



**Town of Westfield
Town Clerks Office
425 East Broad Street
Westfield, NJ 07090
(908)789-4030**

Raffles & Bingo

This packet has been designed to assist registered organizations with the games of chance process and is meant to be used as a guide. Only organizations that have registered and have been issued a Registration Certificate (ID card) by the New Jersey Legalized Games of Chance Control Commission are eligible to conduct games of chance.

The New Jersey Legalized Games of Chance Control Commission has full authority over games of chance. It is important to visit the website for Legalized Games of Chance for current information. A list of links and contact information is provided below.

You may also contact the Westfield Town Clerk's Office at (908)789-4030, extension 4034, for further assistance when applying for games of chance licenses. License applications and other required forms are also included in this packet.

Legalized Games of Chance Control Commission Contact Information and Important Links

Contact Information

Legalized Games of Chance Phone Number	(973) 273-8000
Legalized Games of Chance Mailing Address	PO Box 46000 Newark, NJ 07101
Legalized Games of Chance Physical Address	124 Halsey Street Newark, NJ 07102

Website Links

Home Page	www.njconsumeraffairs.gov/lgccc/pages/default.aspx
LGCCC Registration Information	www.njconsumeraffairs.gov/lgccc/Pages/registration.aspx
LGCCC Application and Forms	http://www.njconsumeraffairs.gov/lgccc/Pages/applications.aspx
Laws and Regulations	http://www.njconsumeraffairs.gov/lgccc/Pages/regulations.aspx
LGCCC Fees	http://www.njconsumeraffairs.gov/lgccc/Pages/licensefees.aspx
Registered Organizations, Licensed Dealers, Licensed Equipment Providers	http://www.njconsumeraffairs.gov/lgccc/Pages/Registered-Organizations.aspx



New Jersey Office of the 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

Application for a Bingo License

Application No. **BA** _____
Identification No. _____

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: _____

Part A - General

- 1. Name of applying organization: _____
- 2a. Street address of headquarters: _____
- b. Mailing address (if different): _____

3. List date(s) and hours for games:

Date	Hours	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Address of place where bingo will be played:

- a. Does the applicant own the premises or regularly occupy them for its general purposes? Yes No
- b. If "No," from whom will the applicant rent the premises?
Name _____ Address _____
- c. If premises are to be rented, attach Form 10, "Statement of Landlord."

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Bingo 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 Bingo 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. All prizes offered for games conducted on a single occasion will not exceed the limit on the sum or retail value of prizes as provided by the Bingo Licensing Law (N.J.S.A. 5:8-25 et seq.) and N.J.A.C. 13:47-6.16 and 13:47-7.2.
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.

Application for a Bingo License

Application No. BA
 Identification No. _____

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: _____

Part A - General

1. Name of applying organization: _____

2a. Street address of headquarters: _____

b. Mailing address (if different): _____

3. List date(s) and hours for games:

Date	Hours	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Address of place where bingo will be played: _____

5. Does the applicant own the premises or regularly occupy them for its general purposes? Yes No

6. If "No," from whom will the applicant rent the premises?
 Name _____ Address _____

7. If premises are to be rented, attach Form 10, "Statement of Landlord."

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applications need to be submitted in quadruplicate.
Applications must be originals.
Copies of signature or notary seal will not be accepted.

Enter the **Town of Westfield** in this section. If the game/bingo is not being conducted in Westfield, you must apply with the municipality in which the game/bingo will be held.

Part A/Item 1: Enter name of the organization, which must match exactly to the name on the Registration/ID card issued by the Legalized Games of Chance Control Commission.

Part A/Items 2a and 2b: Enter the street address of organization and mailing address if different than street address.

Part A/Item 3: Enter hours and dates in which Bingo will be played.

Part A/Item 4: Enter the address where the raffle will be held. This address must be located in the **TOWN OF WESTFIELD**.

Part A/Item 4a: Indicate whether the applicant owns the premises where the raffle will be held, or if the applicant is a regular occupant.

Part A/Item 4b: If rented premises, indicated name and address of owner

Part A/Item 4c: Include Form 10 (Statement of Landlord) if premises are rented (Form included in packet).

Part B: Expense items are entered in this section. Equipment and premises that are rented in connection with bingo games **MUST** be approved by the Legalized Games of Chance Control Commission.

Payments for prizes must be made **PRIOR** to the date of drawing.

The expenses listed in this section must be goods, wares, or merchandise. **SERVICES** cannot be listed as an expense

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.

continue ➔

Part E: Enter the names, addresses, phone numbers and ages of the organization's officers. These are the officers for the organization entered in Part A/Item 1.

Part F: Enter the names of the members responsible for the bingo application, various reports, handling of the games, etc. Names should be listed in order of best contact and may be duplicative of members listed as the organization's officers in Part E. A local background check is required for all individuals included in Part F (Police Authorization Form is included).

Part G: Enter the names and addresses of the individuals that will assist in conducting bingo. These names should also be listed in order of best contact and may be duplicative of members listed as the organization's officers in Part E. If applicable, background checks may be required for individuals included in this section.

Part H: If applicable, enter the name of the organization that will be assisting in conducting bingo.
The organization entered in this section must be registered with the Legalized Games of Chance Control Commission and have a valid Registration Certificate/ID card.

Part I-Statement of Applicant and member(s) in charge

State of New Jersey } ss.
County of Union

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 Bingo 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 Bingo 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. All prizes offered for games conducted on a single occasion will not exceed the limit on the sum or retail value of prizes as provided by the Bingo Licensing Law (N.J.S.A. 5:8-25 et seq.) and N.J.A.C. 13:47-6.16 and 13:47-7.2.
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

An officer that was named in Part E MUST sign in this section and note their title. This signature indicates approval of the applicant's **Registration/ID card** issued by the Legalized Games of Chance Control Commission. **ALL SIGNATURES MUST BE ORIGINAL ON ALL FOUR (4) COPIES OF THE BINGO APPLICATION.**

At least one Member in Charge entered in Part G must sign in this section.

All four (4) applications must have original signatures and Notary Seal.
COPIES OF SIGNATURES CANNOT BE ACCEPTED!

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.



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 10-A
Statement of Landlord

(To be attached to each copy of the Bingo Application when premises are rented.)

 Name of the organization to conduct bingo

 Address

 Identification number

State of: _____

County of: _____

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

1. I am an authorized officer, namely the _____ of _____, in which the lessor of the premises to be rented, described in the annexed application.
2. The address of the lessor is: _____
3. The rent to be charged and paid for the premises is \$ _____ for each occasion, including facilities, fixtures and equipment.
4. (Complete the applicable clause)
 - A. The lessor is licensed to conduct bingo holding License No. _____ issued by the Governing Body of _____.
 - B. The lessor is licensed as a rentor holding License No. _____.
5. The rental to be charged and paid is reasonable and is not in excess of the rental ordinarily charged for the use of the premises other than for games of chance.
6. I understand that no charge may be made on a percentage basis, or according to the number of persons attending, and that bingo equipment may not be leased for a charge.
7. Attached to this statement there is a copy of the Lease Agreement.

 Signature of Authorized 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

TOWN OF WESTFIELD RAFFLE FEES

The Legalized Games of Chance has the right to update fees at their discretion. This list is a guide to the fees due. Please confirm fees on the State Website. If you do not see the game of chance listed below, please reference the LGCCC website for additional games and corresponding fees <http://www.njconsumeraffairs.gov/lgcc/Pages/licensefees.aspx>

<u>Raffle Type</u>	<u>Off/On Premise</u> Off Premise- Winner does not need to be present to claim prize On Premise- Winner needs to be present to claim prize	<u>State Fee Submitted at Time of Application</u>	<u>State Fee Submitted to LGCCC with Raffle Report of Operations</u>	<u>Town of Westfield Fee</u>
50/50	On Premise	\$20.00 per day IF the anticipated prize(s) to be awarded is in excess of \$400. No fee if anticipated prize(s) is below \$400.	\$20.00 per day IF prize(s) is in excess of \$400.	Same as State Fee
50/50	Off Premise	\$20.00 per day	\$20.00 for each \$1,000 or part thereof in value of the awarded prize	Same as State Fee
Merchandise Raffle	On Premise	\$20.00 per day IF the retail value of the prize(s) to be awarded is over \$400. No fee if total retail value of prize(s) is below \$400.		Same as State Fee
Merchandise Raffle	Off Premise	\$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) to be awarded.		Same as State Fee
Non Draw Raffle <i>Big Wheel, Nonprofit Carnival Games</i>	N/A	\$20.00 for each game or wheel held on any one day.		Same as State Fee
Bingo	N/A	\$20.00 for each occasion		Same as State Fee
Duck Race	N/A	\$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) awarded.		Same as State Fee
Calendar Raffle	N/A	\$20.00 for each \$1,000 or part thereof of the total retail value of the prize(s) awarded.		Same as State Fee
Instant Raffle Game	N/A	\$20.00 for each day on which instant raffle tickets are sold or offered for sale, or \$750 for a one-year license to sell, or to offer for sale, instant raffle tickets during that year.		Same as State Fee

<u>Raffle Type</u>	<u>Off/On Premise</u> Off Premise- Winner does not need to be present to claim prize On Premise- Winner needs to be present to claim prize	<u>State Fee Submitted at Time of Application</u>	<u>State Fee Submitted to LGCCC with Raffle Report of Operations</u>	<u>Town of Westfield Fee</u>
Casino Night	N/A	\$100.00 per occasion (Form 13 required)		Same as State Fee
Golf Hole-in-One Contest	N/A	\$20.00 per day for each \$1,000 or part thereof of the retail value of the prize(s) to be awarded		Same as State Fee
Armchair Race	N/A	\$20.00 per day IF the retail value of the prize(s) to be awarded is over \$400. No fee if total retail value of prize(s) is below \$400.		Same as State Fee
Special Door Prize	N/A	No license or fee required provided the merchandise is wholly donated with the prize(s) total retail value below \$50, and no other raffle is being conducted		Same as State Fee



Town of Westfield
425 East Broad Street
Westfield, New Jersey 07090

WESTFIELD POLICE DEPARTMENT

RELEASE AUTHORIZATION

I, _____, am making application for a raffle license
Print full legal name

to the Town of Westfield. Therefore, I authorize the Westfield Police Department (the investigating agency) or its representative to release any and all information, documentary or otherwise pertaining to me.

I hereby release, discharge and exonerate the Town of Westfield and the Westfield Police Department, its agents and representatives, and any persons so furnishing information, from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information furnished by the Westfield Police Department.

Name: _____ Date of Birth: _____

Address: _____

Period of Residence: _____

Driver's License No. _____

Signature: _____



Record check by: _____ Date: _____

Results: _____



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 Bingo Report of Operations

Pursuant to N.J.A.C. 13:47-9.1, licensees are to 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 each bingo game. 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 Bingo Report of Operations is to be mailed to the Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101, or emailed to PetermanA@dca.lps.state.nj.us .

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



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

Bingo 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 _____	Number of players _____
1. Regular games sales	\$ _____	10. Regular games payout	\$ _____
2. Special games sales	\$ _____	11. Special games payout	\$ _____
3. 50/50 Bingo games sales	\$ _____	12. 50/50 Bingo games payout	\$ _____
4. Multicolor games sales	\$ _____	13. Multicolor games payout	\$ _____
5. Progressive games sales	\$ _____	14. Progressive jackpot/cons.	\$ _____
6. Predraw games sales	\$ _____	15. Predraw payout	\$ _____
7. Electronic hand-held sales	\$ _____		
8. Admission cards	\$ _____		
9. Total sales	\$ _____	16. Total payout	\$ _____
		21. Net proceeds	\$ _____

Occasion 2	Date _____	Time _____	Number of players _____
1. Regular games sales	\$ _____	10. Regular games payout	\$ _____
2. Special games sales	\$ _____	11. Special games payout	\$ _____
3. 50/50 Bingo games sales	\$ _____	12. 50/50 Bingo games payout	\$ _____
4. Multicolor games sales	\$ _____	13. Multicolor games payout	\$ _____
5. Progressive games sales	\$ _____	14. Progressive jackpot/cons.	\$ _____
6. Predraw games sales	\$ _____	15. Predraw payout	\$ _____
7. Electronic hand-held sales	\$ _____		
8. Admission cards	\$ _____		
9. Total sales	\$ _____	16. Total payout	\$ _____
		21. Net proceeds	\$ _____

Occasion 3	Date _____	Time _____	Number of players _____
1. Regular games sales	\$ _____	10. Regular games payout	\$ _____
2. Special games sales	\$ _____	11. Special games payout	\$ _____
3. 50/50 Bingo games sales	\$ _____	12. 50/50 Bingo games payout	\$ _____
4. Multicolor games sales	\$ _____	13. Multicolor games payout	\$ _____
5. Progressive games sales	\$ _____	14. Progressive jackpot/cons.	\$ _____
6. Predraw games sales	\$ _____	15. Predraw payout	\$ _____
7. Electronic hand-held sales	\$ _____		
8. Admission cards	\$ _____		
9. Total sales	\$ _____	16. Total payout	\$ _____
		21. Net proceeds	\$ _____

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 <small>(include area code)</small>

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.

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.

_____ Signature of officer

_____ Name and title of officer (please print)

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

_____ Name of Notary Public (please print)

_____ Signature of Notary Public

