



BURLINGTON TOWNSHIP

851 Old York Road, Burlington Township, NJ 08016 • Phone (609) 239-5815 or (609) 239-5816

ANTHONY J. CARNIVALE, JR.
MUNICIPAL CLERK
AFFORDABLE HOUSING OFFICER
acarnivale@twp.burlington.nj.us

MARY E. FIELD
DEPUTY MUNICIPAL CLERK
AFFORDABLE HOUSING ADMINISTRATOR
mfield@twp.burlington.nj.us

Dear Applicant:

Thank you for applying for a Raffle/Bingo License in Burlington Township. It is our desire that the application process go as smoothly as possible for you. In order to help the process go smoothly, I have enclosed a copy of both applications for your convenience. You can also fill out either application online at <http://.state.nj.us/lps/ca/lgccc/raffle/bingoapp.pdf>. Once you have filled in all of the answers, you can print the application. Your application must be submitted to the State of New Jersey, Legalized Games of Chance Control Commission by our office at least 14 days prior to the event. However, prior to us submitting it to the State, background checks must be completed by the New Jersey State Police on the members of your organization listed in Part F and G on the application. **Therefore, your application must be submitted at least 60 days prior to the event to allow sufficient time for processing. If any of the persons listed on Part F and G of the application have not been fingerprinted in the last 12 months to meet the State's requirements for Gaming Permits, they must do so.**

Enclosed is a sample copy of the New Jersey Universal Fingerprint Form which individuals listed in Part F and G of the application must personally obtain at the Burlington Township Police Department from Mrs. Lisa Corley. Your application cannot be approved until the Burlington Township Police Department receives a successful report regarding your fingerprints and background.

In addition, enclosed you will find an instruction form/checklist that will serve both you and this office in ensuring that the application is acceptable and all necessary documents are included in your submission. It will also help you better understand what happens to your application once you file it and how long the process will take. We are certain, and sure you will agree, that taking ten extra minutes to review the instructions and complete the checklist prior to submission will alleviate a loss of time due to omissions. Moreover, it will help to ensure that you receive your license in time for your event.

Please take note that every municipality has its own policies and procedures. So please follow all instructions carefully. I thank you for your anticipated cooperation in this process. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,
Anthony J. Carnivale, Jr.
Anthony J. Carnivale, Jr., RMC
Municipal Clerk

Enclosures

Instructions/Checklist for Raffle/Bingo License Application
Raffle/Bingo License Applications
Information Copy of New Jersey Universal Fingerprint Form (Sample Use Only)
Fees List
List of Prohibited Prizes
Sample Tickets for Off-Premise Raffles (Cash and Merchandise)
(Only used when selling printed tickets prior to event)
Statement of Raffles Equipment Supplier Lessor (Form 13)
(Only used when equipment is being rented for casino nights, anchor races, bingo, games and wheels)

INSTRUCTIONS/CHECKLIST FOR RAFFLE LICENSE APPLICATION

Please read and follow all instructions hereunder very carefully. Failure to follow all instructions will delay the processing of your application and could possibly result in your organization not receiving a license in time for the scheduled event. So, please follow all instructions and review the checklist, after completing the application, but, prior to submitting it.

		Applicant	Township Use
	Complete the application in full. Do not leave any questions unanswered. If the question is not applicable, write "n/a." Before filing your application, answer the following questions:		
1	Is the event in Burlington Township; if not, STOP , you do not file in Burlington Twp.		
2	Does every question have an answer?		
3	Do the name, address and registration number of the organization on the application match exactly as it appears on the Registration Certificate? It must.		
4	Is the event date(s) prior to the expiration date on the Registration Certificate?		
5	Did you attach the " original " Registration Certificate to your application?		Copy and Return
6	Does Part A.3. list the date(s), time(s) and type of raffle to be held. (See Fee Sheet for Types)		
7	Does Part C.1. state that the entire net proceeds will benefit either an educational, charitable, patriotic, religious or public-spirited purpose?		
8	If this application is for games and wheels, casino nights, armchair race nights or bingo, did you include a completed Form 13 from the equipment supplier?		
9	Does Part D, under Schedule of Prizes, state "50% of gross receipts" if this application is for a 50/50 raffle?		
10	Did you attach a sample stub and ticket? (if printed tickets are being sold in connection with an off-premise raffle)		
11	Does the ticket clearly and concisely set forth on the face of the ticket, the:		
a	Name and Identification number of the organization		
b	License Number (issued by Clerk)		
c	Date, Time and Place where the event will be held		
d	A list of prizes and the retail value of each		
e	Ticket Number		
f	Purpose to which the entire proceeds will be devoted		
g	Statement: "No substitution of the offered prize may be made and no cash will be given in lieu of the prize."		
h	Statement: "NOT VALID UNLESS HOLDER IS PRESENT AT THE DRAWING" if presence of the ticket holder is required to win.		
12	Does the stub of each ticket bear the:		
a	Ticket Number		
b	Registration Identification Number		
c	Raffle License Number		
d	Location for Name, Address and Telephone Number of Ticket Holder		
13	Did you attach the appropriate fees:		
a	1 check made payable to the LGCCC		
b	1 check made payable to Burlington Township		
14	If any of the persons listed in Part F and G of the application have not been fingerprinted in the last 12 months to meet the State's requirements for Gaming Permits, they must do so in order for the Burlington Township Police Department to receive a successful background check.		
15	Is the application notarized?		
16	Did you submit four copies of the application?		
17	Upon Acceptance :		
a	Receive Certification from Police Department		
b	Forward to State (at least 14 business days prior to event):		
c	Submittal Letter		
d	Findings and Determination		
e	Application		
f	Fee		
18	Issue to the Applicant (after 14 business days, if no objections from State):		
a	Approval Letter		
b	License		
c	Gambling Sign		
d	Report of Operations		
e	Printer's Certificate (if applicable)		
19	Enter in Log Book		



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) Day / Evening	Age
(Any Members listed in this section are required to be fingerprinted)	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
(Any Members listed in this section are required to be fingerprinted)	_____	_____
_____	_____	_____
_____	_____	_____

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.
(Any Members listed in this section are required to be fingerprinted)	_____	_____
_____	_____	_____
_____	_____	_____

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.

INSTRUCTIONS/CHECKLIST FOR BINGO LICENSE APPLICATION

Please read and follow all instructions hereunder very carefully. Failure to follow all instructions will delay the processing of your application and could possibly result in your organization not receiving a license in time for the scheduled event. So, please follow all instructions and review the checklist, after completing the application, but, prior to submitting it.

		Applicant	Township Use
	Complete the application in full. Do not leave any questions unanswered. If the question is not applicable, write "n/a." Before filing your application, answer the following questions:		
1	Is the event in Burlington Township; if not, STOP , you do not file in Burlington Twp.		
2	Does every question have an answer?		
3	Do the name, address and registration number of the organization on the application match exactly as it is appears on the Registration Certificate? It must.		
4	Is the event date(s) prior to the expiration date on the Registration Certificate?		
5	Did you attach the " original " Registration Certificate to your application?		Copy and Return
6	Does Part A.3. list the date(s), time(s) and hours of the event to be held. (See Fee Sheet for Types)		
7	Does Part C.1. state that the entire net proceeds will benefit either an educational, charitable, patriotic, religious or public-spirited purpose?		
8	If this application is for games and wheels, casino nights, armchair race nights or bingo, did you include a completed Form 13 from the equipment supplier?		
9	Did you attach a sheet outlining the names of the games to be played and associated prizes?		
10	Does the Games and Prizes list have a statement that "If there is more than one winner, all winners will receive the same prize or a prize of equal value?"		
11	Does the ticket clearly and concisely set forth on the face of the ticket, the:		
a	Name and Identification number of the organization	n/a	n/a
b	License Number (issued by Clerk)	n/a	n/a
c	Date, Time and Place where the event will be held	n/a	n/a
d	A list of prizes and the retail value of each	n/a	n/a
e	Ticket Number	n/a	n/a
f	Purpose to which the entire proceeds will be devoted	n/a	n/a
g	Statement: "No substitution of the offered prize may be made and no cash will be given in lieu of the prize."	n/a	n/a
h	Statement: "NOT VALID UNLESS HOLDER IS PRESENT AT THE DRAWING" if presence of the ticket holder is required to win.	n/a	n/a
12	Does the stub of each ticket bear the:		
a	Ticket Number	n/a	n/a
b	Registration Identification Number	n/a	n/a
c	Raffle License Number	n/a	n/a
d	Location for Name, Address and Telephone Number of Ticket Holder	n/a	n/a
13	Did you attach the appropriate fees:		
a	1 check made payable to the LGCCC		
b	1 check made payable to Burlington Township		
14	If any of the persons listed in Part F and G of the application have not been fingerprinted in the last 12 months to meet the State's requirements for Gaming Permits, they must do so in order for Burlington Township Police Department to receive a successful background check.		
15	Is the application notarized?		
16	Did you submit only one original. Upon approval, copies will be made.		
17	Upon Acceptance :		
a	Receive Certification from Police Department		
b	Forward to State (at least 14 days prior to event):		
c	Submittal Letter		
d	Findings and Determination		
e	Application		
f	Fee		
18	Issue to the Applicant (after 14 days, if no objections from State):		
a	Approval Letter		
b	License		
c	Gambling Sign		
d	Report of Operations		
e	Printer's Certificate (if applicable)		n/a
19	Enter in Log Book		



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 Bingo License

Application No. **BA** _____

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. List date(s) and hours for games:

Date	Hours	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Address of place where bingo will be played:

a. Does the applicant own the premises or regularly occupy them for its general purposes? Yes No

b. If "No," from whom will the applicant rent the premises?

Name _____ Address _____

c. If premises are to be rented, attach Form 10, "Statement of Landlord."

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

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
(Any Members listed in this section are required to be fingerprinted)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age
(Any Members listed in this section are required to be fingerprinted)	_____	_____
_____	_____	_____
_____	_____	_____

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.
(Any Members listed in this section are required to be fingerprinted)	_____	_____
_____	_____	_____
_____	_____	_____

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 Bingo 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 Bingo 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. All prizes offered for games conducted on a single occasion will not exceed the limit on the sum or retail value of prizes as provided by the Bingo Licensing Law (N.J.S.A. 5:8-25 et seq.) and N.J.A.C. 13:47-6.16 and 13:47-7.2.
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.

(1) Originating Agency Number (ORI #) NJ0030600		(2) Category VOX	(3) Statute Number 13:59-1			
(4) Reason for Fingerprinting VOLUNTEER			(5) Document Type VS1	(6) Payment Information \$28.70		
(7) Contributor's Case # (Unique Identifier)						
(8) Miscellaneous						
(9) First Name		(10) MI	(11) Last Name			
(12) Daytime Phone Number		(13) Social Security Number (Optional)		(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)			(19) Country of Citizenship	
(20) Home Address						
Address						
(21) Gender (Select one)		(22) Hair Color	(23) Eye Color	(24) Race (Select One)		
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both				<input type="checkbox"/> A Asian Pacific Islander (includes Asian, Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (includes Hispanic/Spanish Origin) <input type="checkbox"/> U Unknown		
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)				
		Employer Address				
		City				
		State				
		Zip				

Identification Requirement - Acceptable Identification must be presented at the time of printing. Identification presented in US must be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home or employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-403-6981, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment scheduling information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: BURLINGTON TWP PD		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

APPLICATION FEES

1. **Bingo:** \$20 for each occasion on which any game or games of bingo are to be conducted under the license. Remember, an organization may only have six (6) occasions per month and seventy-two (72) occasions per year.
2. **On-premise draw raffle for cash prizes (50/50) in excess of \$400 or merchandise prizes where the total combined retail value of prizes awarded is in excess of \$400:** \$20 for each day on which a drawing is to be conducted under the license. Remember, no sample tickets are required with application and no further fees are to be paid with the Report of Operations.
3. **On-premise draw raffle for cash prizes (50/50) of less than \$400 or merchandise prizes where the total combined retail value of prizes awarded is less than \$400:** No licensing fees. In the event the retail value of the prizes awarded exceeds \$400, the licensee shall submit a payment of \$20 at the time of filing the Report of Operations.
4. **Off-premise draw raffle awarding merchandise as a prize:** \$20 for each \$1,000 or part thereof of the retail value of the prize(s) to be awarded. Remember a sample ticket must be submitted with the application.
5. **Carnival games or wheels:** \$20 for each game or wheel held on any one day, or any series of consecutive days not exceeding six at one location. Remember, a Form 13 must be submitted with the application along with a list of games and wheels.
6. **Off-premise cash (50/50) raffle:** A \$20 fee shall be paid at the time the application is filed. 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 in excess of \$1,000 or part thereof shall be forwarded to the Control Commission with the Report of Operations. Remember, a sample ticket must be submitted with the application.
7. **Special door prize raffle:** No fee is payable and no license is required, provided the merchandise is wholly donated, has a total retail value of less than \$50, and no other raffle is being conducted at the event. Remember, the qualified organization shall notify the Clerk in writing and in duplicate signed by an officer giving the following:
 1. Name and Identification Number of the organization
 2. Place and date of the raffle
 3. A description of the prizes and the retail value thereof
 4. Names and donors of the prizes
8. **Calendar raffle awarding cash or merchandise as a prize:** \$20 for each \$1,000 or part thereof of the retail value of the prize(s) to be awarded. Remember, a sample calendar must be submitted with the application.
9. **Instant raffle games awarding cash or merchandise as prizes:** \$20 for each day or \$750 for a one-year license to sell, or offer for sale, instant raffle tickets during that year.
10. **Golf Hole-in-One Contest:** 20 for each \$1,000 or part thereof of the retail value of the ancillary prizes to be awarded.
11. **Casino Nights:** \$100 per occasion. Remember, a Form 13 must be submitted with the application.
12. **Armchair Race Nights:** \$50 per occasion. Remember, a Form 13 must be submitted with the application.

PROHIBITED PRIZES

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

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 (except edible Seafood Only);
- 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 vehicle 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 fifty percent (50%) 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
-

Sample Ticket

Off Premises Raffle Awarding Cash

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

Stub	Ticket
Name _____ Address _____ City _____ State _____ ZIP code _____ Telephone Number _____ NJ LGCCC Identification# _____ Municipal RL # _____	NJ LGCCC Identification # _____ Municipal RL # _____ Name of Organization _____ <h3 style="text-align: center;">50/50</h3> <p style="text-align: center;">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> Location of Drawing _____ Date of Drawing _____ Time 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.

Sample Ticket

Off Premises Merchandise Raffle

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

Stub	Ticket
<p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____</p> <p>ZIP code _____</p> <p>Telephone Number _____</p> <p style="text-align: right;">NJ LGCCC Identification # _____</p> <p style="text-align: right;">Municipal RL # _____</p>	<p style="text-align: right;">Municipal RL # _____</p> <p>Name of Organization _____</p> <p>_____</p> <p>_____</p> <p>List of Prizes _____</p> <p style="text-align: right;">Retail Values _____</p> <p>_____</p> <p>Location of Drawing _____</p> <p>Date of Drawing _____</p> <p style="text-align: right;">Time of Drawing _____</p> <p>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> <p>Price of Ticket _____</p> <p style="text-align: right;">Ticket # _____</p>

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.

STATEMENT OF RAFFLES EQUIPMENT SUPPLIER LESSOR
(To be attached to each copy of Raffles Application where equipment is leased.)

Location: _____

Name of Organization to conduct raffles: _____

Address _____ Identification Number _____

State of New Jersey :§

County of _____

I, _____, being duly sworn on my oath depose and say that:

1 (Strike out inapplicable sentence.)

(a) I am the lessor of the raffles equipment to be leased.

--or--

(b) I am an authorized officer, namely the _____ of _____, a corporation, which is the lessor of the raffles equipment to be rented, described in the annexed application.

2 The address of the lessor is:

3 (Strike out inapplicable sentence.)

(a) I am concurrently approved by the Control Commission as being of good moral character and have never been convicted of a crime holding lessor certificate number _____

(b) If lessor is a corporation, all of its officers, and all of the stockholders owning 10% or more of its stock issued and outstanding are concurrently approved by the Control Commission as being of good moral character and have never been convicted of a crime being lessor number _____

4 The rental to be charged and paid for the raffles equipment conforms to the schedule of authorized rentals prescribed by the Control Commission.

Sworn and subscribed before me this _____

_____ day of _____, _____

A Notary Public

REGISTRATION

- Any Organization desiring to raise funds for authorized purposes, must first register with L.G.C.C.C. Qualified organizations pay a \$100.00 fee for a biennial registration.
- Examples of qualified organizations are: School PTA's, Churches, Fire Co., First Aid Squads, American Legion, American Heart Foundations, Red Cross, Seniors (Senior's are exempt from fee.)

Common Mistake

- An organization **MUST** first register with the State before applying for a license for the activity.
 - State registration process could take up 10 weeks to be approved.
-

Licensing Process

- Registration
 - Application
 - Municipal and State Fees
 - Municipal approval (Resolution)
 - State approval
 - Municipality issues license
-

BINGO AND RAFFLES

- The L.G.C.C.C. oversees the operation of Bingo and Raffle games conducted by over 12,000 charitable, religious, educational, public spirited and senior organizations.
- The L.G.C.C.C. is also responsible for enforcing the law that govern the 122 million dollar industry known as charitable gaming.
- NAFTM (National Assoc. Of Fundraising Ticket Manufacturers) ranked NJ 4th in the Nation for net proceeds to charities from ticket sales

AUTHORIZED ACTIVITIES

- Raffles (Merchandise and 50/50)
- Penny Auction – aka Tricky Tray, Chinese Auction
- Non-Draw Raffle (Commonly known as Carnivals)
- Casino Night and Texas Hold-Em Tournaments
- Armchair Races
- Instant Raffle Tickets (IRT) – Pull Tabs
- Bingo
- Golf Hole in One
- Duck Races

Prohibited Prizes

- No licensee shall offer or award any prize consisting of:
 - Real Estate
 - Weapons
 - Live Animals (Except edible seafood)
 - Motor Vehicle leases
 - Shares of stock
 - Tobacco Products
 - Lottery Tickets

DID YOU KNOW?

- You may not match numbers, you must draw tickets.
- Lottery number use is strictly prohibited.
- Persons under 18 are prohibited from selling raffle tickets.
- Alcohol is permitted as a “Basket of Cheer” prize.
- Merchandise prizes cannot be exchanged or converted to cash. i.e. Cash for Car
- Cash prizes may only be awarded: bingo, instant raffle ticket game, 50/50 and calendar raffle.

WHAT TO LOOK FOR

What to look for when purchasing a raffle ticket:

- LGCCC Registration Number
- Municipal Raffle License Number
- Location, Time and Date of Drawing
- List of Prizes and Retail Value
- Name of Organization
- Purpose of Raffle
- Exceptions: Carnival 50/50's, Penny Auctions

MISSION

- Protect New Jersey consumers from fraudulent activities or schemes as it relates to games of chance.
 - Responsible for the continuous study and promotion of gaming (fundraising) for the charitable community.
 - Ensure that raffle proceeds are used for authorized purposes only.
 - Protect and educate New Jersey consumers and employees at recognized Amusement Parks and Seashore Resorts.
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GAMBLING PROBLEM?

CALL 1-800-GAMBLER[®]

OR VISIT OUR WEBSITE AT

www.800gambler.org

Council on Compulsive Gambling of NJ, Inc.

3635 Quakerbridge Road, Suite 7

Hamilton, NJ 08619