



## Township of Hillsborough

COUNTY OF SOMERSET  
THE PETER J. BIONDI BUILDING  
379 SOUTH BRANCH ROAD  
HILLSBOROUGH, NJ 08844  
(908) 369-4313  
[www.hillsborough-nj.org](http://www.hillsborough-nj.org)

A license is required for any organization wishing to host an event that features a raffle, Bingo, or other games of chance. [Applications for raffle or Bingo licenses](#) are available for downloading at the Hillsborough Township website and must be completed in full, with the required attachments before the Clerk's Office can submit them to the Legalized Games of Chance Control Commission (LGCCC) for approval.

Once the LGCCC determines everything is in order, the Clerk's Office will issue a license and the games can proceed accordingly.

In order to leave enough time for the police background check and LGCCC approval, it is recommended that you please submit your application **at least** 30-days prior to the event.

Every organization interested in conducting bingo or raffles **must first apply** to the Legalized Games of Chance Control Commission (LGCCC) for eligibility by completing a registration application.

Please have the following items with you when applying for a Bingo or Raffle license:

- A copy of the applicant's Registration ID Certificate that was issued by the NJ Legalized Games of Chance Commission. Apply for one here: [Initial Affidavit and Application for Biennial Registration](#)
- 4 notarized copies of the completed Application for a Raffle License
- A copy of the Raffle or Bingo ticket if ticket sales are off-premises. All off-site tickets **must** include the information listed on these sample [merchandise raffle](#) or [50/50 tickets](#) or **they will not be accepted.**
- A check for \$10 made out to Hillsborough Township (\$10/month for calendar raffle)
- A check made out to the LGCCC for \$20 or more depending on the prize (\$20 per every thousand dollars - rounded off to the nearest thousand). [See this link at the LGCCC for license fees.](#) Note: Payment to Hillsborough Township can include multiple applications. However, payment to LGCCC must include one check per application.

**Please do not staple applications.**



**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 Raffle License

Application No. **RA** \_\_\_\_\_  
 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. A license is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

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

- 4a. Address of place where raffles will be played: \_\_\_\_\_
- b. Does the applicant own the premises or regularly occupy them for its general purposes?     Yes     No
5. If raffles equipment is to be rented, attach a statement by the raffles equipment lessor to this application on Form 13.

## 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**

(1) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(2) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(3) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(4) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	

**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) Day / Evening	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 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



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

**HILLSBOROUGH TOWNSHIP POLICE DEPARTMENT  
RELEASE INFORMATION**

I, \_\_\_\_\_, am making application for a Peddler's/Raffle/Carnival license. As a result, an investigation is being conducted to determine my eligibility. I do hereby authorize a review and full disclosure of all records and information concerning myself, whether the said records or information is of a public, private, or confidential nature.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the said Municipality, County Prosecutor's Office and/or Department of Law and Public Safety any such information, formal or informal, pending or closed, or any other pertinent data, and to permit the said Municipality, County Prosecutor's Office and/or Department of Public Safety or their representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate the said Municipality, County Prosecutor's Office and the Department of Law and Public Safety, their representatives and any other person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collecting of such documents, records, and any other information or the investigation made by the said Municipality, the County Prosecutor's Office and/or the Department of Law and Public Safety.

A photocopy of this authorization and release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization and Release".

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature (include maiden name)

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_