



Office of the Township Clerk  
350 Hudson Avenue  
Township of Washington, New Jersey 07676  
P. 201-664-4425 F. 201-664-8281  
[clerk@twpofwashington.us](mailto:clerk@twpofwashington.us)

### Raffle License Application Packet

1. Please submit four (4) original signed and notarized copies for each event. The application is a fillable form. Each completed application must have the NJLGCCC Registration Certificate attached. The original must be brought to the Township Clerk's Office for viewing. The date of your raffle must occur prior to the expiration date on the registration certificate.
2. All members listed in Parts E & F of Raffle/Bingo Application must submit one notarized Affidavit.
3. Submit your MATCHING RAFFLE LICENSE FEES to both the "Township of Washington" and the "NJ LGCCC" via separate checks or money orders.
4. If selling tickets prior to the event for a 50/50, complete the Sample Ticket Form Awarding Cash.
5. If selling tickets prior to the event for a Merchandise Raffle, complete the Sample Ticket form Awarding Merchandise.
6. If conducting a Casino Night, a Form 13 must be completed by the vendor and attached to the application.
7. Once the completed application is received by the Clerk's Office, it is then forwarded to the State for review. We suggest allowing 21 days before the event, at minimum. If no correspondence is received from the State after 14 days, our office will then be able to issue the license. The license will be mailed to the organization, unless otherwise noted.
8. For additional information, visit <https://www.njconsumeraffairs.gov/lgccc>.
9. If you have further questions, or need clarification, call our office 201.664.4425.





**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.**

Township of Washington, Township Clerk's Office  
County of Bergen  
350 Hudson Avenue, Township of Washington, NJ 07676  
P. 201-664-4425 F. 201-664-8281

# *AFFIDAVIT*

All members listed in Parts E & F of Raffle/Bingo Application  
must file one Affidavit per member.

Name of Organization: \_\_\_\_\_

LGCCC Registration Number: \_\_\_\_\_ Date of Event: \_\_\_\_\_

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

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

I \_\_\_\_\_ associated with the above organization, having the above  
*Print Name*  
LGCCC Registration Number do solemnly swear (or affirm) that I am of good moral character  
and have not been convicted of a crime. I understand a copy of this Affidavit will be made part  
of the Raffle Application and may be forwarded to the State of New Jersey's Department of Law  
& Public Safety Legalized Games of Chance Control Commission.

\_\_\_\_\_  
Signature Date

NOTARY PUBLIC OF THE STATE OF NEW JERSEY, COUNTY OF \_\_\_\_\_

SWORN AND SUBSCRIBED BEOFRE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

Commission Expires: \_\_\_\_\_