



Township of Monroe

County of Middlesex

CHRISTINE ROBBINS
Township Clerk

Municipal Complex
1 Municipal Plaza
Monroe Township, NJ 08831-1900
Phone (732) 656-4573
Fax (732) 521-3190

APPLYING FOR A RAFFLE LICENSE

1. The Organization applying for a Raffle license must have a valid Certificate of Registration with the State of New Jersey, Legalized Games of Chance Control Commission. (Registration is valid for (2) two years) and must be within the raffle period.
2. The Application for a Raffle License, as well as the required paperwork, must be submitted in sets of four (4). The application may be copied, but the signatures required as well as notary on the last page, **must be original signatures**. There must be at least two (2) signatures, **an Officer of the Organization and a Member in Charge of the Games**.
3. The application must be submitted **(6) weeks prior to the event**.
4. Along with the applications, the following is required:
 - (a) Applications need to be submitted **at least (6) weeks** prior to the event.
 - (b) The Clerk's Office must see the **original Certificate of Registration** for the Organization.
 - (c) A sample ticket if applying for an **Off-Premise Raffle**. (See Attached Sample Ticket)
 - (d) Two Checks. (See Attached Fee Schedule)
 - State Fees payable to "Legalized Games of Chance Control Commission"
 - Municipal Fee payable to "Township of Monroe"
 - (e) Completed Release Authorization Form and Photo ID of member or members-in-charge.
5. Once the full application has been processed by the town and a Police background check has been received, the application will be forwarded to the State of New Jersey, Legalized Games of Chance Control Commission. The state has fifteen (15) business days from the date of receipt to accept or deny approval of your application. If your application is accepted, you will not hear from them. You will receive a complete copy of the application and your authorizing raffle license. At the conclusion of the raffle an end of raffle report must be filed with the State and the Township. A copy of this form will be given to you with your authorized license. Along with the Report of Raffle Operations, you must also include a check if your raffle ticket sales have exceeded your anticipated sales.

Monroe Twp. Clerk's Office
1 Municipal Plaza – Rm. 107
Monroe Twp., NJ 08831
Phone: (732) 656-4573
Fax: (732) 521-3190

**Legalized Games of Chance
Control Commission**
P.O. Box 46000
Newark, NJ 07102
Phone: (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. <i>(include area code)</i>	
_____	Day _____ Evening _____	

(2) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. <i>(include area code)</i>	
_____	Day _____ Evening _____	

(3) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. <i>(include area code)</i>	
_____	Day _____ Evening _____	

(4) Office	Name of officer	Age
_____	_____	_____

Residence address	Telephone No. <i>(include area code)</i>	
_____	Day _____ Evening _____	

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

Name of member in charge	Residence address	Telephone No. <i>(include area code)</i> 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.



Township of Monroe
County of Middlesex

GRIFFIN M. BANOS
Chief of Police

DEPARTMENT OF POLICE:
Municipal Complex
3 Municipal Plaza
Monroe Township, NJ 08831

RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Education and other Institutions and Agencies without exception.

I, _____, am making application for appointment to The Monroe Township Police Department. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to The Monroe Township Police Department or its representative any and all information, documentary or otherwise pertaining to me that they may request.

I hereby release, discharge and exonerate The Monroe Township Police Department, its agents and representatives, and any person so furnishing information from any and all liability or every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by The Monroe Township Police Department.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Applicant sign here

Sworn to before me this _____
Day of _____, 20 ____.

Notary Public or Commissioner of Deeds

Sample Ticket

Off Premises Raffle Awarding Cash

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

Stub

Ticket

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