



# BOROUGH OF HAWTHORNE

Passaic County, New Jersey

445 Lafayette Avenue, Suite 102

Hawthorne, NJ 07506

973.427.1167

[www.hawthornenj.org](http://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.

### **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 15<sup>th</sup> 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. You may also refer to the LGCCC website: <http://www.njconsumeraffairs.gov/lgccc> or call their Newark office at: (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.**