

ORGANIZATIONS CONDUCTING A RAFFLE TO BE HELD IN MOUNT LAUREL TOWNSHIP WILL NEED TO SUBMIT AT LEAST A MONTH PRIOR TO THE DRAWING THE FOLLOWING:

APPLICATION TO BE COMPLETED AND SIGNED BY BOTH OFFICER AND MEMBER IN CHARGE AND NOTARIZED

CRIMINAL INVESTIGATION FORM MUST BE COMPLETED BY THE PERSON IN CHARGE OF THE GAMES. PLEASE SIGN AND DATE AT THE BOTTOM OF THE FORM.

SAMPLE TICKET (EVEN IF STRIP TICKETS ARE BEING USED) MUST BE SUBMITTED. INCLUDE THE AMOUNT YOU WILL BE CHARGING FOR TICKET

REGISTRATION CARD THAT IS ISSUED BY LEGALIZED GAMES OF CHANCE. DATE ON YOUR REGISTRATION MUST BE CURRENT OR TOWNSHIP CAN NOT PROCESS APPLICATION. YOU CAN CONTACT THE STATE AT: (973) 273-8000.

ONE CHECK FOR MOUNT LAUREL TOWNSHIP AND ONE CHECK FOR LGCCC, BOTH IN THE SAME AMOUNT ACCORDING TO THE FEE SCHEDULE

INDICATE IF RAFFLE IS ON-PREMISE MEANING YOU'RE SELLING TICKETS THE NIGHT OF THE EVENT OR OFF-PREMISE MEANING YOU'RE SELLING TICKETS BEFORE EVENT.

IF, YOU ARE CONDUCTING MORE THAN ONE RAFFLE AT THE EVENT, YOU MUST SUBMIT PAPERWORK FOR EACH RAFFLE.

AFTER EVENT YOU WILL NEED TO COMPLETE AND RETURN THE REPORT OF RAFFLES TO GAMES OF CHANCE AND TO MOUNT LAUREL TOWNSHIP CLERK'S OFFICE

LGCCC Fee increases

Effective 10/02/06

1. Bingo - \$20.00 for each occasion
2. On-premise draw raffle for cash (50/50) or merchandise (exceeding \$400.00 total prize value) \$20.00 for each day on which a drawing is to be conducted under license.
3. On-premise draw raffle for cash (50/50) or merchandise (not exceeding \$400.00 total prize value) no licensing fee. If the raffle should exceed \$400.00, then submit \$20.00 at the time of filing report of operations.
4. Off-premises draw raffle awarding merchandise as a prize (for each \$1,000 or part thereof): \$20.00.
5. Carnival games or wheel - \$20.00 for each game or wheel held on any one day, or any series of consecutive days not exceeding 6 at one location.
6. Off-premises cash (50/50) raffle: a \$20.00 fee at application. If more than \$1000 in awarded prizes, then \$20.00 per \$1000 in awarded prizes or part thereof.
7. Special door prize raffle: no fee and no license, provided the merchandise is wholly donated and has a retail value of less than \$50.00. NOTE: cannot be conducted when other games of chance are being conducted, held or operated.
8. Calendar raffle: \$20.00 (for each \$1000 or part thereof of the retail value of the prize.)
9. Instant raffle:
 1. \$20.00 for each day on which instant raffle tickets are sold or offered for sale or
 2. \$750.00 for a one year license.
10. Golf Hole-In-One - \$20.00 (for each \$1000 or part thereof of retail value of ancillary prizes.).
11. Armchair Race: \$50.00 per licensed day of operation.
12. Casino Nights: \$100.00 per occasion.

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

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

Member in Charge

Member in Charge

Member in Charge

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.

NEW JERSEY STATE POLICE, STATE BUREAU OF IDENTIFICATION
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

Complete address of Requesting Agency

ORI Number

Please conduct a name search of your files and forward a copy of any Criminal History Record Information you have regarding the following individual:

(Last Name) (First Name) (Middle)

Address

Date of Birth SS# Male or Female

Check appropriate box to indicate the purpose of the request and complete all other required information

Criminal Justice Purpose (Code C) Security check authorization waiver not required.

Request for FBI Record Check (If this request is for a Criminal Justice Purpose and you desire a check of the FBI identification Bureau Files, check this box, fill in the subjects FSI number (if known) and submit this form in duplicate.)

Block Parent/Helping Hand Type Program (Security check authorization is required)

Non-Criminal Justice Employment/Licensing Purpose (Code E)
Authority for Non-Criminal Justice Employment/Licensing Purpose (Check One)

State or Federal Statute Rule or Regulation or Executive Order

Enter the appropriate Statute Citation, Rule or Regulation or Executive Order Number

Local Ordinance (Security check authorization is required)

Type or print name of person making request

Signature of person making request

SECURITY CHECK AUTHORIZATION (Waiver)

Supervisor, State Bureau of Identification

As indicated above, I have applied for Non-Criminal justice employment, licensing or as a volunteer participant in a Block, Parent/Helping Hand Type Program. For the purpose of this application. I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria for the stated purpose to the Mount Laurel Township Department of Public Safety. Any such information released as a result of this authorization shall be used for the express purpose of processing the above indicated application

Signature of Applicant

Date

Sample Ticket

Off Premises Raffle Awarding Cash

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

Stub	Ticket
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Address</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> City State ZIP code </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Telephone Number</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> NJ LGCCC Identification# Municipal RL # </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">NJ LGCCC Identification #</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Municipal RL #</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name of Organization</div> <div style="text-align: center; font-weight: bold; margin-bottom: 5px;">50/50</div> <div style="text-align: center; font-size: small; margin-bottom: 5px;">This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Location of Drawing</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Date of Drawing Time of Drawing </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Purpose to which entire proceeds will be devoted "No substitution of the offered prize may be made." </div>
<div style="border-bottom: 1px solid black;">Ticket #</div>	<div style="border-bottom: 1px solid black; width: 50%;">Price of Ticket</div> <div style="border-bottom: 1px solid black; width: 50%;">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

Name _____ Address _____ City State ZIP code _____ Telephone Number _____ NJ LGCCC Identification# _____ Municipal RL # _____		NJ LGCCC Identification # _____ Municipal RL # _____ Name of Organization _____ _____ _____ List of Prizes _____ Retail Values _____ _____ Location of Drawing _____ Date of Drawing _____ Time of Drawing _____	
Ticket # _____		Price of Ticket _____ Ticket # _____	

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."

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.

PRINTER'S CERTIFICATE

PURSUANT TO PART VIII, RULE 9. OF THE RULES AND REGULATIONS
of the
LEGALIZED GAMES OF CHANCE CONTROL COMMISSION

I DO HEREBY CERTIFY THAT:

1. The total number of raffle tickets printed was _____
2. The first number used was _____
The last number used was _____
3. The tickets were consecutively numbered.
4. A sample of the ticket is attached.
5. The cost of printing raffle tickets \$ _____

Signature of Printer

Name of Printing Company

Street Address

City

State

Zip

PLEASE ATTACH SAMPLE TICKET BELOW.

This form to be made in duplicate and attached to each copy of Form 8R-A, Report of Raffles Operations, which must be filed with the Municipal Clerk within fifteen (15) days after the holding of each off-premise raffle.

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