



State of New Jersey  
 DEPARTMENT OF LAW AND PUBLIC SAFETY  
 DIVISION OF CONSUMER AFFAIRS  
 LEGALIZED GAMES OF CHANCE CONTROL COMMISSION  
 124 HALSEY STREET, 7TH FLOOR, P.O. BOX 46000  
 NEWARK, NEW JERSEY 07101  
 (973) 273-8000

## Raffle Report of Operations

Please print or type. I.D. number \_\_\_\_\_

Municipality \_\_\_\_\_ License number \_\_\_\_\_

Name of licensee \_\_\_\_\_

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 _____	Type of raffle _____
No. of tickets sold _____	Ticket price \$ _____	Gross receipts \$ _____
Cost of prizes \$ _____	Rentals \$ _____	Total Expenses \$ _____
Equipment costs \$ _____	Other \$ _____	Net Proceeds \$ _____
Type of prize _____		

### Occasion 2

Date _____	Time _____	Type of raffle _____
No. of tickets sold _____	Ticket price \$ _____	Gross receipts \$ _____
Cost of prizes \$ _____	Rentals \$ _____	Total Expenses \$ _____
Equipment costs \$ _____	Other \$ _____	Net Proceeds \$ _____
Type of prize _____		

### Occasion 3

Date _____	Time _____	Type of raffle _____
No. of tickets sold _____	Ticket price \$ _____	Gross receipts \$ _____
Cost of prizes \$ _____	Rentals \$ _____	Total Expenses \$ _____
Equipment costs \$ _____	Other \$ _____	Net Proceeds \$ _____
Type of prize _____		

### Occasion 4

Date _____	Time _____	Type of raffle _____
No. of tickets sold _____	Ticket price \$ _____	Gross receipts \$ _____
Cost of prizes \$ _____	Rentals \$ _____	Total Expenses \$ _____
Equipment costs \$ _____	Other \$ _____	Net Proceeds \$ _____
Type of prize _____		

### Occasion 5

Date _____	Time _____	Type of raffle _____
No. of tickets sold _____	Ticket price \$ _____	Gross receipts \$ _____
Cost of prizes \$ _____	Rentals \$ _____	Total Expenses \$ _____
Equipment costs \$ _____	Other \$ _____	Net Proceeds \$ _____
Type of prize _____		

Occasion 6

Date \_\_\_\_\_  
No. of tickets sold \_\_\_\_\_  
Cost of prizes \$ \_\_\_\_\_  
Equipment costs \$ \_\_\_\_\_  
Type of prize \_\_\_\_\_

Time \_\_\_\_\_  
Ticket price \$ \_\_\_\_\_  
Rentals \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

Type of raffle \_\_\_\_\_  
Gross receipts \$ \_\_\_\_\_  
Total Expenses \$ \_\_\_\_\_  
Net Proceeds \$ \_\_\_\_\_

Total number of occasions \_\_\_\_\_  
Total number of tickets sold (1-6 combined) \_\_\_\_\_  
Price of tickets \$ \_\_\_\_\_  
Total gross proceeds (1-6 combined) \$ \_\_\_\_\_  
Total expenses (1-6 combined) \$ \_\_\_\_\_  
Total net proceeds (1-6 combined) \$ \_\_\_\_\_

Please provide the name and address of the bank where the balance has been deposited.

\_\_\_\_\_  
Name Address

Account number \_\_\_\_\_

Please provide the name, address and telephone number of the person responsible for the use of the proceeds.

\_\_\_\_\_  
Name Address Telephone number (include area code)

Description of Expenses

Please provide the name, address and amount paid to the providers of equipment, prizes or services. If additional space is required, attach a separate sheet of paper.

\_\_\_\_\_  
Name Address Amount

\_\_\_\_\_  
Name Address Amount

\_\_\_\_\_  
Name Address Amount

Utilization of Net Proceeds

If additional space is required, attach a separate sheet of paper.

\_\_\_\_\_  
Date Description of use Check number Amount

\_\_\_\_\_  
Date Description of use Check number Amount

\_\_\_\_\_  
Date Description of use Check number Amount

I hereby certify that all of the statements on the foregoing Report of Operations are true, accurate and complete.

\_\_\_\_\_  
Name of officer (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of member in charge (please print)

\_\_\_\_\_  
Signature

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Name of notary public (please print)

\_\_\_\_\_  
Signature