

# 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 \_\_\_\_\_

5 Does the applicant own the premises or regularly occupy them for its general purposes? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

6 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 B Qualification of Applicant (Continued)

- 4 If the answer to either of questions 1 or 2 is "yes," attach to this application an exact copy of the provisions of the certificate of incorporation, or of the written charter, constitution or by-laws of the applicant, showing (1) that the applicant is a qualified organization, and (2) that it is empowered to further one or more authorized purposes, all as defined in the Bingo Licensing Law.

Part C Schedule of Expenses

- 5 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 D Schedule of Purposes

- 1 The specific purpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the manner in which they are to be so devoted are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2 If any part of the net proceeds are to be devoted to a purpose allowed by the Bingo Licensing Law by turning the same over to another organization which is exclusively devoted to such purposes, secure the signature of its president or other executive officer to the following certificate:

"It is hereby certified that \_\_\_\_\_  
(Name of Organization)

will accept from the licensee any part of the net proceeds of the games listed in this application to be turned over to it."

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

Signature: \_\_\_\_\_

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 cash prizes, state the amount; 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  
Amount (for cash prizes)  
or Article

Retail Value

Lined area for entering prize descriptions and values.

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 Member of Applicant Who Will Assist in Conducting the Games**

Name of Member	Resident 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:

- 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 the 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 conduction 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.
- 7 All statement in the foregoing application are true.

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

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

\_\_\_\_\_  
 Signature of Officer, and Title

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

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

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

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

(SEAL OF NOTARY)

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
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">Name</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">Address</p> <hr style="width: 80%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">City</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">State</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">ZIP code</p> </div> <div style="width: 45%;"> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">Telephone Number</p> </div> </div> </div> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">Municipal RL #</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">NJ LGCCC Identification#</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">Municipal RL #</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">Ticket #</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">NJ LGCCC Identification #</p> </div> <div style="width: 45%;"> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">Municipal RL #</p> </div> </div> <hr style="width: 80%; margin: 5px auto;"/> <p style="text-align: center; margin: 0;">Name of Organization</p> <hr style="width: 80%; margin: 5px auto;"/> <hr style="width: 80%; margin: 5px auto;"/> <hr style="width: 80%; margin: 5px auto;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">List of Prizes</p> </div> <div style="width: 45%;"> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">Retail Values</p> </div> </div> <hr style="width: 80%; margin: 5px auto;"/> <p style="text-align: center; margin: 0;">Location of Drawing</p> <hr style="width: 80%; margin: 5px auto;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">Date of Drawing</p> </div> <div style="width: 45%;"> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">Time of Drawing</p> </div> </div> <hr style="width: 80%; margin: 5px auto;"/> <p style="text-align: center; margin: 0;">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> <hr style="width: 80%; margin: 5px auto;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">Price of Ticket</p> </div> <div style="width: 45%;"> <hr style="width: 80%; margin: 0 auto;"/> <p style="margin: 0;">Ticket #</p> </div> </div>

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.

**CITY CLERK'S OFFICE  
344 BROADWAY  
LONG BRANCH, NJ 07740  
732-571-5686  
732-222-8835 (fax)**

Irene A. Joline, RMC  
City Clerk  
ijoline@ci.long-branch.nj.us

Kathy L. Schmelz, RMC  
Deputy Municipal Clerk  
kschmelz@ci.long-branch.nj.us

Deborah L. Talerico, RMC  
Deputy Municipal Clerk  
dtalerico@ci.long-branch.nj.us

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**THIS FORM MUST BE SIGNED BY ALL MEMBERS IN CHARGE OF  
CONDUCTING THE RAFFLE**

**I HEREBY CERTIFY THAT I AM OF GOOD MORAL  
CHARACTER AND HAVE NEVER BEEN CONVICTED OF A  
CRIME.**

**PRINT NAME**

**SIGNATURE**

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**FOR RAFFLE DATE OF: \_\_\_\_\_**

# GAMBLING PROBLEM?

CALL 1-800-GAMBLER<sup>©</sup>  
OR VISIT OUR WEBSITE AT  
[www.800gambler.org](http://www.800gambler.org)

Council on Compulsive Gambling of NJ, Inc.  
3635 Quakerbridge Road, Suite 7  
Hamilton, NJ 08619