New Jersey Office of 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

Instructions for Filing the Raffle Report of Operations

Pursuant to N.J.A.C. 13:47-9.1, licensees must file a report of operations with the Legalized Games of Chance Control Commission ("Commission") no later than the 15th day of the calendar month immediately following the calendar month in which the licensed activity was held, operated or conducted.

You may download this report and complete ALL of the entries for each occasion(s) relating to the conduct of all raffles, except for instant raffle games and carnival games and wheels. Once completed, a member/officer shall certify that he/she has reviewed the report and that the information provided is true, accurate and complete. This will require the person to state their name and title, and sign the document before a notary public.

Raffle Report of Operations for the conduct of off-premises 50/50 or merchandise raffles must be submitted along with a printer's certificate and a sample ticket. All reports on paper are to be mailed to the Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101.

However, for your convenience, we offer the ability to file reports electronically via e-mail, EXCEPT FOR OFF-PREMISES 50/50 RAFFLES INVOLVING ADDITIONAL FEES. To employ this option, you must do a "SAVE AS" of the report, and place it onto your personal computer. Complete the report by using the "TAB" key to maneuver through each field.

Upon completion, the member/officer shall certify by placing a check in the box provided, that he/she has reviewed the report and that the information provided is true, accurate and complete. Subsequently, the person must state his/her name and title. Reports that are not properly certified will be sent or e-mailed back.

Raffle Report of Operations completed online must be e-mailed to the Commission at PetermanA@dca.lps.state.nj.us.

It is recommended that you maintain a copy of all reports as part of the organization's records.

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Raffle Report of Operations

Please print clearly. Identification number _____

Municipality _____ License number _____

Name of licensee _____
Organization

_____
Street address City State ZIP code

Location of games _____

This report, as required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9, must be filed with the Legalized Games of Chance Control Commission no later than the 15th day of the month following the conduct of the game(s) of chance.

Occasion 1 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold _____
2. Ticket price $ _____
3. Gross receipts $ _____
4. Cost of prizes $ _____ Type of prize(s) _____
5. Supplies/Equipment cost $ _____ _____
6. Other expenses $ _____
7. Total expenses $ _____ 8. Net proceeds $ _____

Occasion 2 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold _____
2. Ticket price $ _____
3. Gross receipts $ _____
4. Cost of prizes $ _____ Type of prize(s) _____
5. Supplies/Equipment cost $ _____ _____
6. Other expenses $ _____
7. Total expenses $ _____ 8. Net proceeds $ _____

Occasion 3 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold _____
2. Ticket price $ _____
3. Gross receipts $ _____
4. Cost of prizes $ _____ Type of prize(s) _____
5. Supplies/Equipment cost $ _____ _____
6. Other expenses $ _____
7. Total expenses $ _____ 8. Net proceeds $ _____

Occasion 4 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold _____
2. Ticket price $ _____
3. Gross receipts $ _____
4. Cost of prizes $ _____ Type of prize(s) _____
5. Supplies/Equipment cost $ _____ _____
6. Other expenses $ _____
7. Total expenses $ _____ 8. Net proceeds $ _____

Occasion 5 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold _____
2. Ticket price $ _____
3. Gross receipts $ _____
4. Cost of prizes $ _____
5. Supplies/Equipment cost $ _____
6. Other expenses $ _____
7. Total expenses $ _____
8. Net proceeds $_____

Type of prize(s) _____

Occasion 6 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold _____
2. Ticket price $ _____
3. Gross receipts $ _____
4. Cost of prizes $ _____
5. Supplies/Equipment cost $ _____
6. Other expenses $ _____
7. Total expenses $ _____
8. Net proceeds $_____

Type of prize(s) _____

Total number of occasions ..... _____
Total number of tickets sold (1-6 combined)..... _____
Price of tickets..... $ _____
Total gross proceeds (1-6 combined)..... $ _____
Total expenses (1-6 combined)..... $ _____
Total net proceeds (1-6 combined)..... $ _____

Schedule of Expenses

Date	Description	Check number	Amount

Utilization of Net Proceeds

Date	Description	Check number	Amount

Bank

Name	Address where balance is deposited	Account number

Person Responsible for Use of Proceeds

Name	Address	Telephone number (include area code)

I certify that all of the statements on this report of operations are true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Prizes Offered or Awarded

Please list the prizes offered or awarded and their respective retail values.

Prizes Offered or Awarded	Retail Value	Prizes Offered or Awarded	Retail Value

N.J.S.A. 5:8-37 "It shall be the duty of each licensee to maintain and keep such books and records as may be necessary to substantiate the particulars of each such report." Facts stated on this report are regarded as if made under oath.

I certify that I have reviewed this report and that the information on this report of operations is true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

*I **certify** by placing a check in this ☐ box, that I have reviewed the report and that the information provided is true, accurate and complete.*

You must state your name and title below. Reports that are not properly certified will be sent or e-mailed back.

_____
Name and title of officer (please print)

_____
Signature of officer

Sworn and subscribed to before me this _____
day of _____ , _____
Month Year

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix Seal Here