



(APPLICATION PAGE 4-7)

## **APPLYING FOR BINGO/RAFFLE LICENSE**

- 1) Applications for Bingo/Raffle License are filed if function is being held in Township of Evesham, Marlton, New Jersey.
- 2) The Organization applying for a Bingo/Raffle License must have a valid Certificate of Registration with the State of New Jersey, Legalized Games of Chance Control Commission. (Registration must be valid through the time of the event)
- 3) The Application for the Bingo/Raffle License, as well as the required paperwork, **must be submitted in sets of four (4). The signatures must be originals and notarized on all four sets as well. There must be at least two (2) signatures, an Officer of the Organization and a Member in Charge of the Games.**
- 4) The application must be submitted to the Township of Evesham's Clerk's Office in person, six (6) weeks prior to the event. Once mailed to State, the State has fourteen (14) business days from the date of receipt to accept or deny approval of your application. Clerk's Office will notify you of approval and that the license is ready and available for pick up.
- 5) The application:
  - Part A- General List the date(s), time(s) and type of bingo/raffle (On or Off Premise, 50/50, Merchandise)
  - If application is for games and wheels, casino nights or armchair race nights, must **include Form 13** from the equipment supplier
  - If printed tickets are being sold in connection with off-premise raffle, include sample stub and ticket (see example)
  - Individuals listed in **Part F** (Members of Applicant who will be in charge of the games) and **Part G** (Members of Applicant who will assist in conducting the games) must personally **obtain background check**. Your application cannot be released until Township of Evesham receives a successful report. (Criminal History Report Request ORI Number NJ0031300)
- 6) Payment is required at the time of dropping off application in Clerk's Office. Two separate checks (see Fee schedule) Cost is \$20.00 per occasion to State **and** Municipality) State Fee payable to "LGCCC" (Legalized Games of Chance Control Commission) and same fee to payable to "Township of Evesham".

## Township of Evesham Summary LGCCC/ Legalized Games of Chance Control Commission FEES

1. **Bingo** - **\$20.00** for each occasion. (Limited to 6 occasions per month and 72 occasions per year) (Limit \$3000 for merchandise i.e. purse bingo per each occasion) (list ticket price and how many faces/bingo cards and price of additional cards with examples of plays)
2. **On-premise draw Raffle** for cash (50/50) or merchandise (exceeding \$400.00 total prize value) – **\$20.00** for each day on which a drawing is to be conducted under license.
3. **On-premise draw Raffle** for cash (50/50) or merchandise (**not** exceeding \$400.00 total prize value) - no licensing fee. Application required. If the raffle should exceed \$400.00, then submit **\$20.00** at the time of filing report of operations.
4. **Off-premise draw Raffle** awarding merchandise as a prize - **\$20.00** (additional \$20.00 for each \$1,000 of merchandise) **A sample ticket must be submitted with the application.**
5. **Off-premise cash (50/50) Raffle** – **\$20.00** fee at application. (If more than \$1000 received, then **\$20.00** per \$1000 due with report of operations) **A sample ticket must be submitted with the application.**
6. **Carnival games or wheel** - **\$20.00** for each game or wheel held on any one day, or any series of consecutive days not exceeding 6 at one location.
7. **Special door prize raffle** – no fee and no license, provided the merchandise is wholly donated and has a retail value of less than \$50.00. NOTE: cannot be conducted when other games of chance are being conducted, held or operated.
8. **Calendar raffle** - **\$20.00** (for each \$1000 or part thereof of the retail value of the prize).
9. **Instant raffle** – **\$20.00** for each day on which instant raffle tickets are sold or offered for sale. Or **\$750.00** for a one-year license.
10. **Golf Hole-In-One** - **\$20.00** (for each \$1000 or part thereof of retail value of ancillary prizes).
11. **Armchair Race** (Night at the Races)- **\$50.00** per licensed day of operation.  
**Form 13 must be submitted with the application.**
12. **Casino Nights** - **\$100.00** per occasion.  
**Form 13 must be submitted with the application.**

**Please Note:** All raffle and bingo fees paid to Legalized Games of Chance Control Commission (LGCCC) are also payable to the Township of Evesham. Please submit separate checks for each raffle.

# PROHIBITED PRIZES

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## N.J.A.C. 13:47-6.20 Prohibited Prizes

NO LICENSEE SHALL OFFER OR AWARD ANY PRIZE CONSISTING OF:

real estate or an interest therein;  
bonds;  
shares of stock;  
securities or evidence of indebtedness;  
weapons;  
live animals; (except a gift certificate redeemable for live, edible seafood only)  
foreign or domestic coins, except collector pieces or sets that are marked as such and are clearly not intended for use as legal tender;  
tobacco products;  
motor vehicles leases; or  
any merchandise refundable in any of the foregoing or in money or cash.

A PRIZE CONSISTING OF MONEY OR CASH SHALL NOT BE OFFERED OR AWARDED EXCEPT IN THE CASE OF:

1. A raffle conducted by drawing with the prize(s) equaling 50 percent of the amount received for all the tickets or rights to participate, a calendar raffle within the limits set in N.J.A.C. 13:47-8; an instant raffle game within the limits set forth in this chapter; or
2. Any bingo game(s) conducted in accordance with the provisions of this chapter and the Bingo Licensing Law, N.J.S.A. 5:8-24 et seq.; or
3. Big Six wheels and horse race wheels conducted in accordance with the provisions set forth in N.J.A.C. 13:47-8.

N.J.A.C. 13:47-8.7 Contents of ticket; off-premises raffle awarding merchandise as a prize; additional requirement for alcoholic beverage as a prize.

A ticket for which one of the prizes is an alcoholic beverage shall bear the statement "Winner must be at least 21 years of age".

Application No. RA \_\_\_\_\_  
Identification No. \_\_\_\_\_

Please print clearly.

Name of municipality: \_\_\_\_\_

1. Name of applying organization: \_\_\_\_\_

2a. Street address of headquarters: \_\_\_\_\_

b. Mailing address (if different): \_\_\_\_\_

[illegible]

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

[illegible]

1. The specific purpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the manner in which they are to be so devoted, are:

- "It is hereby certified that \_\_\_\_\_  
Name of organization

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

A description of all prizes to be offered and given in all of the games listed in this application is as follows. For merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.

[illegible]

**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. (include area code)	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 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

AFFIX SEAL HERE

\_\_\_\_\_  
Signature of Officer and Title

\_\_\_\_\_  
Member in Charge

\_\_\_\_\_  
Member in Charge

\_\_\_\_\_  
Member in Charge

\_\_\_\_\_  
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.**

See reverse side for New Jersey Administrative Code

Legalized Games of Chance Control Commission

N.J.A.C. 13:47-8.7 Contents of ticket; off-premises raffle awarding merchandise as a prize

(a) When tickets are sold for an off-premises raffle awarding merchandise as a prize, each ticket shall contain at least the following information:

1. Name and identification number of the qualified organization and number of the license issued for the occasion;
2. Place where the occasion will be held and the date and time thereof;
3. A list of prizes and the retail value of each;
4. The number of the ticket;
5. The price of the ticket;
6. The purpose to which the entire net proceeds will be devoted;
7. The statement: "No substitution of the offered prize may be made and no cash will be given in lieu of the prize."

(b) The presence of the holder of the ticket shall not be required in order to win unless the ticket bears the statement: "NOT VALID UNLESS HOLDER IS PRESENT AT THE DRAWING."

(c) The stub of each ticket shall bear the name and address of the holder, the number of the ticket, the raffle license issued for the occasion and the identification number of the licensed organization.

(d) All information required by (a), (b) and (c) above shall be clearly and conspicuously set forth on the face of the ticket.



# Sample Ticket

## Off Premises Merchandise Raffle

### N.J.A.C. 13:47-8.7

Stub	Ticket
<div> <div>Name</div> <div>Address</div> <div>City</div> <div>State</div> <div>ZIP code</div> <div>Telephone Number</div> <div>Municipal RL #</div> </div>	<div> <div>NJ LGCCC Identification #</div> <div>Municipal RL #</div> <div>Name of Organization</div> <div>List of Prizes</div> <div>Retail Values</div> <div>Location of Drawing</div> <div>Date of Drawing</div> <div>Time of Drawing</div> <div>Purpose to which entire proceeds will be devoted "No substitution of the offered prize may be made and no cash will be given in lieu of the prize."</div> <div>Price of Ticket</div> <div>Ticket #</div> </div>

This illustration is provided for your convenience. While the form of the ticket may vary, the information listed above must be contained on your printed ticket. If you require assistance with your ticket, please contact the office of Legalized Games of Chance Control Commission at (973) 273-8000. This sample ticket must be attached to the Application for Municipal Raffle License and submitted to the municipality.

# Sample Ticket

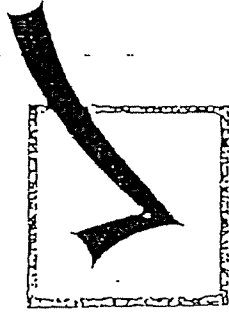
## Off Premises Raffle Awarding Cash

### N.J.A.C. 13:47-8.8

Stub	Ticket
<div> <div>Name</div> <div>Address</div> <div>City</div> <div>State</div> <div>ZIP code</div> <div>Telephone Number</div> <div>NJ LGCCC Identification #</div> <div>Municipal RL #</div> </div>	<div> <div>NJ LGCCC Identification #</div> <div>Municipal RL #</div> <div>Name of Organization</div> <div> <div>50/50</div> <div>This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate</div> </div> <div> <div>Date of Drawing</div> <div>Location of Drawing</div> <div>Time of Drawing</div> </div> <div> <div>Purpose to which entire proceeds will be devoted</div> <div>"No substitution of the offered prize may be made."</div> </div> <div> <div>Price of Ticket</div> <div>Ticket #</div> </div> </div>

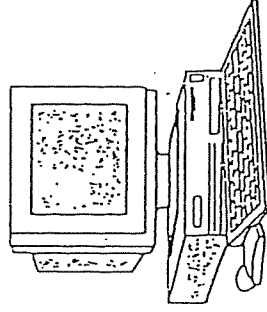
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Need Information about Bingo, Raffles or  
Amusement Games?



Check out our website:

[www.state.nj.us/lps/ca/lgcc.html](http://www.state.nj.us/lps/ca/lgcc.html)



Legalized Games of Chance Control Commission  
124 Halsey Street  
P.O. Box 46000  
Newark, New Jersey 07101  
(973) 273-8000

# **GAMBLING PROBLEM?**

**CALL 1-800-GAMBLER©**

**OR VISIT OUR WEBSITE AT**

**[www.800gambler.org](http://www.800gambler.org)**

**Council on Compulsive Gambling of NJ, Inc.**

**3635 Quakerbridge Road, Suite 7**

**Hamilton, NJ 08619**

Steps for the public to utilize the online 212a form:

1. Go to <https://www.njportal.com/njsp/criminalrecords/>
2. Click "Online Form 212A" tab

STATE OF NEW JERSEY  
NEW JERSEY STATE POLICE  
CRIMINAL HISTORY RECORD REQUEST

Login New User Help Home

Request for a Criminal History Record Information for a Noncriminal Justice Purposes.

**Service Information**

Requests for a Criminal History Record Information (CHRI), for Non Criminal Justice purposes can be submitted here.

The online 212A Form should be used only after consultation with your local Police Department or the State Agency that is responsible for the type of licensing needed. You must first obtain an Originating Agency Identifier (ORI) Number from the licensing department to complete this form. Incorrect ORI Number may result in non-processing of your form.

Each submission costs \$20.00, payable by Visa, MasterCard, Discover, or American Express credit or debit card.

This form can't be used for a personal background check.

**What is the purpose of this form?**

Form 212A is used exclusively for the purpose of local Police Department and State Agencies, to obtain background information for the purposes of employment, licensing and local ordinances.

**How do I find out the local licensing authority for my application?**

**Will I receive the Criminal History Record Information requested?**

**What is an ORI Number and why is it important?**

**Online Form 212A**

3. Type "NJ0031300" in the ORI number box- Click "Continue" tab

Request for a Criminal History Record Information for a Noncriminal Justice Purposes

Complete All Required Fields (\*)

ORI Information:

ORI Number is the identifier for the local licensing authority for the jurisdiction of your residential address. Correct ORI Number is essential for processing of this form.

ORI Number\*

Continue Cancel

Request for a Criminal History Record Information for a Noncriminal Justice Purposes

Complete All Required Fields (\*)

ORI Information:

ORI Number is the identifier for the local licensing authority for the jurisdiction of your residential address. Correct ORI Number is essential for processing of this form.

ORI Number\*

NJ0031300

The selected ORI Number is associated with City/Agency - EVESHAM TWR PD

Continue Cancel

4. Fill out personal Data, click

“continue”

**CRIMINAL HISTORY RECORD REQUEST**

Login New User Help Home

Request for a Criminal History Record Information for a Noncriminal Justice Purposes

Complete All Required Fields (\*)

ORCA Personal Address Filing Review

**Personal Information**

First Name \*

Middle Initial

Last Name \*

Maiden Name:

Sex \*

Rece \*

Date of Birth\* (MM/DD/YYYY)

Continue Co-Back X-Cancel Filing

5. Fill out address information, Click "continue"

Request for a Criminal History Record Information for a Noncriminal Justice Purposes

Complete All Required Fields [ \* ]

OR Personal Action Filing Review

**Address**

Address \*

Address, Line 2

City \*

County \*

State \*  
New Jersey ☒

Postal Code \*  
 -

**Contact Information**

Email Address \*

Confirm Email Address \*

Telephone Number \*  
 (XXXXXXXX OR XXX-XXX-XXXX)

Continue Go Back Cancel Filing



6. Complete filing information:

- a. Social Security Number,
- b. SBI (if known)
- c. reason for filing request (License applicants select "local ordinance")

Click on box for agreement of Privacy Act, Click "continue"

Request for a Criminal History Record Information for a Noncriminal Justice Purposes

Complete All Required Fields (\*)

First Name Last Name Address City State Zip

**Filing Information**

Social Security Number

SBI Number

Reason for Filing Request\*

Select:  
NJG 2C58-36 Firearms Permitting/Purchase of Firearms  
Local Ordinance  
State Agencies  
Statute for HUD Compliance

Please check the box below to agree \*

☐ Pursuant to the Privacy Act of 1974 (P. L. 93-579), I realize that disclosure of my social security number is voluntary. I also realize that my social security number will be used by the State Bureau of Identification for the purpose of facilitating the security check authorized by the local licensing authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing this application.

Continue Go Back Cancel/Print

7. Complete a review of entered information, Click "continue"

ORI	Personal	Address	Filing	Review
Make sure the information you entered below is correct.				
<b>Personal Information</b>				
First Name:	smilt			
Middle Initial:	s			
LastName:	boocling			
Maiden Name:	student			
Sex:	F			
Race:	White (Includes Hispanic/Spanish Origin)			
Date of Birth:	08/21/1991			
			<a href="#">Edit Personal Information →</a>	
<b>Address</b>				
Address:	123 main			
Address, Line 2:				
City:	marlton			
County:	burlington			
State:	NJ			
Postal Code:	08053			
			<a href="#">Edit Address →</a>	
<b>Contact</b>				
Email Address:	ritem@eveshampd.org			
Telephone Number:	8569856011			
			<a href="#">Edit Contact →</a>	
<b>Filing Information</b>				
Social Security Number:	111862345			
SBI Number:				
Reason for Filing Request:	Local Ordinance			
Description of Reason for Filing Request:	ice cream license			
			<a href="#">Edit Filing Details →</a>	
<b>ORI Number</b>				
ORI Number	NJ0031300 (EVESHAM TWP PD)			
			<a href="#">Edit ORI →</a>	
<a href="#">Continue</a> <a href="#">Go Back</a> <a href="#">Cancel Filing</a>				

### 8. Click “Check out”

just/RequestApply - Request for a Criminal Hist...

STATE OF NEW JERSEY  
NEW JERSEY STATE POLICE  
CRIMINAL HISTORY RECORD REQUEST

STATE POLICE NJ

Login New User Help Home

Checkout

Complete All Required Fields

Validate and Confirm

Description	Amount
Criminal History Records Request Transaction	\$18.00
Pay now with New Jersey Government Services	\$20.00

Check Out Cancel/Failed

New Jersey State Police  
P.O. Box 7066  
West Trenton, NJ 08628  
609-882-2000

Support  
Help & FAQs  
New Jersey State Police Website  
Office of the Attorney General Website

Policies  
Privacy Policy  
Accessibility Policy  
Security Policy

## 9. Enter payment information:

Payment	
Payment Type	
Credit Card	
Customer Information	
Country	Complete all required fields *
United States <input checked="" type="checkbox"/>	
First Name *	Last Name *
<input type="text"/>	<input type="text"/>
Address *	
<input type="text"/>	
Address 2	
<input type="text"/>	
City *	State *
<input type="text"/>	<input type="text"/>
ZIP/Postal Code *	
<input type="text"/>	
Phone *	Email *
<input type="text"/>	<input type="text"/>
Start	
Payment Info	
Card	

Transaction Summary	
Printing Process Transaction	\$15.00
Postage for Client Records Transaction	\$1.00
Payment with New Jersey Government Services	\$20.00

**Need Help?**  
Please consult the Customer Information Section.