# **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: 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** Date **Hours** 4a. Address of place where raffles will be played: Does the applicant own the premises or regularly occupy them for its general purposes? 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: Name and address of supplier **Item of Expense Purpose** 

Part C - Schedule of Purposes			
The specific purpose(s) to which the entire net procee manner in which they are to be so devoted, are:	ds of the games listed in	this applicat	ion are to be devoted, and the
2. If any part of the net proceeds are to be devoted to a over to another organization which is exclusively deve executive officer to the following certificate:	oted to such purposes, se	cure the sign	nature of its president or other
"It is hereby certified that	Name of organizatio	n	
will accept from the licensee any part of the net proce	eds of the games listed in	this applica	tion 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 describe the article and state the retail value; if prizes are sible the information requested below.	to be donated, indicate t	hat fact and	
Description of Prize	Donated (Yes	or No)	Ketaii value
		No _	
		No _	
		No	
		No	
	\( \square\) Yes \( \square\)	No	
		No _	
		No	
		No No	
		No	
		No _	
		No _	
		No	

☐ Yes ☐ No

□ No

☐ No

☐ Yes

☐ Yes

(1) Office	Name of officer	Name of officer	
Residence address	Telephone No. (in	clude area code)	
	Day	Evening	
(2) Office	Name of officer		Age
Residence address	Telephone No. (in	clude area code)	
	Day	Evening	
3) Office	Name of officer	Name of officer	
Residence address	Telephone No. (in	Telephone No. (include area code)	
	Day	Evening	
(4) Office	Name of officer		Age
Residence address		Telephone No. (include area code)	
out F. Manshava of Applicant who will b		Evening	
rt F - Members of Applicant who will b Name of member in charge	Residence address	Telephone No. (include area code) Day / Evening	Age
		//	
rt G - Members of Applicant who will a	3 3	Residence address	Age
Name of member		nesidence address	Age
rt H - Names of other organizations wh			n Na
Name and address of orga	IIIIZAUON	How related Identificatio	

#### 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: The applicant (is) (is not) limited in its activities to the 5. For each occasion for which a license is sought, one or more of furtherance of one or more authorized purposes as defined the members listed who are familiar with the Raffles Licensing Law and the Rules and Regulations, will be in full charge of, in the Raffles Licensing Law. and primarily responsible for, the conduct of the games. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving No commission, salary, compensation, reward or recompense 6. one or more "authorized purposes." will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the The applicant has received and used, and in good faith games, except to bookkeepers or accountants for professional expects to continue to receive and use, to further one or services not exceeding the amounts fixed by the Schedule more authorized purposes, funds from sources other than of Fees, as well as the compensation for the Licensed games of chance. Compensated Workers pursuant to N.J.A.C. 13:47-6A. No The conduct of the games on the occasion or occasions for prize may be offered and given in cash, except as otherwise which this application is made will be to raise and devote provided by the Raffles Licensing Law (N.J.S.A. 5:8-50 et seq.). the entire net proceeds to the authorized purpose described If a cash prize under certain circumstances is permitted by the in the application. 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 Signature of Officer and Title Signature of Member-in-Charge Notary Public (Print name) Signature of Member-in-Charge Signature of Notary Public Signature of Member-in-Charge Signature of Member-in-Charge AFFIX SEAL HERE

If more space is needed in any section of this application, insert extra sheets of paper.

## TOWNSHIP OF WATERFORD

2131 Auburn Avenue Atco, NJ 08004-1900

info@waterfordtwp.org



Phone: (856) 768-2300 Fax: (856) 768-1703

www.waterfordtwp.org

Established 1694

### **AFFIDAVIT**

### NOTE: All members listed in Parts E & F of Raffle / Bingo Application must file an Affidavit

(Please Print)	
1,	, associated with the organization o
	having the LGCCC registration number o
	_ do solemnly swear (or affirm) that I am o
good moral character and that I have never been con	victed of a crime. I understand that a copy o
this Affidavit will be made a part of the Raffle App	ication and may be forwarded to the State o
New Jersey's Department of Law & Public Safe	ety's Legalized Games of Chance Contro
Commission.	
(Signature)	(date)
Notarized by:	
(Notary Public of New Jersey)	(date)
My Commission Expires on	
(Apply Notary Seal Here)	