



# 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, or Bingo. [Applications for Bingo licenses](#) and [raffle 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 at the Hillsborough Township Municipal Building:

- 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](#)
- Four (4) notarized copies of the **completed** Application for a Raffle or Bingo License. Please be aware of the following when completing your organization's application:
  - Applicant must fill in both organization location AND location where raffle or Bingo will take place.
  - **DO NOT fill in the Application Number.** That number is generated by the Clerk's Office.
  - **Do fill in the Identification Number** that your organization received from the state.
  - Include all dates games of chance will be played.
  - **Do Not staple** application forms
  - The application must be signed by at least one officer plus the Member in Charge.

- A copy of the [Raffle](#) 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**. Bingo applications must include a copy of the ticket regardless.
- A check for \$10 per application payable to Hillsborough Township (\$10/month for calendar raffle)
- A check payable 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.
- A completed copy of the Police Department's Information Release form. **Please note:** the Member in Charge must complete the information release for each application, even if they completed one for a prior event. Applications will not be accepted without this form.

**IMPORTANT:** A Report of Operations **MUST** be completed no later than the 15th day of the calendar month following the month in which a game of chance is conducted. The report must include the gross receipts derived from each game; the expenses incurred and to whom such amounts were paid; the net profit from each game; the uses to which the net profit has been or will be applied; and a list of the prizes offered or given and the respective value of each.

Failure to complete the report in a timely manner can result in delays or disallowances of future raffle or Bingo events.

Downloads:

- [Bingo Report of Operations Form](#)
- [Raffle Report of Operations Form](#)



**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**

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

**Part F - Members of Applicant who will be in charge of the games**

<b>Name of member in charge</b>	<b>Residence address</b>	<b>Telephone No. (include area code) Day / Evening</b>	<b>Age</b>
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

**Part G - Members of Applicant who will assist in conducting the games**

<b>Name of member</b>	<b>Residence address</b>	<b>Age</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Part H - Names of other organizations whose members will assist in conducting the games**

<b>Name and address of organization</b>	<b>How related</b>	<b>Identification No.</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 \_\_\_\_\_