



## Borough of Ho-Ho-Kus

Bergen County, New Jersey

333 Warren Avenue

Ho-Ho-Kus, New Jersey

201.652-4400 phone 201-612-8734 Fax

[www.ho-ho-kusboro.com](http://www.ho-ho-kusboro.com)

Joan Hervé, RMC  
Municipal Clerk

### **Raffle license Instructions for Applicant** (Legalized Games of Chance Control Commission – LGCCC)

Please allow a minimum of **14 business days** for processing and approval.

#### **Steps to follow for a complete application:**

1. Include a copy of your current Organizations LGCCC registration certificate (sample attached).
2. Note this number on each application – top right-hand corner “Identification No.”
3. The organization name you list on the application under “Part A-General, #1 – Name of Organization” – must be identical to the organization name on the registration certificate.
4. One Application per raffle and (4) *copies of each app.* Note:  
*\*The last page of EACH application MUST BE original signatures and notarized\**
5. Types of Raffles:
  - a) **Tricky Tray** = “On Premise Merchandise”
  - b) **50/50** = “On Premise Cash Raffle”
  - c) **Calendar Raffle** = tickets sold 3 months before event (sample ticket required with applications, see attached)
  - d) **Off-Premise Merchandise** = big ticket item, i.e., motorcycle jewelry piece, etc., where tickets are sold 3 months in advance (sample ticket required with applications, see attached)
  - e) **Off-Premise Cash Raffle** = 50/50 tickets sold 3 months in advance (sample ticket required with applications, see attached)
  - f) **Casino Night** = gambling tables are rented for the (Form 13 required, obtain from the vendor you are renting the gambling tables from.)
6. (1) Check per raffle, in amount to the LGCCC.

#### **FEES**

On Premise Merchandise & Cash Raffles = \$20 flat fee

Off Premise Raffles = \$20.00 per thousand of total retail value of prize(s)

Casino Night = \$100 flat fee IN ADDITION to the above raffle fees

#### **Reports After Event:**

As required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9, you will receive a “Reports of Operations” form, one per license, with your license(s). The report must be filed with the LGCCC no later than the 15<sup>th</sup> day of the month **following** the conduct of the games/raffle(s).

Any questions, please call the Borough Clerk’s Office at 201-652-4400

Identification No. \_\_\_\_\_

Please print clearly.

Name of municipality: \_\_\_\_\_

b. Mailing address (if different):

- Hours

[illegible]

5. If raffles equipment is to be rented, attach a statement by the raffles equipment lessor to this application on Form 13.

### Purpose

[illegible]

## Part C - Schedule of Purposes

1. The specific purpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the manner in which they are to be so devoted, are:
2. If any part of the net proceeds are to be devoted to a purpose allowed by the Raffles Licensing Law by turning the same over to another organization which is exclusively devoted to such purposes, secure the signature of its president or other executive officer to the following certificate:

"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.**

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

Effective date: 08/19/2014

Expiration date: 08/19/2016

Registration identification: 204-10-29945

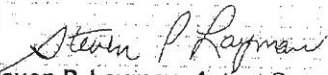
William B Mawhinney Memorial Ambulance Corps Inc  
970 GUFFLE RD  
HAWTHORNE, NJ 07506



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: WILLIAM B MAWHINNEY MEMORIAL AMBULANCE CORPS INC  
970 GUFFLE RD  
HAWTHORNE, NJ 07506  
Attn:

  
Steven P. Layman, Acting Secretary  
Legalized Games of Chance Control Commission

Sample



Sample

**Sample Ticket (D)**  
**Off Premises Merchandise Raffle**  
**N.J.A.C. 13:47-8.7**

Stub	Ticket
Name	NJ LGCCC Identification #
Address	Municipal RL #
City State ZIP code	
Telephone Number	
NJ LGCCC Identification#	
Municipal RL #	
	Name of Organization
List of Prizes	Retail Values
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

**Sample Ticket (E)**  
**Off Premises Raffle Awarding Cash**  
**N.J.A.C. 13:47-8.8**

Stub	Ticket
Name _____	NJ LGCCC Identification # _____ Municipal RL # _____
Address _____	Name of Organization _____
City _____ State _____ ZIP code _____	<b>50/50</b>
Telephone Number _____	This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate
NJ LGCCC Identification# _____ Municipal RL # _____	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."
Ticket # _____	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 (C)

# ST. ANTHONY SCHOOL CALENDAR RAFFLE

To be conducted by St. Anthony Home & School Association  
Beginning on January 8, 2014 and ending on March 26, 2014

Drawing to be held at St. Anthony's School every Wednesday at 8:15 a.m.

*If gambling is a problem for you or someone in your family, dial 1-800-GAMBLER*

January 2014						
S	M	T	W	Th	F	Sa
			1	2	3	4
5	6	7	\$100	8	9	10
12	13	14	\$200	15	16	17
19	20	21	\$200	22	23	24
26	27	28	\$400	29	30	31

February 2014						
S	M	T	W	Th	F	Sa
						1
2	3	4	\$100	5	6	7
9	10	11	\$200	12	13	14
16	17	18	\$200	19	20	21
23	24	25	\$400	26	27	28

March 2014						
S	M	T	W	Th	F	Sa
						1
2	3	4	\$100	5	6	7
9	10	11	\$200	12	13	14
16	17	18	\$200	19	20	21
23	24	25	\$700	26	27	28
30	31					29

**12 Chances to Win!**  
**\$3,000.00 IN PRIZES!**



**\$10.00 Donation**

*Donation to benefit St. Anthony School*

**ID #: 204-5-22653**

**License #:**

**Ticket #:**

\* Tickets may win more than once. All tickets are eligible for all drawings. Winner will be notified by phone, mail, or backpacks.

\*No substitutions of the offered prizes will be made.

\*Please make your check payable to ST. ANTHONY SCHOOL. Your donation is tax deductible to the extent allowed by law.

\*Drawing to be held at St. Anthony's School at 8:15 a.m. on Wednesdays during raffle.

\* PLEASE RETURN this stub to Donna Mallory by December 20, 2013

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Salesperson: \_\_\_\_\_

Grade of person selling: \_\_\_\_\_

**ID#: 204-5-22653**

**License #:**

**Donation: \$10.00**

**Ticket #:**