



BOROUGH OF HAWTHORNE

Passaic County, New Jersey

445 Lafayette Avenue, Suite 102

Hawthorne, NJ 07506

973.427.1167

www.hawthornenj.org



Lori Fernandez, RMC, CMC
Borough Clerk

Nancy Salisbury
Deputy Borough Clerk

~ Raffle License Instructions for Applicant ~

(Legalized Games of Chance Control Commission – LGCCC)

***** Please allow a minimum of 30 days for complete processing and approval. *****

Steps to follow for a complete application:

1. Include a copy of your current Organizations LGCCC registration certificate (sample attached).
2. Note this number on each application – top right-hand corner “Identification No.”
3. The organization name you list on the application under “Part A- General, #1 – Name of Organization” – must be identical to the organization name on the registration certificate.
4. One application per raffle (*1 original of each application*) **NOTE: *The last page of the application MUST have at least 2 original signatures and must be notarized***
5. Types of Raffles:
 - a) **Tricky Tray** = “On Premise Merchandise”
 - b) **50/50** = “On Premise Cash Raffle”
 - c) **Calendar Raffle** = tickets sold 3 months before event, total \$ prize(s) known (sample ticket required with applications, see attached)
 - d) **Off-Premise Merchandise** = big ticket item, i.e., motorcycle, jewelry piece, etc., tickets are sold 3 months in advance and retail value of item is known (sample ticket required with applications, see attached)
 - e) **Off-Premise Cash Raffle** = 50/50 tickets sold 3 months in advance; cash prize may be known or unknown (sample ticket required with applications, see attached)
 - f) **Casino Night** = gambling tables are rented for the event (“Form 13” is also required, obtain from the vendor you are renting the gambling tables from)
6. (2) Checks per raffle application, in the same amount to the LGCCC & the Borough of Hawthorne.

7. ADVERTISING YOUR EVENT – PER LGCCC: You MUST obtain your municipal issued raffle/bingo license # before ANY advertising can take place. The RL / BL AND your organization’s registration ID # BOTH must be printed/noted on ALL advertising. NO EXEMPTIONS.

FEES:

On Premise Merchandise = \$20/day only if retail value of prizes exceeds \$400

50/50 Cash Raffles = \$20/day only if retail value of prizes exceeds \$400

Calendar Raffle = \$20/\$1,000 of Total Retail Value of Prize

Off-Premise Merchandise = \$20.00 per \$1,000 of total retail value of prize(s)

Off-Premise 50/50 Cash Raffles = \$20/day, then \$20 per \$1,000 in excess of \$1,000

Casino Night = \$100 flat fee IN ADDITION to the above raffle fees

Reports After Event:

As required by N.J.S.A.5:8-37 and N.J.A.C. 13:47-9, you will receive a “Reports of Operations” form, one per license, with your license(s). The report must be filed with the LGCCC no later than the 15th day of the month **following** the conduct of the games/raffle(s).

Off-Premise Raffles ONLY - If monies collected were over the anticipated amount on your application, you must submit a check to the LGCCC for the difference along with the completed report of operations.

Any questions, please refer to the LGCCC website: <http://www.njconsumeraffairs.gov/lgccc> or call their Newark office at: (973) 273-8000.

(updated 1.12.23)



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 _____ Email: _____

(2) Office _____ Name of officer _____ Age _____

Residence address _____ Telephone No. (include area code)
 Day _____ Email: _____

(3) Office _____ Name of officer _____ Age _____

Residence address _____ Telephone No. (include area code)
 Day _____ Email: _____

(4) Office _____ Name of officer _____ Age _____

Residence address _____ Telephone No. (include area code)
 Day _____ Email: _____

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Email	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.

LGCCC Registration Certificate

(1)

Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date: 05/14/2020

Expiration date: 05/14/2022

Registration Identification: 367-5-35395

Bergen Catholic Athletic Association
1040 ORADELL AVE
ORADELL, NJ 07649



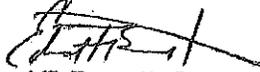
New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
Registration

SAMPLE

Neither registration nor the assignment of an identification to an organization to hold, operate or conduct, or assist in the holding, conduct, or operation of, any game or games of chance without the approval of the municipality in which the game or games are to be held, operated, or conducted.

Name of organization on application and license must be the same as it appears on this registration. This Registration Certificate may only be utilized by the above-named organization.

Mail to: BERGEN CATHOLIC ATHLETIC ASSOCIATION
1040 ORADELL AVE
ORADELL, NJ 07649
Attn:


Edward F. Barrett, Secretary
Legalized Games of Chance Control Commission

SAMPLE

(50)

ST. ANTHONY SCHOOL CALENDAR RAFFLE

To be conducted by St. Anthony Home & School Association
 Beginning on January 8, 2014 and ending on March 26, 2014
 Drawing to be held at St. Anthony's School every Wednesday at 8:15 a.m.

If gambling is a problem for you or someone in your family, dial 1-800-GAMBLER

January 2014

S	M	T	W	Th	F	Sa	Su
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	\$100	15	16	17	18
19	20	21	\$200	22	23	24	25
26	27	28	\$200	29	30	31	

March 2014

S	M	T	W	Th	F	Sa	Su
						1	
2	3	4	5	6	7	8	
9	10	11	\$100	12	13	14	15
16	17	18	\$200	19	20	21	22
23	24	25	\$200	26	27	28	29
30	31						

February 2014

S	M	T	W	Th	F	Sa	Su
						1	
2	3	4	5	6	7	8	
9	10	11	\$100	12	13	14	15
16	17	18	\$200	19	20	21	22
23	24	25	\$200	26	27	28	
			\$400				

12 Chances to Win!
\$3,000.00 IN PRIZES!



\$10.00 Donation

Donation to benefit St. Anthony School

ID #: 204-5-22653

License #:

Ticket #:

* Tickets may win more than once. All tickets are eligible for all drawings. Winner will be notified by phone, mail, or backpacks.

* No substitutions of the offered prizes will be made.

* Please make your check payable to ST. ANTHONY SCHOOL. Your donation is tax deductible to the extent allowed by law.

* Drawing to be held at St. Anthony's School at 8:15 a.m. on Wednesdays during raffle.

* PLEASE RETURN this stub to Donna Mallory by December 20, 2013

Name: _____
 Address: _____

City/Zip: _____

Salesperson: _____

Grade of person selling: _____

ID#: 204-5-22653

License #:

Donation: \$10.00

Ticket #:

(5d)

Sample Ticket

Off Premises Merchandise Raffle

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

<p style="text-align: center;">Stub</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City</p> <hr/> <p>State</p> <hr/> <p>ZIP code</p> <hr/> <p>Telephone Number</p> <hr/> <p>NJ LGCCC Identification #</p> <hr/> <p>Municipal RL #</p>	<p style="text-align: center;">Ticket</p> <hr/> <p>NJ LGCCC Identification #</p> <hr/> <p>Municipal RL #</p> <hr/> <p>Name of Organization</p> <hr/> <hr/> <hr/> <p>List of Prizes</p> <hr/> <p>Retail Values</p> <hr/> <p>Location of Drawing</p> <hr/> <p>Date of Drawing</p> <hr/> <p>Time of Drawing</p> <hr/> <p>Purpose to which entire proceeds will be devoted</p> <p>"No substitution of the offered prize may be made</p> <p>and no cash will be given in lieu of the prize."</p> <hr/> <p>Price of Ticket</p> <hr/> <p>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.

(5e)

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 _____ Municipal RL # _____	NJ LGCCC Identification # _____ Municipal RL # _____ Name of Organization 50/50 This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate 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.