

**Borough of Edgewater
 Borough Clerks Office
 55 River Rd
 Edgewater, NJ 07020
 (201) 943-1700**

Raffles & Bingo

This packet has been designed to assist registered organizations with the games of chance process and is meant to be used as a guide. Only organizations that have registered and have been issued a Registration Certificate (ID card) by the New Jersey Legalized Games of Chance Control Commission are eligible to conduct games of chance.

The New Jersey Legalized Games of Chance Control Commission has full authority over games of chance. It is important to visit the website for Legalized Games of Chance for current information. A list of links and contact information is provided below.

You may also contact the Edgewater Borough Clerk’s Office at (201)943-1700, extension 3137 for further assistance when applying for games of chance licenses. License applications and other required forms are also included in this packet.

Legalized Games of Chance Control Commission Contact Information and Important Links

Contact Information

Legalized Games of Chance Phone Number	(973) 273-8000
Legalized Games of Chance Mailing Address	PO Box 46000 Newark, NJ 07101
Legalized Games of Chance Physical Address	124 Halsey Street Newark, NJ 07102

Website Links

Home Page	www.njconsumeraffairs.gov/lgccc/pages/default.aspx
LGCCC Registration Information	www.njconsumeraffairs.gov/lgccc/Pages/registration.aspx
LGCCC Application and Forms	http://www.njconsumeraffairs.gov/lgccc/Pages/applications.aspx
Laws and Regulations	http://www.njconsumeraffairs.gov/lgccc/Pages/regulations.aspx
LGCCC Fees	http://www.njconsumeraffairs.gov/lgccc/Pages/licensefees.aspx
Registered Organizations, Licensed Dealers, Licensed Equipment Providers	http://www.njconsumeraffairs.gov/lgccc/Pages/Registered-Organizations.aspx

RAFFLE CHECKLIST

APPLICATIONS SHOULD BE SUBMITTED TWO MONTHS PRIOR TO THE OCCASION

The fee for Raffle/Bingo is \$20 per game (see application fee chart)

1. A copy of current identification certificate from: Legalized Game of Chance Control Commission
2. Organization identification number printed on all (4) applications. Name of organization should be written exactly as on the identification Certificate.
3. All applications must be *signed* by officers and *notarized* (**original signature on all applications**). **Please do not staple together.**
4. Separate checks made payable to:
 - a. Legalized Game of Chance Control Commission (LGCCC) (each game requires a separate check)
 - b. Borough of Edgewater
 - c. Write organization identification number on both checks
5. Off-premise raffles (tickets sold before raffle) Sample Ticket form filled out **completely**.
6. Online sales of tickets are **not permitted**. Using sites such as givesmart.com are not permitted.
7. Once your raffle is completed please send us a copy of your Report of Operations and a check if any extra fees apply.

If you have any questions, please contact Borough Clerks Office at (201)943-1700 or by emailing sevans@edgewaternj.org

Additional information is also available at www.state.nj.us/lps/ca/lgccc/raffleapp.pdf



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.

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). **Type of Raffle to be held**

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applications need to be submitted in quadruplicate.
Applications must be originals.
Copies of signature or notary seal will not be accepted

Enter "Borough of Edgewater" in this section. If the game/raffle is not being conducted in Westfield, you must apply with the municipality in which the game/raffle will be held.

Part A/Item 1: Enter name of the organization, which must match exactly to the name on the Registration Certificate/ID card issued by the Legalized Games of Chance Control Commission.

 Part A/Items 2a and 2b: Enter the street address of organization and mailing address if different than street address.

Part A/Item 3: Enter the date and hours in which the raffle will be held. Also indicate the "Type of Raffle", for example 50/50, merchandise raffle, etc. Please see raffle type/fee schedule for raffle types, which is included in this packet.

 Also be sure to indicate whether the game is an ON premise or an OFF premise raffle. OFF premise raffles do not require that the winner be present at the time of drawing, and a "Sample Ticket" is required for Off Premise Raffles.

Part A/Item 4a: Enter the address where the raffle will be held. This address must be located in the **Borough of Edgewater**.

 Part A/Item 4b: Indicate whether the applicant owns the premises where the raffle will be held, or if the applicant is a regular occupant.

 Part A/Item 5: Include Form 13 for rented equipment (sample included).

Part B: Expense items are listed in this section. Equipment and Premises that are rented in connection with the raffle **MUST** be approved by the Legalized Games of Chance Control Commission.

 Payments for prizes must be made **PRIOR** to the date of drawing

 The expenses listed in this section must be goods, wares, or merchandise. **SERVICES** cannot be listed as an expense.

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 E: Enter the names, addresses, phone numbers and ages of the organization's officers. These are the officers for the organization entered in Part A/Item 1.

Part F: Enter the names of the members responsible for the raffle application, various reports, handling of the games, etc. Names should be listed in order of best contact and may be duplicative of members listed as the organization's officers in Part E. A local background check is required for all individuals included in Part F (Police Authorization Form is included).

Part G: Enter the names and addresses of the individuals that will assist in conducting the raffle. These names should also be listed in order of best contact and may be duplicative of members listed as the organization's officers in Part E. If applicable, background checks may be required for individuals included in this section.

Part H: If applicable, enter the name of the organization that will be assisting in conducting the raffle.

The organization entered in this section must be registered with the Legalized Games of Chance Control Commission and have a valid Registration Certificate/ID card.

Part I - Statement of Applicant and member(s) in charge

State of New Jersey } ss.
County of Union _____

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



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.

An officer that was named in Part E MUST sign in this section and note their title. This signature indicates approval of the applicant's **Registration Certificate/ID card** issued by the Legalized Games of Chance Control Commission. **ALL SIGNATURES MUST BE ORIGINAL ON ALL FOUR (4) COPIES OF THE RAFFLE APPLICATION.**

All four (4) applications must have original signatures and Notary Seal.
COPIES OF SIGNATURES CANNOT BE ACCEPTED!

At least **ONE** Member in Charge entered in Part G must sign in this section.

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: 20px;">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;">50/50</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 Raffle Awarding Cash
N.J.A.C. 13:47-8.8**

Stub		Ticket	
NJ LGCCC Identification #	Municipal RL #	NJ LGCCC Identification #	Municipal RL #
Name	Address	Name of Organization	
City	State	50/50	
Zip code	Telephone Number	This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to	
	NJ LGCCC Identification #	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.	
Ticket #		price of Ticket	Ticket #

Insert ID number as it appears on Registration Certificate issued by LGCCC

Provided by the Borough of Edgewater once the raffle has been approved by LGCCC

Name must appear exactly as it appears on Registration Certificate (ID card issued by LGCCC)

This information must match the information provided on the raffle application.

These statements must be included on all Off Premise 50/50 Raffle Tickets

Indicate price of ticket and how tickets will be numbered

This information is completed by the purchaser of the ticket at the time of sale

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: 15%; border-right: 1px solid black; text-align: center;">Name</div> <div style="width: 15%; border-right: 1px solid black; text-align: center;">Address</div> <div style="width: 15%; border-right: 1px solid black; text-align: center;">City</div> <div style="width: 15%; border-right: 1px solid black; text-align: center;">State</div> <div style="width: 15%; border-right: 1px solid black; text-align: center;">ZIP code</div> <div style="width: 15%; border-right: 1px solid black; text-align: center;">Telephone Number</div> <div style="width: 15%; text-align: center;">Municipal RL #</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 15%; border-right: 1px solid black; text-align: center;">NJ LGCCC Identification#</div> <div style="width: 15%; text-align: center;">Municipal RL #</div> </div>	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 45%; border-bottom: 1px solid black;">NJ LGCCC Identification #</div> <div style="width: 45%; border-bottom: 1px solid black;">Municipal RL #</div> </div> <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">Name of Organization</div> <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">List of Prizes</div> <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">Retail Values</div> <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">Location of Drawing</div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Date of Drawing</div> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Time of Drawing</div> </div> <div style="text-align: center; margin-bottom: 10px;"> 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." </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Price of Ticket</div> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Ticket #</div> </div>
<div style="border-bottom: 1px solid black; width: 100%;">Ticket #</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
<p>Name</p> <p>Address</p> <p>State</p> <p>City</p> <p>ZIP code</p> <p>Telephone Number</p> <p>NJ LGCCC Identification #</p> <p>Municipal RL #</p>	<p>NJ LGCCC Identification #</p> <p>Municipal RL #</p> <p>Name of Organization</p> <p>List of Prizes</p> <p>Retail Values</p> <p>Location of Drawing</p> <p>Date of Drawing</p> <p>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>
Ticket #	Price of Ticket Ticket #

Insert ID number as it appears on Registration Certificate issued by LGCCC

Provided by the Borough of Edgewater once the raffle has been approved by LGCCC

Name must appear exactly as it appears on Registration Certificate (ID card issued by LGCCC)

This information must match the information provided on the raffle application

This statement must be included on all Off Premise Merchandise Raffle Tickets.

Indicate price of ticket and how tickets will be numbered

This information is completed by the purchaser of the ticket at the time of sale.

PROHIBITED PRIZES

PROHIBITED PRIZES [N.J.A.C. 13:47-6.20]

1. Real estate or an interest therein;
2. Bonds;
3. Shares of stock;
4. Securities or evidences of indebtedness;
5. Weapons;
6. Live Animals (except a gift certificate redeemable for live, edible seafood);
7. Foreign or domestic coins (except collector pieces or sets that are marketed as such and are clearly not intended for use as legal tender);
8. Tobacco products;
9. Motor vehicle leases or any merchandise refundable in any of the above or as money or cash.
10. No prize consisting of cash or money shall be offered or awarded **except** in the case of:
 - a. A raffle conducted by a drawing with the prize(s) equaling fifty percent (50%) of the amount received for all tickets or right to participate, a calendar raffle with the maximum prize amount not to exceed \$25,000.
 - b. Any bingo game(s) conducted in accordance with the provisions of this chapter and Bingo Licensing Law; or
 - c. Big six wheels and horse race wheels conducted in accordance with the provisions of *N.J.A.C. 13:47-8*.
 - d. An instant raffle game having a maximum prize amount of \$1,500 for any one ticket conducted in accordance with the provisions of *N.J.A.C. 13:47-8*.

BOROUGH OF EDGEWATER RAFFLE FEES

The Legalized Games of Chance has the right to update fees at their discretion. This list is a guide to the fees due. Please confirm fees on the State Website. If you do not see the game of chance listed below, please reference the LGCCC website for additional games and corresponding fees <http://www.njconsumeraffairs.gov/lgccc/Pages/licensefees.aspx>

<u>Raffle Type</u>	<u>Off/On Premise</u> Off Premise- Winner does not need to be present to claim prize On Premise- Winner needs to be present to claim prize	<u>State Fee Submitted at Time of Application</u>	<u>State Fee Submitted to LGCCC with Raffle Report of Operations</u>	<u>Borough of Edgewater Fee</u>
50/50	On Premise	\$20.00 per day IF the anticipated prize(s) to be awarded is in excess of \$400. No fee if anticipated prize(s) is below \$400.	\$20.00 per day IF prize(s) is in excess of \$400.	Same as State Fee
50/50	Off Premise	\$20.00 per day	\$20.00 for each \$1,000 or part thereof in value of the awarded prize	Same as State Fee
Merchandise Raffle	On Premise	\$20.00 per day IF the retail value of the prize(s) to be awarded is over \$400. No fee if total retail value of prize(s) is below \$400.		Same as State Fee
Merchandise Raffle	Off Premise	\$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) to be awarded.		Same as State Fee
Non Draw Raffle <i>Big Wheel, Nonprofit Carnival Games</i>	N/A	\$20.00 for each game or wheel held on any one day.		Same as State Fee
Bingo	N/A	\$20.00 for each occasion		Same as State Fee
Duck Race	N/A	\$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) awarded.		Same as State Fee
Calendar Raffle	N/A	\$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) awarded.		Same as State Fee
Instant Raffle Game	N/A	\$20.00 for each day on which instant raffle tickets are sold or offered for sale, or \$750 for a one-year license to sell, or to offer for sale, instant raffle tickets during that year.		Same as State Fee

<u>Raffle Type</u>	<u>Off/On Premise</u> Off Premise- Winner does not need to be present to claim prize On Premise- Winner needs to be present to claim prize	<u>State Fee Submitted at Time of Application</u>	<u>State Fee Submitted to LGCCC with Raffle Report of Operations</u>	<u>Borough of Edgewater Fee</u>
Casino Night	N/A	\$100.00 per occasion (Form 13 required)		Same as State Fee
Golf Hole-in-One Contest	N/A	\$20.00 per day for each \$1,000 or part thereof of the retail value of the prize(s) to be awarded		Same as State Fee
Armchair Race	N/A	\$20.00 per day IF the retail value of the prize(s) to be awarded is over \$400. No fee if total retail value of prize(s) is below \$400.		Same as State Fee
Special Door Prize	N/A	No license or fee required provided the merchandise is wholly donated with the prize(s) total retail value below \$50, and no other raffle is being conducted		Same as State Fee

**Borough of Edgewater
 Borough Clerks Office
 55 River Road
 Edgewater, NJ 07020
 (201)943-1700**

Checklist for Raffles Applicant

No portion of any raffle may begin prior to physical issuance of Raffle License by the Municipal Clerk. All games of chance must be held in the Borough of Edgewater.

<input type="checkbox"/>	<ul style="list-style-type: none"> Original valid Registration Certificate/ID card issued by LGCCC must be presented to the Town of Westfield at time of application submission and must be valid through the date of Raffle. <p style="margin-left: 40px;">Identification Number: _____ Expiration Date: _____</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> Contact information for application <p style="margin-left: 40px;">Name: _____ E-mail: _____ Phone: _____ Organization: _____</p>
<input type="checkbox"/>	<p>Application must be submitted in quadruplicate (4 copies), a minimum of 4 (four) weeks prior to event:</p> <ul style="list-style-type: none"> Each copy of the application must contain at least two (2) original signatures; and Each copy of the application must contain an original notary seal. <p style="text-align: center;">Date Submitted: _____</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> Date of Raffle: _____
<input type="checkbox"/>	<ul style="list-style-type: none"> Type of Raffle (i.e. 50/50, Merchandise, Calendar, Bingo): _____
<input type="checkbox"/>	<ul style="list-style-type: none"> Indicate Raffle Type (Please choose one) <p style="margin-left: 40px;"><input type="checkbox"/> On Premise (tickets sold at event only and winner must be present to be awarded prize)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Off Premise (tickets sold prior to event and winner not required to be present to be awarded prize)</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> Sample ticket (<u>Off Premise Raffles only</u>)
<input type="checkbox"/>	<ul style="list-style-type: none"> Fees payable to Legalized Games of Chance Control Commission (LGCCC). If submitting for multiple games, LGCCC requires a separate check for submission. <p>Check Number _____ Amount _____</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> Fees payable to Borough of Edgewater. The Borough of Edgewater accepts one check for multiple submissions. <p>Check Number _____ Amount _____</p>
<input type="checkbox"/>	

Please Note: New Jersey Legalized Games of Chance Control Commission (LGCCC) has final approval of all games of chance. The Town of Westfield acts as a liaison to the LGCCC, but cannot contest any denial, time restraint or fee the LGCCC requires.



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 .

It is recommended that you maintain a copy of all reports as part of the organization's records.



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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	\$ _____

