Statement of Applicant and member(s) in charge State of New Jersey } 55. 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 5. For each occasion for which a license is sought, one or more of furtherance of one or more authorized purposes as defined the members listed who are familiar with the Raffles Licensing in the Raffles Licensing Law. Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving 6. No commission, salary, compensation, reward or recompense one or more "authorized purposes." will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the The applicant has received and used, and in good faith games, except to bookkeepers or accountants for professional expects to continue to receive and use, to further one or services not exceeding the amounts fixed by the Schedule more authorized purposes, funds from sources other than of Fees, as well as the compensation for the Licensed games of chance. Compensated Workers pursuant to N.J.A.C. 13:47-6A. No The conduct of the games on the occasion or occasions for prize may be offered and given in cash, except as otherwise which this application is made will be to raise and devote provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). the entire net proceeds to the authorized purpose described If a cash prize under certain circumstances is permitted by the in the application. 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 Signature of Officer and Title day of Signature of Member-in-Charge Notary Public (Print name) Signature of Member-in-Charge Signature of Notary Public Signature of Member-in-Charge

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

AFFIX SEAL HERE

Signature of Member-in-Charge

Sample Ticket Off Premises Raffle Awarding Cash N.J.A.C. 13:47-8.8

Stub					Ticket				
		code		RL#	NJ LGCCC Identification #	Municipal RL#			
		ZIP co	ber	Municipal	Name of Or				
Name	Name Address State Telephone Number	Address	Address	Address	Address	State	tion#	This is a 50/50 cash r will receive 50% of th for all tickets or rig	he amount received
	Telep		entifica	Location of Drawing					
		City		NJ LGCCC Identification#	Date of Drawing	Time of Drawing			
				NJ LG	Purpose to which entire p				
-	Ticke	et#			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 Merchandise Raffle N.J.A.C. 13:47-8.7

Stub					Ticket			
		9		RL#	NJ LGCCC Identification #	Municipal RL #		
ZIP code	unici	Municipal	Name of Organization					
Name	Address	State	Telephone Number	lion#	List of Prizes	Retail Values		
		S	eleph	Locatio	n of Drawing			
		,		CC Iden	Date of Drawing	Time of Drawing		
	City			NJ LGCCC Identification#	"No substitution of the	re proceeds will be devoted offered prize may be made given in lieu of the prize."		
	Ticke	et#		-	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.



New Jersey Office of Attorney General

Dívision 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 Raffle Report of Operations

Pursuant to N.J.A.C. 13:47-9.1, licensees must file a report of operations with the Legalized Games of Chance Control 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 must download this report and complete ALL of the entries for each occasion(s) relating to the conduct of all raffles, except for instant raffle games and carnival games and wheels. Once completed, a member/officer must 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 that person must complete the information on page 3 and have the report notarized.

The Raffle Report of Operations for the conduct of off-premises 50/50 or merchandise raffles is to be accompanied with a sample ticket. Reports are to be mailed to Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101, or emailed to 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

Raffle Report of Operations

Please print cl	early.		Identi	Identification number				
Municipality _			Licens	License number				
Name of licens	ee							
			Organization					
	Street address		City Sta	ite	ZIP code			
Location of gar	nes							
This report, as Chance Control	required Commiss	by <u>N.J.S.</u> ion no late	A. 5:8-37 and N.J.A.C. 13:47-9 er than the 15th day of the month f	, must b	e filed with the Legalized Games of g the conduct of the game(s) of chance.			
Occasion 1	Date		Time		Type of raffle			
1. Number of ticl			4. Cost of prizes		Type of prize(s)			
2. Ticket price			5. Supplies/Equipment cost					
3. Gross receipts		\$	6. Other expenses	\$				
	1.1111111111111111111111111111111111111		7. Total expenses	\$	8. Net proceeds \$			
Occasion 2	Date _	777	Time		Type of raffle			
1. Number of tick	kets sold		4. Cost of prizes	\$	Type of prize(s)			
2. Ticket price		\$	5. Supplies/Equipment cost	\$				
3. Gross receipts		\$	6. Other expenses	\$				
			7. Total expenses	\$	8. Net proceeds \$			
Occasion 3	Date _		Time		Type of raffle			
1. Number of tick	kets sold		4. Cost of prizes	\$	Type of prize(s)			
2. Ticket price		S	5. Supplies/Equipment cost	\$				
3. Gross receipts		\$	6. Other expenses	\$				
			7. Total expenses	\$	8. Net proceeds \$			
Occasion 4	Date _		Time		Type of raffle			
1. Number of tick			4. Cost of prizes		Type of prize(s)			
2. Ticket price		\$	5. Supplies/Equipment cost					
3. Gross receipts			6. Other expenses	\$				
			7. Total expenses		8. Net proceeds \$			

Occasion 5 Da	ite	Time		Type of raffle	
1. Number of tickets so	old	4. Cost of prizes	\$	Type of prize(s)	
2. Ticket price		5. Supplies/Equipment cost	\$		
3. Gross receipts	\$	6. Other expenses			
		7. Total expenses	\$	8. Net proceeds	\$
Occasion 6	Date	Time		Type of raffle	
1. Number of tickets so	old	4. Cost of prizes	\$	Type of prize(s)	
2. Ticket price		5. Supplies/Equipment cost			
3. Gross receipts		6. Other expenses	\$	(If needed, atta	ich separate sheet)
		7. Total expenses		8. Net proceeds	S
Total number of occasi	ons				
Total number of tickets					
Price of tickets					
Total gross proceeds (1 Total expenses (1-6 cor					
Total net proceeds (1-6					
	- Comonica)				
		Schedule of Expense	S		
Date		Description		Check number	Amount
				-	
	2000 T T T T T T T T T T T T T T T T T T		400		

	· · · · · · · · · · · · · · · · · · ·				
					-
		Utilization of Net Proce	o da		
			eus		
Date		Description		Check number	Amount
		TO THE PARTY OF TH			
			202 - UVSBS		
	THE STREET				

		Bank			
Name	Address where balance is deposited			Account number	
	Person	n Responsible for	Use of Proceeds		
Name		Addr	Telephone number		
I certify that all of the statement that if any of the foregoing statement of the foregoing statement of the	atements	are willfully false Prizes Offered or	, I am subject to punis	shment.	ete. I am awar
Prizes Offered or Awarde		Retail Value	Prizes Offered or A		Retail Value
J.J.S.A. 5:8-37 "It shall be the enecessary to substantiate the certify that I have reviewed courate and complete. I am a punishment.	e particular this rep	llars of each such a port and that the i	report." nformation on this re	eport of oper	rations is true
certify by placing a check rovided is true, accurate and	in this complet	box, that I have	reviewed the report	and that th	e information
You must state your name and	d title be	elow. Reports that	are not properly certi	ified will be	emailed back
Name and title of officer (plea	se print)		Signature of	of officer	
Sworn and subscribed to before day of		S		Affix So	eal Here
Name of Notary Public (p	lease print)				

Signature of Notary Public

Form LGCCC 8R-A (Rev. 4/6/16)