

Part E - Officers of Applicant

Office	Name of officer	Residence address	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

continue ➔

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

Member in Charge

Member in Charge

Member in Charge

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.

BOROUGH OF FRANKLIN

(Affidavit to be filed with all Applications for a Raffle License)

I, _____, placed under oath by a duly authorized person, do swear and attest as follows:

1. I make this application on behalf of _____ (organization), which is a duly authorized and approved 501c3 non-profit entity.

2. I hold the position of _____ with _____.

3. I am directly responsible for the finances of _____ and further am responsible for the administration of the raffle or 50/50, which is the subject of this application.

4. No other persons are responsible for the administration, conduct and accounting of the raffle or 50/50, which is the subject of this application (); or

the following other people are responsible for the administration, conduct and accounting of the raffle or 50/50, which is the subject of this application ():

5. _____ (organization) has never been denied a raffle, 50/50, or any other similar type of license in New Jersey or any other state.

6. I have never been convicted of any crime or disorderly persons offense in the State of New Jersey.

7. I am, to the best of my knowledge, currently not the subject of any criminal or tax investigation of any kind.

8. I have never filed for bankruptcy and am not currently contemplating filing for bankruptcy.

I am aware that the statements made by me in this Affidavit are part of the investigation required to be made by the municipality pursuant to N.J.S.A. 5:8-53. I am aware that these statements are made under oath and that any false or misleading statement contained in this Affidavit could subject me to criminal prosecution.

All the statements made in this Affidavit are true and made after diligent inquiry.

Dated:

State of New Jersey

County of _____

Notary Public

Sample Ticket

Off Premises Merchandise Raffle

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

Stub

Ticket

Name _____	
Address _____	
City _____	State _____ ZIP code _____
Telephone Number _____	
NJ LGCCC Identification# _____	Municipal RL # _____
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.

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 _____	
NJ LGCCC Identification# _____	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 _____	Time of Drawing _____
Date 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.