



# Borough of Spring Lake

423 Warren Avenue  
P.O. Box 638  
Spring Lake, New Jersey 07762  
[www.springlakeboro.org](http://www.springlakeboro.org)

(732) 449-0800  
Fax: (732) 449-8797

## Raffle Information

When submitting your raffle application please note the following:

1. Four (4) copies of the application are required. Each application must be originally signed by at least two (2) members of the organization and must be *notarized* and must be submitted one week prior to the Mayor and Council's meeting.

2. A sample ticket must be included with your application for off-premise raffles.

3. Two (2) checks are needed:

1 made payable to Legalized Games of Change (LGCCC)

1 made payable to the Borough of Spring Lake

Checks: The fee is \$20.00 for every \$1,000.00 of the prize value or estimated prize value.

(Example: If value is \$2,101.00 checks would need to be for \$60.00 each)

For a 50/50 Raffle, \$20.00 checks are required for filing the application and then once the raffle has been conducted, additional checks must be forwarded based upon the proceeds.

All applications must be approved by the Mayor and Borough Council then forwarded to the Legalized Games of Chance Commission. The license cannot be issued until 21 business days after it is sent to Legalized Games of Chance. When setting your dates, please take this into consideration, you should estimate about six (6) weeks for this process.

Please be sure that the date(s) of your raffle are not after the expiration date on your Registration Certificate. If so, we are unable to issue your license until after you have renewed your registration in accordance with Games of Chance Regulations. If you need to renew early to accommodate your function, you must contact Games of Chance at (973) 273-8000.

*Reminder: Reports of raffle are due by the 15<sup>th</sup> of the month following the raffle. Please complete your reports timely. A copy of the report and any additional fees due should be sent to Legalized Games of Chance and the Borough of Spring Lake. Failure to file your reports will result in delay of future approvals until filed and paid.*

**For more information visit: [NJConsumerAffairs.gov](http://NJConsumerAffairs.gov)**

## Sample Raffle Ticket Information

The following are just samples of raffle tickets in accordance with Games of Chance Regulations. They are to be used as a guide only and we are not responsible for any missing or incorrect information. Please consult your Game of Chance Regulations for information as to the contents of the ticket.

If you are going to use roll or auction tickets, you do not need to attach a sample.

**Please note-** If you are going to require the person to be present in order to win- the following statement must be included on your ticket:

**“NOT VALID UNLESS HOLDER IS PRESENT AT THE DRAWING”**

# Sample Ticket

## Off Premises Raffle Awarding Cash

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

Stub	Ticket
<p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____</p> <p>ZIP code _____</p> <p>Telephone Number _____</p> <p>NJ LGCCC Identification # _____</p> <p>Municipal RL # _____</p>	<p>Municipal RL # _____</p> <p>Name of Organization _____</p> <p style="text-align: center;"><b>50/50</b></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>Location of Drawing _____</p> <p>Date of Drawing _____</p> <p>Time of Drawing _____</p> <p>Purpose to which entire proceeds will be devoted "No substitution of the offered prize may be made." _____</p> <p>Price of Ticket _____</p> <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.

# Sample Ticket

## Off Premises Merchandise Raffle

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

Stub	Ticket
<p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____</p> <p>ZIP code _____</p> <p>Telephone Number _____</p> <p>Municipal RL # _____</p>	<p>NJ LGCCC Identification # _____</p> <p>Municipal RL # _____</p> <p>Name of Organization _____</p> <p>List of Prizes _____</p> <p>Retail Values _____</p> <p>Location of Drawing _____</p> <p>Date of Drawing _____</p> <p>Time of Drawing _____</p> <p>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 _____</p> <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.



**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 <hr/> Residence address <hr/>	Name of officer <hr/> Telephone No. (include area code) Day _____ Evening _____	Age <hr/>
(2) Office <hr/> Residence address <hr/>	Name of officer <hr/> Telephone No. (include area code) Day _____ Evening _____	Age <hr/>
(3) Office <hr/> Residence address <hr/>	Name of officer <hr/> Telephone No. (include area code) Day _____ Evening _____	Age <hr/>
(4) Office <hr/> Residence address <hr/>	Name of officer <hr/> Telephone No. (include area code) Day _____ Evening _____	Age <hr/>

**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
<hr/>	<hr/>	<hr/> / <hr/>	<hr/>
<hr/>	<hr/>	<hr/> / <hr/>	<hr/>
<hr/>	<hr/>	<hr/> / <hr/>	<hr/>
<hr/>	<hr/>	<hr/> / <hr/>	<hr/>

**Part G - Members of Applicant who will assist in conducting the games**

Name of member	Residence address	Age
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**Part H - Names of other organizations whose members will assist in conducting the games**

Name and address of organization	How related	Identification No.
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**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



\_\_\_\_\_  
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.**