



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
LEGALIZED GAMES OF CHANCE CONTROL COMMISSION
PO Box 46000 NEWARK, NJ 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 games(s) of chance.

Occasion 1

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

Occasion 2

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

Occasion 3

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

Occasion 4

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

Occasion 5

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

Occasion 6

Date _____ Time _____ Type of raffle _____
 No. of tickets sold _____ Ticket price \$ _____ Gross receipts \$ _____
 Cost of prizes \$ _____ Rental \$ _____
 Equipment costs \$ _____ Other \$ _____ Total Expenses \$ _____
 Type of prize _____ 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	Telephone number (include area code)
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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

Utilization of Net Proceeds

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

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
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