



Township of Livingston

Instructions for Raffle and Bingo Applications

Please Read Carefully

Raffle and Bingo License Applications

- 1) Submit the LGCCC (Legalized Games of Chance Control Commission) raffle or bingo application in triplicate with original signatures and notarized, to Livingston Township, at least six to eight weeks prior to the event.
- 2) Make sure your organization's LGCCC biennial registration is current and you have it available for inspection when submitting the application to the Township. You will need to have that identification number for your application, please click on the attached link if you do not have this:
<https://www.njconsumeraffairs.gov/lgccc/Applications/Initial-Affidavit-and-Application-for-Biennial-Registration.pdf>
- 3) A "Background Check Form" must be included with the application for individuals listed in Parts F (members who will be in charge) and G (members who will assist). If the member is a resident of Livingston, please return the background check form to the Livingston Township Clerk's office. If the member is not a resident of Livingston, please get the background check form signed by the Police Department where he/she resides and return to Livingston Township's Clerk's office.
- 4) Sample raffle tickets should be attached to the application for off-premises game(s).
- 5) See the fee chart below for appropriate fees accompanying the application. Two checks will need to be submitted, one to the Legalized Games of Chance Control Commission and the other to the Township of Livingston.
- 6) For additional information, forms, and reports, please visit the LGCCC's website:
<https://www.njconsumeraffairs.gov/lgccc/Pages/applications.aspx>

Report of Operations for Raffle or Bingo

The report of Operations is due to the LGCCC the month following the event no later than the 15th day of the month.

Raffle and Bingo Fees

One check made payable to Township of Livingston and one check made payable to LGCCC.

Bingo	Township of Livingston: \$20.00 LGCCC: \$20.00 for each occasion on which any game or games of bingo are to be conducted under the license
Calendar Raffle	Township of Livingston: \$20.00 LGCCC: \$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) to be awarded
Casino Night	Township of Livingston: \$100.00 LGCCC: \$100.00 for each day of operation of casino
Duck Race	Township of Livingston: \$20.00 LGCCC: \$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) to be awarded

Township of Livingston

Instructions for Raffle and Bingo Applications

Raffle and Bingo Fees (continued)

Instant Raffle	Township of Livingston: \$20.00 LGCCC: \$20.00 for each day on which instant raffle tickets are sold or offered for sale, or \$750.00 for a one-year license to sell, or to offer for sale, instant raffle tickets during that year
Non-Draw Raffle	Township of Livingston: \$20.00 LGCCC: \$20.00 for each game or wheel held on any one day, or any series of consecutive days not exceeding six at one location
Off Premises 50-50 Raffle	Township of Livingston: \$20.00 LGCCC: \$20.00 paid at the time the application is filed for each day on which a drawing(s) is to be conducted under the license. In the event the awarded prize exceeds \$1,000, then an additional fee of \$20.00 for each \$1,000 or part thereof in value of the awarded prize(s) in excess of \$1,000 shall be forwarded to the Control Commission by check payable to the Commission together with the Report of Operations as required by N.J.A.C. 13:47-9
On Premises 50/50 Raffle	Township of Livingston: \$20.00 LGCCC: \$20.00 for each day on which a drawing(s) is to be conducted under the license only if the anticipated prize is in excess of \$400.00. Otherwise, there is no license fee
Off Premises Merchandise Draw Raffle	Township of Livingston: \$20.00 LGCCC: \$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) to be awarded
On Premises Merchandise Draw Raffle	Township of Livingston: \$20.00 LGCCC: \$20.00 for each day on which a drawing(s) is to be conducted under the license only if the anticipated retail value of the merchandise prize(s) is in excess of \$400.00. Otherwise, there is no license fee. In the event the total retail value of the merchandise prize(s) awarded exceeds \$400.00, the licensee shall submit a check or money order made payable to Commission in the amount of \$20.00 at the time of filing the report of operations required by N.J.A.C. 13:47-9. In the event the prize(s) awarded exceeds \$400.00, the licensee shall submit a check or money order made payable to Commission in the amount of \$20.00 at the time of filing the report of operations required by N.J.A.C. 13:47-9.



Township of Livingston

Checklist for Raffle and Bingo Applications

Use the checklist below to ensure a raffle/bingo license will be issued in time for your event:

- Submit the complete raffle/bingo application to the Clerk's Department at least six to eight weeks in advance of the event.
- The organization's LGCCC biennial registration must be current, and the original available for inspection with the application at submission.
- Part A (General), section 3, fill out the date(s) and hours of the games, AND include the type of game being held if submitting a raffle application.
- If it's an off-premise raffle event, there must be a sample ticket included.
- For all casino nights/armchair races/non-draw (games and wheels) raffles, a Form 13 is required. It is supplied to the organization by the Raffle Equipment Providers.
- For all bingo applications where the premises are rented a Form 10-A, Statement of Landlord, and a Declaration of Trust are required.
- Part B (Schedule of Expenses) needs to be completed, the application will be rejected if left blank.
- Part D (Schedule of Prizes), for a bingo application, attach a schedule of games to be conducted.
- Parts F and G (Members in Charge/Members Assisting), include completed background check forms for all people listed in these two sections.
- Part I (Statement of Applicant and member(s) in charge), must have signatures of the organization's Officer and all Members in Charge. If the Officer is also a Member in Charge, please sign twice on the appropriate lines.
- Payment to the Township of Livingston and the LGCCC must be included.
- Do not include the "Report of Operations" with your application; the applicant files this report directly with the LGCCC no later than the 15th day of the month following the conduct of the game(s) of chance.
- Provide organization's contact name, phone number and email address in case there are any questions.



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.



New Jersey Office of 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

Instructions for Filing the Raffle Report of Operations

Pursuant to N.J.A.C. 13:47-9.1, licensees must file a report of operations with the Legalized Games of Chance Control Commission no later than the 15th day of the calendar month immediately following the calendar month in which the licensed activity was held, operated or conducted.

You must download this report and complete ALL of the entries for each occasion(s) relating to the conduct of all raffles, except for instant raffle games and carnival games and wheels. Once completed, a member/officer must certify that he/she has reviewed the report and that the information provided is true, accurate and complete. This will require the person to state his/her name and title, and that person must complete the information on page 3 and have the report notarized.

The Raffle Report of Operations for the conduct of off-premises 50/50 or merchandise raffles is to be accompanied with a sample ticket. Reports are to be mailed to Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101, or emailed to PetermanA@dca.lps.state.nj.us .

It is recommended that you maintain a copy of all reports as part of the organization's records.



New Jersey Office of 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
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Raffle Report of Operations

Please print clearly.

Identification number _____

Municipality _____ License number _____

Name of licensee _____
Organization _____

Street address _____ City _____ State _____ ZIP code _____

Location of games _____

This report, as required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9, must be filed with the Legalized Games of Chance Control Commission no later than the 15th day of the month following the conduct of the game(s) of chance.

Occasion 1 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold	_____	4. Cost of prizes	\$ _____	Type of prize(s)	_____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____		
3. Gross receipts	\$ _____	6. Other expenses	\$ _____		
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____

Occasion 2 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold	_____	4. Cost of prizes	\$ _____	Type of prize(s)	_____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____		
3. Gross receipts	\$ _____	6. Other expenses	\$ _____		
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____

Occasion 3 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold	_____	4. Cost of prizes	\$ _____	Type of prize(s)	_____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____		
3. Gross receipts	\$ _____	6. Other expenses	\$ _____		
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____

Occasion 4 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold	_____	4. Cost of prizes	\$ _____	Type of prize(s)	_____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____		
3. Gross receipts	\$ _____	6. Other expenses	\$ _____		
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____

Bank

Name	Address where balance is deposited	Account number

Person Responsible for Use of Proceeds

Name	Address	Telephone number <small>(include area code)</small>

I certify that all of the statements on this report of operations are true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Prizes Offered or Awarded

Please list the prizes offered or awarded and their respective retail values.

Prizes Offered or Awarded	Retail Value	Prizes Offered or Awarded	Retail Value

N.J.S.A. 5:8-37 “It shall be the duty of each licensee to maintain and keep such books and records as may be necessary to substantiate the particulars of each such report.”

I certify that I have reviewed this report and that the information on this report of operations is true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

I **certify** by placing a check in this box, that I have reviewed the report and that the information provided is true, accurate and complete.

You must state your name and title below. Reports that are not properly certified will be emailed back.

Name and title of officer (please print)

Signature of officer

Sworn and subscribed to before me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

