

Part E - Officers of Applicant

Office	Name of officer	Residence address	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. <small>(include area code)</small>	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

Member in Charge

Member in Charge

Member in Charge

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.

Sample Ticket

Off Premises Raffle Awarding Cash

N.J.A.C. 13:47-8.8

Stub	Ticket
Name _____ Address _____ City _____ State _____ ZIP code _____ Telephone Number _____ NJ LGCCC Identification # _____ Municipal RL # _____	NJ LGCCC Identification # _____ Municipal RL # _____ Name of Organization _____ <div style="text-align: center; font-weight: bold; font-size: 1.2em;">50/50</div> This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate 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." 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 Ticket

Off Premises Merchandise Raffle

N.J.A.C. 13:47-8.7

Stub	Ticket
<p style="text-align: center;">Name _____</p> <p style="text-align: center;">Address _____</p> <p style="text-align: center;">City _____ State _____ ZIP code _____</p> <p style="text-align: center;">Telephone Number _____</p> <p style="text-align: center;">NJ LGCCC Identification# _____ Municipal RL # _____</p>	<p style="text-align: center;">NJ LGCCC Identification # _____ Municipal RL # _____</p> <p style="text-align: center;">Name of Organization _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">List of Prizes _____ Retail Values _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Location of Drawing _____</p> <p style="text-align: center;">Date of Drawing _____ Time of Drawing _____</p> <p style="text-align: center;">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> <p style="text-align: center;">Price of Ticket _____ Ticket # _____</p>

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.



MATAWAN POLICE DEPARTMENT



150 Main Street Matawan, NJ 07747
Dispatch (732) 566-1010 Non Emergency (732) 290-2020
Fax (732) 566-4038

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of any and all information from any agency to the Matawan Police Department for the purpose of obtaining a:

_____ License Permit
Type of permit / license

Date

Signature of Applicant

POLICE RECORD CHECK

Name of Applicant _____

Address _____
Street City

County State Zip Code

Male Female S.S.# _____ - _____ - _____ D.O.B. _____

-----OFFICIAL USE ONLY-----

Date _____

To: _____ Police Department

The above named person resides in your community and applied for a license / permit in the Borough of Matawan. Please advise if said person has a criminal record. A self-addressed envelope is enclosed for your convenience.

Chief Thomas J. Falco, Jr.
Matawan Police Department