

**STANHOPE BOROUGH CLERK'S OFFICE**  
*Ellen Horak, Borough Clerk ~ 973-347-0159 extension 16 OR*  
*Linda Chirip, Deputy Borough Clerk ~ 973-347-0159 extension 15*

**RAFFLES APPLICATION INSTRUCTIONS**

1. **Four (4) ORIGINALS** of the application for Raffles must be submitted at least **7 days** before a Stanhope Borough Regular Meeting. Governing Body meetings are held on the 2<sup>nd</sup> and 4<sup>th</sup> Tuesday of the month.

According to the Raffles Law, your Raffle Application, along with the Findings and Determination of the Governing Body (completed by the Clerk's Office), will be mailed to the Legalized Games of Chance Control Commission (LGCCC) after it is approved by the Governing Body. **The Clerk's Office must wait 15 business days after the application is submitted to LGCCC to issue a license.**

2. **TOP RIGHT CORNER OF APPLICATION:** Please print Organization's Identification (ID) Number.
3. The organization's ID number, which is issued by LGCCC, must be presented at the time of filing the application. A copy of the card attached to the application is acceptable. *\*Please note that no application will be processed without a copy of your registration card. (Please contact LGCCC at 973-273-8000 for details of renewing or obtaining your registration card.)*
4. Print "Borough of Stanhope" as the host municipality.
5. **PART A - GENERAL:**
  - 1&2a Name and address of organization as it appears on LGCCC ID registration card.
  - 2b. The mailing address should reflect the name and address of person who is to receive license, report form and any other pertinent information regarding the raffle.
  3. Date, time and type of raffle (on or off premises, tricky tray, 50/50).
  4. Address of place where raffle will be conducted.
6. **PART D - SCHEDULE OF PURPOSES:** State the specific purpose of the raffle.
7. **SCHEDULE E - SCHEDULE OF PRIZES:** List prizes and values as they will appear on ticket.
8. **PART J - STATEMENT OF APPLICANT & MEMBER(S) IN CHARGE:** First and last names should be used. Responsible persons must be "Over Age 21". ***Officer signature and member-in-charge signature must be from two separate individuals. Signatures must be notarized.***
9. **SAMPLE TICKET FORM:** Two copies of a sample ticket form must be submitted with all off-premises raffles where tickets are printed.
10. **DEFINITIONS & FEES:**

**Off-Premises Draw Raffle for Merchandise:** Affair for which tickets are printed and sold in advance of the drawing.

**Fees:** \$20.00 for each \$1,000 of retail value of prize(s), or part thereof, payable to LGCCC, \$5.00 made payable to Borough of Stanhope.

**Off-Premises Draw Raffle for Cash (50/50):** Affair for which tickets are printed and sold in advance of the drawing.

**Fees:** \$20.00 for each \$1,000 of retail value of prize(s), or part thereof, payable to LGCCC, \$5.00 made payable to Borough of Stanhope.

**On-Premises Draw Raffle for Cash (50/50) or Merchandise (Tricky Tray):** Affair where tickets are sold only on the date and place on which the drawing is held.

**Fees:** \$5.00 for each day a drawing is held payable to Borough of Stanhope and \$20.00 made payable to LGCCC.

Night @ the Races/Armchair Races: An affair for which wagers are placed on the outcome of previously-filmed horse races and wagers do not know the results in advance, when the prize awarded consists of merchandise or raffle tickets only, and not cash.

Fees: \$50.00 Armchair Race and \$100 Casino Night payable to LGCCC and \$5.00 payable to Borough of Stanhope.

Calendar Raffle: Affair where tickets are printed and sold for 52 consecutive drawings within a calendar year. Maximum prize value not to exceed \$25,000 per calendar.

Fees: \$20.00 for each \$1,000 of retail value of the prize to be awarded payable to LGCCC and \$5.00 payable to Borough of Stanhope

Non-Draw Raffle (Carnival Games or Wheels): Any wheel used to determine the winner of a non-draw raffle to be operated in a vertical position.

Fees: \$20.00 for each game or wheel on any one (1) day, not to exceed six (6) days in any week at one location, payable to LGCCC and \$5.00 payable to Borough of Stanhope.

Instant Raffle

Fees: \$20.00 per day or \$750 for a one year period payable to LGCCC and \$50.00 payable to Borough of Stanhope.

Raffles where estimated value of prizes is under \$400:

Where estimated value of all raffled items is under \$400 in the aggregate, there is no fee. If reported value is over \$400, fees are due at the time Raffle Report of Operations is filed.

**INSTRUCTIONS FOR COMPLETING RAFFLE REPORT OF OPERATIONS**

1. Prepare Report form and file directly with Legalized Games of Chance Control Commission (LGCCC), P.O. Box 46000, Newark, NJ, 07101 by the 15th day of the following month after a raffle is conducted.
2. Obtain from the printer one (1) printer's affidavit/certificate as to the total number of tickets printed. A ticket is to be attached to the affidavit. This applies only to off-premises raffles where tickets were printed. The printer's affidavit/certificate is to be submitted with the raffles report.
3. When reporting the results of an off-premises raffle, only the following qualify as expenses: 1) cost of the prize (if purchased); 2) cost of printing tickets; 3) cost of the raffle license fee.
4. When reporting the results of an on-premises raffle (where prizes are wholly donated), only the raffle license fees qualify as expenses.
5. On the back page of the report form, be sure to indicate the bank name and address of where balance is deposited, account number and name, address and phone number of person responsible for use of proceeds.
6. On the back page of the report form, Utilization of Net Proceeds, indicate what the proceeds were used for (as stated in the original application), check number and amount.
7. Reports are to be signed by the organization and member-in-charge as listed on the original application. Signatures must be from two separate individuals and notarized.
8. Additional fees based on \$20.00 per additional \$1,000.00 or part thereof of the retail value of the awarded prize(s) are due to LGCCC and the Borough of Stanhope at this time. (The municipality does not require a copy of the report, but please indicate your raffle license number on the check when submitting additional fees to the Borough.)

**Any further questions regarding the report should be made to LGCCC, (973)-273-8000.**



**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
_____	_____	_____/_____	_____
_____	_____	_____/_____	_____
_____	_____	_____/_____	_____
_____	_____	_____/_____	_____
_____	_____	_____/_____	_____

**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

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

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

Stub	Ticket
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Name</p> <hr/> <p style="text-align: center;">Address</p> <hr/> <p style="text-align: center;">City</p> <hr/> <p style="text-align: center;">State</p> <hr/> <p style="text-align: center;">Telephone Number</p> <hr/> </div> <div style="width: 45%;"> <p style="text-align: center;">Municipal RL #</p> <hr/> <p style="text-align: center;">NJ LGCCC Identification#</p> <hr/> </div> </div> <p style="text-align: center; margin-top: 10px;">Ticket #</p>	<div style="display: flex; justify-content: space-between;"> <p style="width: 45%;">NJ LGCCC Identification #</p> <p style="width: 45%;">Municipal RL #</p> </div> <hr/> <p style="text-align: center;">Name of Organization</p> <hr/> <p style="text-align: center;"><b>50/50</b></p> <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> <hr/> <p style="text-align: center;">Location of Drawing</p> <hr/> <div style="display: flex; justify-content: space-between;"> <p style="width: 45%;">Date of Drawing</p> <p style="width: 45%;">Time of Drawing</p> </div> <hr/> <p style="text-align: center;">Purpose to which entire proceeds will be devoted          "No substitution of the offered prize may be made."</p> <hr/> <div style="display: flex; justify-content: space-between;"> <p style="width: 45%;">Price of Ticket</p> <p style="width: 45%;">Ticket #</p> </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.

**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%;"> <p style="text-align: center;">Name</p> <hr/> <p style="text-align: center;">Address</p> <hr/> <p style="text-align: center;">State      ZIP code</p> <hr/> <p style="text-align: center;">City            Telephone Number</p> <hr/> </div> <div style="width: 50%;"> <p style="text-align: center;">Municipal RL #</p> <hr/> <p style="text-align: center;">NJ LGCCC Identification #</p> <hr/> </div> </div> <p style="text-align: center; margin-top: 20px;">Ticket #</p>	<div style="display: flex; justify-content: space-between;"> <p style="width: 45%;">NJ LGCCC Identification #</p> <p style="width: 50%;">Municipal RL #</p> </div> <hr/> <p style="text-align: center;">Name of Organization</p> <hr/> <hr/> <div style="display: flex; justify-content: space-between;"> <p style="width: 45%;">List of Prizes</p> <p style="width: 50%;">Retail Values</p> </div> <hr/> <p style="text-align: center;">Location of Drawing</p> <hr/> <div style="display: flex; justify-content: space-between;"> <p style="width: 45%;">Date of Drawing</p> <p style="width: 50%;">Time of Drawing</p> </div> <hr/> <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> <hr/> <div style="display: flex; justify-content: space-between;"> <p style="width: 45%;">Price of Ticket</p> <p style="width: 50%;">Ticket #</p> </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.



**Legalized Games of Chance Control Commission**  
**PRINTERS CERTIFICATE**

**Pursuant to 13:47-8.10 PRINTER OF TICKETS; CERTIFICATE**

Every licensee shall secure from the printer of tickets a certificate showing:

- 1) The number of tickets printed;
- 2) The first and last numbers used;
- 3) That the tickets were consecutively numbered; and
- 4) A sample of the ticket.

***The licensee shall retain for two years after the date of the drawing all unsold tickets as part of its records.***

I do hereby certify that:

1. The total number of raffle tickets printed was: \_\_\_\_\_
2. The first number was \_\_\_\_\_ The last number was \_\_\_\_\_
3. The cost of printing the raffle tickets was \$ \_\_\_\_\_
4. The tickets were numbered consecutively, a sample of which is attached.

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

Name of Printing Company \_\_\_\_\_

Address of Printing Company \_\_\_\_\_

\_\_\_\_\_

***ATTACH COPY OF SAMPLE TICKET SOLD BELOW:***



***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

## **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](mailto: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 clearly.

Identification number \_\_\_\_\_

Municipality \_\_\_\_\_ License number \_\_\_\_\_

Name of licensee \_\_\_\_\_  
Organization \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

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 15th day of the month following the conduct of the game(s) of chance.

**Occasion 1**      Date \_\_\_\_\_ Time \_\_\_\_\_ Type of raffle \_\_\_\_\_

1. Number of tickets 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 2**      Date \_\_\_\_\_ Time \_\_\_\_\_ Type of raffle \_\_\_\_\_

1. Number of tickets 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 tickets 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 4**      Date \_\_\_\_\_ Time \_\_\_\_\_ Type of raffle \_\_\_\_\_

1. Number of tickets 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	\$ _____



**Bank**

Name	Address where balance is deposited	Account number

**Person Responsible for Use of Proceeds**

Name	Address	Telephone number <small>(include area code)</small>

I certify that all of the statements on this report of operations are true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

**Prizes Offered or Awarded**

Please list the prizes offered or awarded and their respective retail values.

Prizes Offered or Awarded	Retail Value	Prizes Offered or Awarded	Retail Value

N.J.S.A. 5:8-37 "It shall be the duty of each licensee to maintain and keep such books and records as may be necessary to substantiate the particulars of each such report."

I certify that I have reviewed this report and that the information on this report of operations is true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

I *certify* by placing a check in this  box, that I have reviewed the report and that the information provided is true, accurate and complete.

You must state your name and title below. Reports that are not properly certified will be emailed back.

\_\_\_\_\_  
Name and title of officer (please print)

\_\_\_\_\_  
Signature of officer

Sworn and subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

