BOROUGH OF HAWTHORNE

Passaic County, New Jersey

445 Lafayette Avenue
Hawthorne, NJ 07506

973.427.1167 Phone 973.427.2320 Fax
www.hawthornenj.org

Lori DiBella, RMC
Borough Clerk

Joan Hervé
Deputy Clerk

Raffle License Instructions for Applicant

(Legalized Games of Chance Control Commission – LGCCC)

Please allow a minimum of **14 business days** for 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 and *(3) **copies*** of each app.* ***NOTE:***
   ****The last page of EACH application MUST BE original signatures and 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 (sample ticket required with applications, see attached)
   d) **Off-Premise Merchandise** = big ticket item, i.e., motorcycle, jewelry piece, etc., where tickets are sold 3 months in advance (sample ticket required with applications, see attached)
   e) **Off-Premise Cash Raffle** = 50/50 tickets sold 3 months in advance (sample ticket required with applications, see attached)
   f) **Casino Night** = gambling tables are rented for the event (Form 13 required, obtain from the vendor you are renting the gambling tables from.)

6. (2) Checks per raffle, in the same amount to the LGCCC & the Borough of Hawthorne.

FEES:

On Premise Merchandise & Cash Raffles = $20 flat fee
Off Premise Raffles = $20.00 per thousand of total retail value of prize(s)
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 call the borough clerk's office at 973-427-1167.

Application for a Raffles 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 C - 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 Raffles 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 D - Schedule of Prizes

A description of all prizes to be offered and given in all of the games listed in this application is as follows. For merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.

Description of Prize	Donated (Yes or No)	Retail value
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

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

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 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

AFFIX SEAL HERE

_____
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.

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

Effective date: 08/19/2014 **Expiration date:** 08/19/2016 **Registration identification:** 204-10-29945

William B Mawhinney Memorial Ambulance Corps Inc
970 GUFFLE RD
HAWTHORNE, NJ 07506

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

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: WILLIAM B MAWHINNEY MEMORIAL AMBULANCE CORPS INC
970 GUFFLE RD
HAWTHORNE, NJ 07506
Attn:

Steven P. Layman

Steven P. Layman, Acting Secretary
Legalized Games of Chance Control Commission

Sample

Sample Ticket (D)

Off Premises Merchandise Raffle

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

Sample

Stub

Name

Address

City State ZIP code

Telephone Number

NJ LGCCC Identification# Municipal RL #

Ticket #

Ticket

NJ LGCCC Identification # Municipal RL #

Name of Organization

List of Prizes Retail Values

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
and no cash will be given in lieu of the prize."

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.

Internet

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

Sample

Stub

Name

Address

City State ZIP code

Telephone Number

NJ LGCCC Identification# Municipal RL #

Ticket #

Ticket

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.

Internet

Sample (C)

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	St
			1	2	3	4
5	6	7	8 $100	9	10	11
12	13	14	15 $200	16	17	18
19	20	21	22 $200	23	24	25
26	27	28	29 $400	30	31	

February 2014

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

March 2014

S	M	T	W	Th	F	St
						1
2	3	4	5 $100	6	7	8
9	10	11	12 $200	13	14	15
16	17	18	19 $200	20	21	22
23	24	25	26 $700	27	28	29
30	31					

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 #: