



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 \$, 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 \$, Rental \$, 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 \$, Rental \$, 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 \$, Rental \$, 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 \$, Rental \$, Total Expenses \$, Equipment costs \$, Other \$, Net Proceeds \$, Type of prize

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)

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

This form, if reproduced must be copied completely - both pages.