



Borough of Hamburg

16 Wallkill Avenue
Hamburg, New Jersey 07419

Doreen Schott, Borough Clerk/Registrar
Telephone: (973) 827-9230 x 4010
Fax: (973) 827-0466
Clerk@hamburgnj.org
www.hamburgnj.org

Raffle or Bingo License Instructions

Legalized Games of Chance Control Commission (LGCCC)

Website: <https://www.njconsumeraffairs.gov/lgccc> or search "LGCCC"

- All applicants must provide valid results of a fingerprint check done within a **current three (3)-year time period** or submit to a fingerprint check. (To begin fingerprinting process you must bring the attached form signed by the Municipal Clerk to the Police Department.)
- There is **a 15-day waiting period** for the NJ Legalized Games of Chance Commission (LGCCC) so it is of extreme importance that you get all your information in to the Borough Clerk in a timely fashion.
- All applicants must have a **valid LGCCC license** and **must bring original** when submitting application.
- Must **submit four (4) complete applications**. (We have supplied one application in this packet. They may also be found as a PDF at the website above.) **It is mandatory that all four (4) copies have original signatures.**
- Submit a "Sample Ticket" for the type of raffle for which you are applying – templates are available at the website above. Copies of ticket types are included with this packet.
- When your application has been approved you will be issued a license which must be displayed during your event.
- It is the responsibility of the applicant to file a Report of Operations Form (Raffle - Form LGCCC8R-A or Bingo - Form LGCCC 8B-A) by the 15th day of the month immediately following the calendar month in which the licensed activity was held or conducted. Available on the LGCCC website.
- The attached Printer's Certificate must be completed and submitted with the Report of Operations.



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AUTHORIZATION FOR FINGERPRINTING

Please have this formed signed by the Municipal Clerk. This must then be brought to the Police Department.

To: Brittany Jameson
Administrative Assistant

From: Doreen Schott
Municipal Clerk

Re: Fingerprint Check – Legalized Games of Chance

Please provide me with fingerprint background check results for the following:

Name

Date of Event

Address

Doreen Schott, RMC
Municipal Clerk



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 C - Schedule of Purposes

- [illegible]

"It is hereby certified that _____
Name of organization

will accept from the licensee any part of the net proceeds of the games listed in this application to be turned over to it."

Date: _____ Signature: _____

Part D - Schedule of Prizes

A description of all prizes to be offered and given in all of the games listed in this application is as follows. For merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.

[illegible]

Part E - Officers of Applicant

(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)	
_____	Day _____ Evening _____	
(3) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	
(4) Office	Name of officer	Age
_____	_____	_____
Residence address	Telephone No. (include area code)	
_____	Day _____ Evening _____	

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

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

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

Name of member	Residence address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name and address of organization	How related	Identification No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

Sample Ticket

Off Premises Raffle Awarding Cash

N.J.A.C. 13:47-8.8

Stub		Ticket	
Name		NJ LGCCC Identification #	Municipal RL #
Address		Name of Organization	
City		50/50	
State		This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate.	
ZIP code		Location of Drawing	
Telephone Number		Date of Drawing	Time of Drawing
		Purpose to which entire proceeds will be devoted "No substitution of the offered prize may be made."	
		Price of Ticket	Ticket #

This illustration is provided for your convenience. While the form of the ticket may vary, the information listed above must be contained on your printed ticket. If you require assistance with your ticket, please contact the office of Legalized Games of Chance Control Commission at (973) 273-8000. This sample ticket must be attached to the Application for Municipal Raffle License and submitted to the municipality.

Sample Ticket

Off Premises Merchandise Raffle

N.J.A.C. 13:47-8.7

Stub		Ticket	
<div> <div>Name</div> <div>Address</div> <div>City</div> <div>State</div> <div>ZIP code</div> <div>Telephone Number</div> <div>Municipal RL #</div> </div>		<div> <div>NJ LGCCC Identification #</div> <div>Municipal RL #</div> </div>	
<div> <div>Ticket #</div> </div>		<div> <div> <div> <div>Name of Organization</div> <div></div> <div></div> <div></div> </div> <div> <div>List of Prizes</div> <div></div> <div></div> <div></div> </div> <div> <div>Retail Values</div> <div></div> <div></div> <div></div> </div> </div> </div>	
		<div> <div> <div>Date of Drawing</div> <div>Time of Drawing</div> </div> </div>	
		<div> <div> <div> <div>Purpose to which entire proceeds will be devoted</div> <div>"No substitution of the offered prize may be made and no cash will be given in lieu of the prize."</div> </div> </div> </div>	
		<div> <div> <div>Price of Ticket</div> <div>Ticket #</div> </div> </div>	

This illustration is provided for your convenience. While the form of the ticket may vary, the information listed above must be contained on your printed ticket. If you require assistance with your ticket, please contact the office of Legalized Games of Chance Control Commission at (973) 273-8000. This sample ticket must be attached to the Application for Municipal Raffle License and submitted to the municipality.



New Jersey Office of 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

Instructions for Filing the Raffle Report of Operations

Pursuant to N.J.A.C. 13:47-9.1, licensees must file a report of operations with the Legalized Games of Chance Control Commission no later than the 15th day of the calendar month immediately following the calendar month in which the licensed activity was held, operated or conducted.

You must download this report and complete ALL of the entries for each occasion(s) relating to the conduct of all raffles, except for instant raffle games and carnival games and wheels. Once completed, a member/officer must certify that he/she has reviewed the report and that the information provided is true, accurate and complete. This will require the person to state his/her name and title, and that person must complete the information on page 3 and have the report notarized.

The Raffle Report of Operations for the conduct of off-premises 50/50 or merchandise raffles is to be accompanied with a sample ticket. Reports are to be mailed to Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101, or emailed to AskGames@dca.njoag.gov.

It is recommended that you maintain a copy of all reports as part of the organization's records.



New Jersey Office of 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

Raffle Report of Operations

Please print clearly.

Identification number ~~to cv'000'00'000000'~~ _____

Municipality _____

License number _____

Name of licensee _____
Organization _____

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 _____

1. Number of tickets sold	_____	4. Cost of prizes	\$ _____	Type of prize(s)	_____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____		
3. Gross receipts	\$ _____	6. Other expenses	\$ _____		
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____

Occasion 2 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold	_____	4. Cost of prizes	\$ _____	Type of prize(s)	_____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____		
3. Gross receipts	\$ _____	6. Other expenses	\$ _____		
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____

Occasion 3 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold	_____	4. Cost of prizes	\$ _____	Type of prize(s)	_____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____		
3. Gross receipts	\$ _____	6. Other expenses	\$ _____		
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____

Occasion 4 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold	_____	4. Cost of prizes	\$ _____	Type of prize(s)	_____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____		
3. Gross receipts	\$ _____	6. Other expenses	\$ _____		
		7. Total expenses	\$ _____	8. Net proceeds	\$ _____

Occasion 6	Date _____	Time _____	Type of raffle _____
1. Number of tickets sold	_____	4. Cost of prizes	\$ _____ Type of prize(s) _____
2. Ticket price	\$ _____	5. Supplies/Equipment cost	\$ _____
3. Gross receipts	\$ _____	6. Other expenses	\$ _____ (If needed, attach separate sheet)
		7. Total expenses	\$ _____
		8. 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).....	\$ _____

[illegible][illegible]

Bank

Name	Address where balance is deposited	Account number

Person Responsible for Use of Proceeds

Name	Address	Telephone number (include area code)

I certify that all of the statements on this report of operations are true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Prizes Offered or Awarded

Please list the prizes offered or awarded and their respective retail values.

Prizes Offered or Awarded	Retail Value	Prizes Offered or Awarded	Retail Value

N.J.S.A. 5:8-37 "It shall be the duty of each licensee to maintain and keep such books and records as may be necessary to substantiate the particulars of each such report."

I certify that I have reviewed this report and that the information on this report of operations is true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

*I **certify** by placing a check in this ☐ box, that I have reviewed the report and that the information provided is true, accurate and complete.*

You must state your name and title below. Reports that are not properly certified will be emailed back.

Name and title of officer (please print)

Signature of officer

Sworn and subscribed to before me this _____
day of _____, _____

Month

Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

RAFFLE TICKET

PRINTER'S CERTIFICATE

Pursuant to N.J.A.C. 13:47-8.10 of Legalized Games of Chance Control Commission, a certificate shall be attached to each copy of form 8R-A, Report of Raffles Operations for each off-premise raffle conducted.

I do hereby certify that:

1. The total number of raffle tickets printed was _____
2. The first number used was _____, the last number used was _____
3. The cost of the raffle ticket printing was \$ _____
4. These tickets were numbered consecutively, a sample of which is attached.

Name of printing company _____

Address of company _____

Signature of printer _____

ATTACH A COPY OF TICKET BELOW

THIS FORM MAY BE DUPLICATED



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 Bingo License

Application No. **BA** _____

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. List date(s) and hours for games:

Date	Hours	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Address of place where bingo will be played:

- a. Does the applicant own the premises or regularly occupy them for its general purposes? ☐ Yes ☐ No

- b. If "No," from whom will the applicant rent the premises?

Name _____ Address _____

- c. If premises are to be rented, attach Form 10, "Statement of Landlord."

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 C - Schedule of Purposes

1. The specific purpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the manner in which they are to be so devoted, are:
2. If any part of the net proceeds are to be devoted to a purpose allowed by the Bingo Licensing Law by turning the same over to another organization which is exclusively devoted to such purposes, secure the signature of its president or other executive officer to the following certificate:

“It is hereby certified that _____
Name of organization

will accept from the licensee any part of the net proceeds of the games listed in this application to be turned over to it.”

Date: _____ Signature: _____

Part D - Schedule of Prizes

A description of all prizes to be offered and given in all of the games listed in this application is as follows. (For cash prizes, state the amount; for merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.)

**Description of Prize Amount (for cash prizes) or Article
(Additionally, please attach a schedule of the games to be conducted.)**

Retail value

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Part E - Officers of Applicant

Office	Name of officer	Residence address	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name of member in charge	Residence address	Telephone No. (include area code)	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name of member	Residence address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name and address of organization	How related	Identification No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Bingo 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 Bingo 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. All prizes offered for games conducted on a single occasion will not exceed the limit on the sum or retail value of prizes as provided by the Bingo Licensing Law (N.J.S.A. 5:8-25 et seq.) and N.J.A.C. 13:47-6.16 and 13:47-7.2.
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.



New Jersey Office of 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

Instructions for Filing the Bingo Report of Operations

Pursuant to N.J.A.C. 13:47-9.1, licensees are to file a report of operations with the Legalized Games of Chance Control Commission no later than the 15th day of the calendar month immediately following the calendar month in which the licensed activity was held, operated or conducted.

You must download this report and complete ALL of the entries for each occasion(s) relating to each bingo game. Once completed, a member/officer must certify that he/she has reviewed the report and that the information provided is true, accurate and complete. This will require the person to state his/her name and title, and that person must complete the information on page 3 and have the report notarized.

The Bingo Report of Operations is to be mailed to the Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101, or emailed to AskGames@dca.njoag.gov.

It is recommended that you maintain a copy of all reports as part of the organization's records.



New Jersey Office of 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

Bingo Report of Operations

Please print clearly.

Identification number (format ###-##-####) _____

Municipality _____

License number _____

Name of licensee _____
Organization _____

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	Number of players
1. Regular games sales	\$	10. Regular games payout	\$
2. Special games sales	\$	11. Special games payout	\$
3. 50/50 Bingo games sales	\$	12. 50/50 Bingo games payout	\$
4. Multicolor games sales	\$	13. Multicolor games payout	\$
5. Progressive games sales	\$	14. Progressive jackpot/cons.	\$
6. Predraw games sales	\$	15. Predraw payout	\$
7. Electronic hand-held sales	\$		
8. Admission cards	\$		
9. Total sales	\$	16. Total payout	\$
		21. Net proceeds	\$

Occasion 2	Date	Time	Number of players
1. Regular games sales	\$	10. Regular games payout	\$
2. Special games sales	\$	11. Special games payout	\$
3. 50/50 Bingo games sales	\$	12. 50/50 Bingo games payout	\$
4. Multicolor games sales	\$	13. Multicolor games payout	\$
5. Progressive games sales	\$	14. Progressive jackpot/cons.	\$
6. Predraw games sales	\$	15. Predraw payout	\$
7. Electronic hand-held sales	\$		
8. Admission cards	\$		
9. Total sales	\$	16. Total payout	\$
		21. Net proceeds	\$

Occasion 3	Date	Time	Number of players
1. Regular games sales	\$	10. Regular games payout	\$
2. Special games sales	\$	11. Special games payout	\$
3. 50/50 Bingo games sales	\$	12. 50/50 Bingo games payout	\$
4. Multicolor games sales	\$	13. Multicolor games payout	\$
5. Progressive games sales	\$	14. Progressive jackpot/cons.	\$
6. Predraw games sales	\$	15. Predraw payout	\$
7. Electronic hand-held sales	\$		
8. Admission cards	\$		
9. Total sales	\$	16. Total payout	\$
		21. Net proceeds	\$

Occasion	Date	Time	Number of players
1. Regular games sales	\$ _____	10. Regular games payout	\$ _____
2. Special games sales	\$ _____	11. Special games payout	\$ _____
3. 50/50 Bingo games sales	\$ _____	12. 50/50 Bingo games payout	\$ _____
4. Multicolor games sales	\$ _____	13. Multicolor games payout	\$ _____
5. Progressive games sales	\$ _____	14. Progressive jackpot/cons.	\$ _____
6. Predraw games sales	\$ _____	15. Predraw payout	\$ _____
7. Electronic hand-held sales	\$ _____		
8. Admission cards	\$ _____		
9. Total sales	\$ _____	16. Total payout	\$ _____
		21. Net proceeds	\$ _____

[illegible]

Utilization of Net Proceeds

Date	Description	Check number	Amount

Bank

Name	Address where balance is deposited	Account number

Person Responsible for Use of Proceeds

Name	Address	Telephone number (include area code)

I certify that all of the statements on this report of operations are true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

N.J.S.A. 5:8-37 "It shall be the duty of each licensee to maintain and keep such books and records as may be necessary to substantiate the particulars of each such report."

I certify that I have reviewed this report and that the information on this report of operations is true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

*I **certify** by placing a check in this ☐ box, that I have reviewed the report and that the information provided is true, accurate and complete.*

You must state your name and title below. Reports that are not properly certified will be emailed back.

Name and title of officer (please print)

Signature of officer

Sworn and subscribed to before me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here