

MONTVILLE TOWNSHIP

RAFFLE LICENSE APPLICATION INSTRUCTIONS

If you are applying for a license in Montville Township, your event (tricky tray, raffle, etc.) MUST be drawn in Montville Township.

- **Please file your application at least 4 weeks in advance of your event or the date you wish to begin selling tickets.** After Township approval, the application is sent to the NJ Legalized Games of Chance Control Commission (LGCCC) for review and approval. The Commission's review period is 15 days, **NO SOONER**. Your license will not be issued before the end of the Commission's 15 day review period.
- **SUBMIT FOUR (4) COPIES of the Application for Raffles License – ALL COPIES with ORIGINAL and NOTARIZED signatures of at least one (1) officer of the registered organization and one (1) person in charge of the event (required).**
- Fill out all information applicable to you. You must fill out: date, time, and place of raffle, type of raffle, items of expense (donated or not), description of purposes, description of prizes, officers including addresses, members in charge including addresses and telephone numbers. Chapter 206-1 of the Montville Township Code permits raffles and bingo to be conducted on Sundays as long as the limit on number games per week or month are not exceeded.
- You **must** present an unexpired LGCCC registration with the LGCCC ID # to the Municipal Clerk's office when you submit your application. Your event has to be scheduled before the registration's expiration date. Your event cannot be over 1 year away from your application date.
- Indicate if you are using roll tickets or having tickets printed. If you are having tickets printed, you must submit a sample ticket and have the printer fill out the Printer's Certificate. Both i.d. #'s (State and Montville's) **must** be printed on the ticket.
- **Fees:** One check payable to Montville Township for \$10. Also, a check payable to the Legalized Games of Chance Commission for \$20 for each instance the game is being held must be submitted with the application. If the retail value of your prize is more than \$1,000, then the Township fee is another \$10 for each \$1,000.
- **After** your event or drawing, you **must** fill out a Raffle Report of Operations form. Fill in all information applicable and sign and have notarized. Mail directly to State and submit a copy to Municipal Clerk's office. If you do not submit this form, you will be denied any future licenses.

Danielle Bogdan, Deputy Township Clerk
973-331-3345 or dbogdan@montvillenj.org
<https://www.njconsumeraffairs.gov/lgccc>



Montville Township

Police Department

Andrew Caggiano
Chief of Police

Carlo Marucci
Captain of Operations

Adam Kenny
Captain of Administration

As part of your **Application for Raffle License OR Solicitor License Application** please submit the following information for **each individual** who is associated with your application. This information is required to conduct a background check as required to process your application. *** Required for all Officers, Members in charge, and Assisting Members***

Applicant #1:

Full Name: _____

Date of Birth: _____

Driver's License Number & State: _____

Current Address: _____

Applicant #2:

Full Name: _____

Date of Birth: _____

Driver's License Number & State: _____

Current Address: _____

Applicant #3:

Full Name: _____

Date of Birth: _____

Driver's License Number & State: _____

Current Address: _____

360 Main Road Montville, NJ 07045

P.973.257.4300 ● F. 973.334.4880 ● E.policerecords@montvillenj.org



Applicant #4:

Full Name: _____

Date of Birth: _____

Driver's License Number & State: _____

Current Address: _____

Applicant #5:

Full Name: _____

Date of Birth: _____

Driver's License Number & State: _____

Current Address: _____

Applicant #6:

Full Name: _____

Date of Birth: _____

Driver's License Number & State: _____

Current Address: _____

Applicant #7:

Full Name: _____

Date of Birth: _____

Driver's License Number & State: _____

Current Address: _____



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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 C - Schedule of Purposes

- [illegible]

"It is hereby certified that _____
Name of organization

will accept from the licensee any part of the net proceeds of the games listed in this application 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 the games listed in this application is as follows. For merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.

[illegible]

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.