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 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 must 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 must 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 his/her name and title, and that person must complete the information on page 3 and have the report notarized.

The Raffle Report of Operations for the conduct of off-premises 50/50 or merchandise raffles is to be accompanied with a sample ticket. Reports are to be mailed to Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101, or emailed to AskGames@dca.njoag.gov .

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

E-Mail Form | Clear Form

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Raffle Report of Operations

Please print clearly. Identification number (format ###-##-#####) _____

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 1
2. Ticket price $ _____
3. Gross receipts $ 0
4. Cost of prizes $ _____
5. Supplies/Equipment cost $ _____
6. Other expenses $ _____
7. Total expenses $ 0
8. Net proceeds $ 0

Type of prize(s) _____

Occasion 2 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold 1
2. Ticket price $ _____
3. Gross receipts $ 0
4. Cost of prizes $ _____
5. Supplies/Equipment cost $ _____
6. Other expenses $ _____
7. Total expenses $ 0
8. Net proceeds $ 0

Type of prize(s) _____

Occasion 3 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold 1
2. Ticket price $ _____
3. Gross receipts $ 0
4. Cost of prizes $ _____
5. Supplies/Equipment cost $ _____
6. Other expenses $ _____
7. Total expenses $ 0
8. Net proceeds $ 0

Type of prize(s) _____

Occasion 4 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold 1
2. Ticket price $ _____
3. Gross receipts $ 0
4. Cost of prizes $ _____
5. Supplies/Equipment cost $ _____
6. Other expenses $ _____
7. Total expenses $ 0
8. Net proceeds $ 0

Type of prize(s) _____

Occasion 5 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold 1
2. Ticket price $ _____
3. Gross receipts $ 0
4. Cost of prizes $ _____ Type of prize(s) _____
5. Supplies/Equipment cost $ _____
6. Other expenses $ _____
7. Total expenses $ 0
8. Net proceeds $ 0

Occasion 6 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold 1
2. Ticket price $ _____
3. Gross receipts $ 0
4. Cost of prizes $ _____ Type of prize(s) _____
5. Supplies/Equipment cost $ _____
6. Other expenses $ _____ (If needed, attach separate sheet)
7. Total expenses $ 0
8. Net proceeds $ 0

Total number of occasions ..... _____
Total number of tickets sold (1-6 combined) 6
Price of tickets..... $ _____
Total gross proceeds (1-6 combined) ..... $ 0
Total expenses (1-6 combined) ..... $ 0
Total net proceeds (1-6 combined)..... $ 0

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."

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 emailed 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