



**New Jersey Office of the Attorney General**  
 Division of Consumer Affairs  
 Legalized Games of Chance Control Commission  
 124 Halsey Street, P.O. Box 46000  
 Newark, N.J. 07101  
 (973) 273-8000

**LGCCC Form 13**  
**Statement of Raffle Equipment Supplier Lessor**

(To be attached to each copy of the Raffles Application where equipment is leased.)

Name of Organization to conduct raffles: \_\_\_\_\_

Address: \_\_\_\_\_ Identification Number: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

} ss.

I, \_\_\_\_\_, being duly sworn on my oath depose and say that:

1. Check the appropriate box:

I am the lessor of the raffle equipment to be leased.

- or -

I am an authorized officer, namely the \_\_\_\_\_ of \_\_\_\_\_, a corporation, which is the lessor of the raffle equipment to be rented, described in the annexed application.

2. The address of the lessor is:

\_\_\_\_\_

3. The rental to be charged and paid for the raffle equipment conforms to the schedule of authorized rentals prescribed by the Legalized Games of Chance Control Commission.

\_\_\_\_\_

Name of Corporation

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_

Month Year

\_\_\_\_\_  
 Name of Notary Public (please print)

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

