Submit four (4) copies of this a	pplication to the Municipal Clerk's of	fice in the municipality where the	games will be conducted.
Please print clearly.			
Name of municipality:			
Part A - General			
Name of applying organiz	ation:		
	ters:		
b. Mailing address (if differer	nt):		
A license is requested to co (use a separate application	onduct raffles of the kind stated on a for each type of raffle).	the date, or on each of the dates,	and during the hours listed
Date	Hours	Date	Hours
	,		
	· ·		
	• • • • • • • • • • • • • • • • • • •		<u> </u>
			*
4a. Address of place where ra b. Does the applicant own th	ffles will be played:	em for its general purposes?	□ Yes □ No
<ul><li>4a. Address of place where ra</li><li>b. Does the applicant own th</li><li>5. If raffles equipment is to b</li></ul>	ffles will be played: ne premises or regularly occupy the e rented, attach a statement by the	em for its general purposes? e raffles equipment lessor to this	☐ Yes ☐ No application on Form 13.
<ul> <li>4a. Address of place where ra</li> <li>b. Does the applicant own th</li> <li>5. If raffles equipment is to b</li> <li>Part B - Schedule of Expenses</li> </ul>	ffles will be played: ne premises or regularly occupy the e rented, attach a statement by the	em for its general purposes? e raffles equipment lessor to this	☐ Yes ☐ No application on Form 13.
<ul> <li>4a. Address of place where ra</li> <li>b. Does the applicant own th</li> <li>5. If raffles equipment is to b</li> <li>Part B - Schedule of Expenses</li> <li>The items of expense intended t</li> </ul>	ffles will be played: ne premises or regularly occupy the e rented, attach a statement by the	em for its general purposes? e raffles equipment lessor to this on with the games listed in this	☐ Yes ☐ No application on Form 13. application, the names and
<ul> <li>4a. Address of place where ra</li> <li>b. Does the applicant own th</li> <li>5. If raffles equipment is to b</li> <li>Part B - Schedule of Expenses</li> <li>The items of expense intended t</li> </ul>	ffles will be played:  ne premises or regularly occupy the e rented, attach a statement by the	em for its general purposes? e raffles equipment lessor to this on with the games listed in this purpose for which each item is t	☐ Yes ☐ No application on Form 13. application, the names and
4a. Address of place where ra b. Does the applicant own th 5. If raffles equipment is to b Part B - Schedule of Expenses The items of expense intended taddresses of the persons to who	ffles will be played:  ne premises or regularly occupy the e rented, attach a statement by the o be incurred or paid in connection m each item is to be paid, and the	em for its general purposes? e raffles equipment lessor to this on with the games listed in this purpose for which each item is t	☐ Yes ☐ No application on Form 13. application, the names and o be paid, are:
4a. Address of place where ra b. Does the applicant own th 5. If raffles equipment is to b Part B - Schedule of Expenses The items of expense intended taddresses of the persons to who	ffles will be played:  ne premises or regularly occupy the e rented, attach a statement by the o be incurred or paid in connection m each item is to be paid, and the	em for its general purposes? e raffles equipment lessor to this on with the games listed in this purpose for which each item is t	☐ Yes ☐ No application on Form 13. application, the names and o be paid, are:
4a. Address of place where ra b. Does the applicant own th 5. If raffles equipment is to b Part B - Schedule of Expenses The items of expense intended taddresses of the persons to who	ffles will be played:  ne premises or regularly occupy the e rented, attach a statement by the o be incurred or paid in connection m each item is to be paid, and the	em for its general purposes? e raffles equipment lessor to this on with the games listed in this purpose for which each item is t	☐ Yes ☐ No application on Form 13. application, the names and o be paid, are:
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4a. Address of place where ra b. Does the applicant own th 5. If raffles equipment is to b Part B - Schedule of Expenses The items of expense intended taddresses of the persons to who	ffles will be played:  ne premises or regularly occupy the e rented, attach a statement by the o be incurred or paid in connection m each item is to be paid, and the	em for its general purposes? e raffles equipment lessor to this on with the games listed in this purpose for which each item is t	☐ Yes ☐ No application on Form 13. application, the names and o be paid, are:
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<ol> <li>The specific purpose(s) to which the entire net p manner in which they are to be so devoted, are:</li> </ol>	proceeds of the games lister	d in this applicati	ion are to be devoted, and the
If any part of the net proceeds are to be devoted over to another organization which is exclusive.	d to a purpose allowed by ly devoted to such purpose	the Raffles Licen	ising Law by turning the same nature of its president or othe
executive officer to the following certificate:  "It is hereby certified that			
will accept from the licensee any part of the net			tion to be turned over to it."
Date:	Signature:		
Part D - Schedule of Prizes			
A description of all prizes to be offered and given in describe the article and state the retail value; if prize sible the information requested below.	all of the games listed in t es are to be donated, indic	his application is ate that fact and	as follows. For merchandise estimate as accurately as pos
Description of Prize	Donated (	(Yes or No)	Retail value
	☐ Yes	□ No _	
	\ \_ Yes	□ No	
	☐ Yes	□ No	
	\ \ Yes	□ No _	
	🗆 Yes	□ No _	
	☐ Yes	□ No _	
	☐ Yes	□ No	
		□ No	
		□ No	
	Pes	□ No	
		□ No	
		□ No	
	Yes	□ No	
		□ No	
	☐ Yes	□ No _	
	☐ Yes	□ No	
	\( \square \) Yes	□ No	
		□ No	
	☐ Yes	□ No _	
	□ Yes	□ No _	
		□ No	
		□ No	

Part C - Schedule of Purposes

(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)		<u></u>
	Day	Evening		
(3) Office	Name of officer	r		Age
Residence address	Telephone No.	(include area code)		
	Day	Evening		
(4) Office	Name of office	r		Age
Residence address	Telephone No.	(include area code)		
	Day	Evening		
art F - Members of Applicant who will b	e in charge of the games			
Name of member in charge	Residence address	Day /	(include area code) Evening	Age
			_/	
			-/ -/	
art G - Members of Applicant who will a	ssist in conducting the games			
Name of member		Residence address		Age
art H - Names of other organizations wh	nose members will assist in con-	ducting the games		
Name and address of orga		How related	Identificatio	n No.
			-	

Part I - Statement of	Applicant and member(s) in	charge ——		
State of New Jersey		} ss.		
County of		1 331		
We do hereby each r	nake the following statement,	under oath, v	vit	h respect to the foregoing application:
furtherance of one in the Raffles Lice 2. Prior to the issual	nce of any license to it to con	rposes as defined the mer Law an	r each occasion for which a license is sought, one or more of e members listed who are familiar with the Raffles Licensing w and the Rules and Regulations, will be in full charge of d primarily responsible for, the conduct of the games.	
of chance, the apone or more "aut"  3. The applicant has expects to continuous authorized games of chance.  4. The conduct of the which this applications are some applications.	oplicant was actively engaged horized purposes." is received and used, and in use to receive and use, to furpurposes, funds from sources agames on the occasion or or ation is made will be to raise teeds to the authorized purpose.	good faith ther one or other than ccasions for and devote e described	<ol> <li>No commission, salary, compensation, reward or recovill be paid to any person for holding, operating or coor assisting in the holding, operation or conducting games, except to bookkeepers or accountants for proservices not exceeding the amounts fixed by the of Fees, as well as the compensation for the Compensated Workers pursuant to N.I.A.C. 13:47 prize may be offered and given in cash, except as oprovided by the Raffles Licensing Law (N.I.S.A. 5:8-5 If a cash prize under certain circumstances is permittel law, the amount of the cash prize may not exceed prescribed by the Raffles Licensing Law.</li> <li>All statements in the foregoing application are true.</li> </ol>	
Sworn and subscribe	d to before me this	Si	ignat	tore of Officer and Title
,	,	Si	ignal	ture of Member-in-Charge
Notary Publ	ic (Print name)	Si	ignal	ture of Member-in-Charge
Signature of	Notary Public	Si	lgnal	ture of Member-in-Charge
Affix s	EAL HERE	Si	ignat	ture of Member-in-Charge

If more space is needed in any section of this application, insert extra sheets of paper.

#### RAFFLE TICKET INSTRUCTIONS

Check off the type of Raffle License applied for and use this sheet as a checklist to make sure you have all required information on the sample ticket form that must be filed with this application and approved by Township Clerk.

*1	OFF-PREMISE DRAW MERCHANDISE PRIZES (included food certificates)
	INFORMATION REQUIRED TO BE PRINTED ON TICKET:
	Name and ID No. of Organization
	Township-issued License Number
	Date, Time and Place of Drawing
	List of prizes and retail value of each.
	Ticket number.
	Price of ticket.
	Purpose for which all proceeds will be used.
	The statement: "No substitution of the offered prize may be made and no cash will be
	given in lieu of the prize:
	The statement: "NOT VALID UNLESS HOLDER IS PRESENT AT DRAWING" if ticket
	holder has to be present at drawing in order to win.
	INFORMATION REQUIRED TO BE PRINTED ON STUB:
	Name and address of ticket holder.
	Ticket number.
	Raffle license number.
	Organization's ID number.
**2.	ON-PREMISE DRAW: MERCHANDISE PRIZES or 50/50 CASH PRIZES
	(Check off "Using pre-numbered strip tickets" on next page.)
*3	OFF-PREMISE 50/50: CASH PRIZE
	INFORMATION REQUIRED TO BE PRINTED ON TICKET:
	Name and ID No. of Organization
	Township-issued License Number
	Date, Time and Place of Drawing
	Words reflecting that the raffle is a 50/50 cash raffle and that winner will receive 50 percent
	of amount received for all tickets.
	If prize pool is to be divided among multiple winners; ticket must indicate the percentage of
	the prize pool that each winner will receive.
	Ticket Number.
	Price of ticket.
	Purpose for which all proceeds will be used.
	The statement: "No substitution of the offered prize may be made."
	The statement: "NOT VALID UNLESS HOLDER IS PRESENT AT DRAWING" if ticket
	holder has to be present at drawing in order to win.
	INFORMATION REQUIRED TO BE PRINTED ON STUB:
	Name and address of ticket holder.
	Ticket number.
	Raffle license number.
	Organization's ID number.

#### (ATTACHED PAGE TO BE USED FOR SAMPLE TICKET FORM)

<sup>\*&</sup>quot;Off-Premise draw or 50/50" Tickets sold <u>prior to</u> drawing date.

\*\* "On-Premise draw or 50/50": Tickets sold only on date of drawing to people present at drawing site.

# **SAMPLE TICKET FORM**

FOR ON-PREMISES 50/50 OR MERC NUMBERED STRIP TICKETS:	HANDISE DRAW	/ RAFFLES	USING P	RE-
CHECK ONE:				
Organization using strip tickets for on-premises 50/50 raffle:				
Organization using strip tickets for on-p	remises merchar	ndise raffle:		
FOR OFF-PREMISES 50/50 OR I	MERCHANDISE	RAFFLE:	DRAW	OR
	-			
		· · · · · · · · · · · · · · · · · · ·		
SAMPLE TICKET FORM APPROVED:				
SAIVIPLE HUNGT FUNIVI AFFNUVED.	AMY P. COSNO TOWNSHIP CL			

# **INSTRUCTIONS** for following forms:

#### STATEMENT IN LIEU OF WAVER FOR CRIMINAL RECORDS CHECK

This must be filled out by either an Officer (Part E on application) or a Member in Charge (Part F on application). Only one of these forms must be filled out for the entire application.

## POLICE DEPARTMENT RECORDS CHECK FORM

One of these forms must be filled out for *each* person listed as a Member in Charge (Part F on application). Make additional copies as needed.

Mayor
David A. Patriarca

Business Administrator Dennis Gonzalez

Township Clerk Amy P. Cosnoski



Council Members
Jason Allen
Kenneth Cartier
Sherry Scull
Diane Stinney
Norma Trueblood

## STATEMENT IN LIEU OF WAIVER FOR CRIMINAL RECORDS CHECK

NAME OF ORGANIZATION			
I, the undersignedour organization who will assist in conducting the game. convicted of a crime.	do attest to the moral character of the members of To the best of my knowledge, they have not been		
OFFICER/OR MEMBER IN CHARGE	DATE		

# Pemberton Township Police Department

500 Pemberton Browns Mills Road, Pemberton, New Jersey 08068 Telephone (609) 894-3308 - Fax (609) 894-0302 www.pembertonpolice.com

David A. Jantas Chief of Police

PTPD Form #15

Lt. Ronald Kreig Administrative Division Commander

Lt. Scott Bogdanowicz Patrol Division Commander

Lt. Brian Wechkus Detective Division Commander



To Whom It May Cond	cern:	
police record and po	olice records from other mur	rtment to release all information pertaining to my nicipalities in which I have previously resided. I cord and motor vehicle records.
NAME:	Last Name, First Name (Middle Name)	
ADDRESS:	Street, City, State Zip Code	
PHONE:		
PREV. ADDRESS:		
MAIDEN NAME:		
DATE OF BIRTH:		SOCIAL SECURITY #:
DRIVERS LICENSE	#:	STATE:
HAVE YOU EVER E	BEEN ARRESTED?	YES NO
WHERE?		
LIST OFFENSE(S)		
HAVE YOU EVE TAKEN BY THIS DI	R HAD YOUR PHOTO EPARTMENT?	YES NO
SIGNATURE		DATE
DO NOT WRITE BE	LOW THIS LINE – FOR OFF	FICE USE ONLY
NO RECORD	•	RECORD
Police Records Clerk Pemberton Township	Police Department	Date