



Office of the Township Clerk | Township of Maple Shade  
 200 Stiles Avenue | Maple Shade, New Jersey 08052  
 Phone: 856-779-9610 ext. 166 | Fax: 856-779-2524  
 Email: [tmcveigh@mapleshade.com](mailto:tmcveigh@mapleshade.com)

**GUIDANCE FOR RAFFLE AND BINGO LICENSE APPLICATIONS**

The New Jersey Legalized Games of Chance Control Commission (LGCCC) has full authority over games of chance. Online sales of tickets are not permitted. It is important to visit the LGCCC website for current information. A list of links and contact information is provided below.

**ONLY ORGANIZATIONS ISSUED A REGISTRATION CERTIFICATE BY LGCCC ARE ELIGIBLE TO CONDUCT GAMES OF CHANCE.**

**Sample Registration Certificate**

Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date:

Expiration date:

Registration identification:



*New Jersey Office of the Attorney General*  
 Division of Consumer Affairs  
 Legalized Games of Chance Control Commission  
 Registration

Name of organization on application and license must be the same as it appears on this registration.  
 This Registration Certificate may only be utilized by the above-named organization.

Mail to:



OFFICE COPY

<b>LGCCC Contact Information</b>	
<b>Phone Number</b>	(973) 273-8000
<b>Mailing Address</b>	PO Box 46000 Newark, New Jersey 07101
<b>Physical Address</b>	124 Halsey Street Newark, New Jersey 07102
<b>LGCCC Website Links</b>	
<b>Home Page</b>	<a href="http://www.njconsumeraffairs.gov/lgccc/pages/default.aspx">www.njconsumeraffairs.gov/lgccc/pages/default.aspx</a>
<b>Registration</b>	<a href="http://www.njconsumeraffairs.gov/lgccc/Pages/registration.aspx">www.njconsumeraffairs.gov/lgccc/Pages/registration.aspx</a>
<b>Forms</b>	<a href="http://www.njconsumeraffairs.gov/lgccc/Pages/applications.aspx">http://www.njconsumeraffairs.gov/lgccc/Pages/applications.aspx</a>
<b>Fees</b>	<a href="http://www.njconsumeraffairs.gov/lgccc/Pages/licensefees.aspx">http://www.njconsumeraffairs.gov/lgccc/Pages/licensefees.aspx</a>
<b>Laws and Regulations</b>	<a href="http://www.njconsumeraffairs.gov/lgccc/Pages/regulations.aspx">http://www.njconsumeraffairs.gov/lgccc/Pages/regulations.aspx</a>

**Please Note:** New Jersey Legalized Games of Chance Control Commission (LGCCC) has final approval of all games of chance. The Township of Maple Shade cannot contest any denial, time restraint or fee required by LGCCC.



Office of the Township Clerk | Township of Maple Shade  
 200 Stiles Avenue | Maple Shade, New Jersey 08052  
 Phone: 856-779-9610 ext. 166 | Fax: 856-779-9610  
 Email: [tmeveigh@mapleshade.com](mailto:tmeveigh@mapleshade.com)

**Clerk's Office Use Only**

License Nos.: \_\_\_\_\_  
 License Nos.: \_\_\_\_\_  
 Fees Due: \_\_\_\_\_ [ ] Paid  
 Staff Initials/Date: \_\_\_\_\_

## Checklist for Raffle or Bingo Applicant

**NO PORTION OF ANY GAME MAY BEGIN PRIOR TO THE ISSUANCE OF A LICENSE BY THE TOWNSHIP CLERK. NO TICKETS MAY BE SOLD UNTIL A MUNICIPAL LICENSE IS ISSUED.**

<input type="checkbox"/>	<ul style="list-style-type: none"> <li><b>Original Registration Certificate issued by LGCCC</b> must be presented to the Township of Maple Shade at time of application submission and must be valid through the date of the event.</li> </ul> <p style="margin-left: 20px;">Identification Number: _____ Expiration Date: _____</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Contact Information for Application</li> </ul> <p>Name: _____          E-mail: _____          Phone: _____          Organization: _____</p>
<input type="checkbox"/>	<p><b>Application must be submitted in quadruplicate (4 copies), a minimum of 20 Days Prior to Event: NO TICKETS MAY BE SOLD UNTIL MUNICIPAL LICENSE IS ISSUED</b></p> <ul style="list-style-type: none"> <li>Each copy of the application must contain <b>at least two (2) original signatures</b>; and</li> <li>Each copy of the application must contain an <b>original notary seal</b>.</li> </ul> <p><b>Date Submitted:</b> _____</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Date of Raffle or Bingo: _____</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Type of Game (i.e. 50/50, Merchandise, Calendar, Bingo): _____</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Indicate Raffle Type (choose one)</li> </ul> <p><input type="checkbox"/> On Premises (tickets <b>sold at event only</b> and <b>winner must be present to be awarded prize</b>)</p> <p><input type="checkbox"/> Off Premises (tickets <b>sold prior to event</b> and <b>winner not required to be present to be awarded prize</b>)</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Sample ticket (<u>Off Premises Raffles only</u>)</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Fees payable to Legalized Games of Chance Control Commission (LGCCC). If submitting for multiple games, LGCCC requires a separate check for each game.</li> </ul> <p><b>Check Number(s):</b> _____ <b>Amount(s):</b> _____</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Fees payable to the Township of Maple Shade. If submitting for multiple games, please provide separate checks for each game.</li> </ul> <p><b>Check Number(s):</b> _____ <b>Amount(s):</b> _____</p>

### **POST EVENT CHECKLIST**

Send Report of Operations and a check if any extra fees apply to the Township of Maple Shade and LGCCC.

**APPLICATION FEE CHART**

*Below listed fees are collected at the time the Application is submitted.*

Definitions: On Premises - Winner needs to be present to claim prize  
 Off Premises - Winner does not need to be present to claim prize

<b>Premises</b>	<b>Game Type</b>	<b>State Fee</b>	<b>Township Fee</b>
On Premises	Raffle 50/50	\$20.00 per day - <i>prize(s) over \$400</i> or No fee per day - <i>prize(s) below \$400</i>	Same as State Fee
Off Premises	Raffle 50/50	\$20.00 per day	Same as State Fee
On Premises	Merchandise Raffle	\$20.00 per day - <i>prize(s) over \$400</i> or No fee per day - <i>prize(s) below \$400</i>	Same as State Fee
Off Premises	Merchandise Raffle	\$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) to be awarded	Same as State Fee
N/A	Non-Draw Raffle <i>(e.g., Big Wheel, Nonprofit Carnival Games)</i>	\$20.00 for each game or wheel held on any one day	Same as State Fee
N/A	Bingo	\$20.00 for each occasion	Same as State Fee
N/A	Duck Race	\$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) awarded	Same as State Fee
N/A	Calendar Raffle	\$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) awarded	Same as State Fee
N/A	Instant Raffle Game	\$20.00 for each day on which instant raffle tickets are sold or offered for sale or \$750 for a one-year license to sell, or to offer for sale, instant raffle tickets during that year	Same as State Fee

**FEEES COLLECTED AFTER EVENT WITH THE REPORT OF OPERATIONS**

*Raffle Report of Operations must be submitted to the LGCCC and Township of Maple Shade no later than the 15<sup>th</sup> day of the month following the conduct of the game(s) of chance.*

<b>Premises</b>	<b>Game Type</b>	<b>State Fee</b>	<b>Township Fee</b>
On Premises	Raffle 50/50	\$20.00 per day - <i>prize(s) over \$400</i>	Same as State Fee
Off Premises	Raffle 50/50	\$20.00 for each \$1,000 or part thereof in value of the awarded prize(s)	Same as State Fee

The Legalized Games of Chance reserves the right to change fees at their discretion. Please confirm current fees and/or check for unlisted games and corresponding fees on the LGCCC website: <http://www.njconsumeraffairs.gov/lgccc/Pages/licensefees.aspx>

# Application for a Raffle License

Application No. RA \_\_\_\_\_  
 Identification No. \_\_\_\_\_

**PLEASE FILL  
 IN LGCCC  
 REG. # HERE!**

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). Type of Raffle to be held

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

c. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Applications need to be submitted in quadruplicate.**

**Applications must have original signatures.**

**Copies of signature will not be accepted.**

Enter "Township of Maple Shade" in this section. If the game is not being conducted in Maple Shade, you must apply with the municipality in which the game will be held.

Part A/Item 1: Enter name of the organization, which must match exactly to the name on the Registration Certificate card issued by the Legalized Games of Chance Control Commission.

Part A/Items 2a and 2b: Enter the street address of organization and mailing address if different than street address.

Part A/Item 3: Enter the date and hours in which the raffle will be held. Also indicate the "Type of Raffle", for example 50/50, merchandise raffle, etc. Please see raffle type/fee schedule for raffle types, which is included in this packet.

Also be sure to indicate whether the game is an ON premises or an OFF premises raffle. OFF premises raffles do not require that the winner be present at the time of drawing, and a "Sample Ticket" is required for Off Premises Raffles.

Part A/Item 4a: Enter the address where the raffle will be held. This address must be located in the **TOWNSHIP OF MAPLE SHADE**.

Part A/Item 4b: Indicate whether the applicant owns the premises where the raffle will be held, or if the applicant is a regular occupant.

Part A/Item 5: Include Form 13 for rented equipment (sample included).

Part B: Expense items are listed in this section. Equipment and Premises that are rented in connection with the raffle **MUST** be approved by the Legalized Games of Chance Control Commission.

Payments for prizes must be made **PRIOR** to the date of drawing.

The expenses listed in this section must be goods, wares, or merchandise. **SERVICES** cannot be listed as an expense.



**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 E: Enter the names, addresses, phone numbers and ages of the organization's officers. These are the officers for the organization entered in Part A/Item 1.

Part F: Enter the names of the members responsible for the raffle application, various reports, handling of the games, etc. Names should be listed in order of best contact and may be duplicative of members listed as the organization's officers in Part E. A local **background check is required for all individuals included in Part F.**

Part G: Enter the names and addresses of the individuals that will assist in conducting the raffle. These names should also be listed in order of best contact and may be duplicative of members listed as the organization's officers in Part E. If applicable, background checks may be required for individuals included in this section.

Part H: If applicable, enter the name of the organization that will be assisting in conducting the raffle.

**The organization entered in this section must be registered with the Legalized Games of Chance Control Commission and have a valid Registration Certificate.**

**Part I - Statement of Applicant and member(s) in charge**

State of New Jersey } ss.  
County of Union \_\_\_\_\_

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.

An officer that was named in Part E MUST sign in this section and note their title. This signature indicates approval of the applicant's **Registration Certificate** issued by the Legalized Games of Chance Control Commission. **ALL SIGNATURES MUST BE ORIGINAL ON ALL FOUR (4) APPLICATIONS.**

**ALL FOUR (4) APPLICATIONS MUST HAVE ORIGINAL SIGNATURES AND NOTARY SEAL.**

At least **TWO** Members in Charge entered in Part G must sign in this section.

## 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>Ticket #</p>	<p>NJ LGCCC Identification #</p> <p>Municipal RI #</p> <p>Name of Organization</p> <p>50/50</p> <p>This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to</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</p> <p>No substitution of the offered prize may be made</p> <p>price of Ticket</p> <p>Ticket #</p>

Insert ID number as it appears on Registration Certificate issued by LGCCC

Provided by the Township once the raffle has been approved by LGCCC

Name must appear exactly as it appears on Registration Certificate issued by LGCCC

This information must match the information provided on the Application

**Fill in Purpose:** these statements must be included on all Off Premises 50/50 Raffle Tickets

Indicate price of ticket and how tickets will be numbered

This information is completed by the purchaser of the ticket at the time of sale

## Sample Ticket Off Premises Merchandise Raffle N.J.A.C. 13:47-8.7

Stub	Ticket
<p>Name</p> <p>Address</p> <p>State</p> <p>City</p> <p>ZIP code</p> <p>Telephone Number</p> <p>Municipal RL #</p> <p>NJ LGCCC Identification #</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>
Ticket #	<p>Price of Ticket</p> <p>Ticket #</p>

Insert ID number as it appears on Registration Certificate issued by LGCCC

Provided by the Township once the raffle has been approved by LGCCC

Name must appear exactly as it appears on Registration Certificate issued by LGCCC

This information must match the information provided on the Application

**Fill in Purpose:** these statements must be included on all Off Premises Merchandise Raffle Tickets

Indicate price of ticket and how tickets will be numbered

This information is completed by the purchaser of the ticket at the time of sale.