

Part E - Officers of Applicant

(1) Office	Name of officer	Age
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Residence address	Telephone No. <i>(include area code)</i>	
<hr/>	Day <hr/> Evening <hr/>	

(2) Office	Name of officer	Age
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Residence address	Telephone No. <i>(include area code)</i>	
<hr/>	Day <hr/> Evening <hr/>	

(3) Office	Name of officer	Age
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Residence address	Telephone No. <i>(include area code)</i>	
<hr/>	Day <hr/> Evening <hr/>	

(4) Office	Name of officer	Age
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Residence address	Telephone No. <i>(include area code)</i>	
<hr/>	Day <hr/> Evening <hr/>	

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

Name of member in charge	Residence address	Telephone No. <i>(include area code)</i> Day / Evening	Age
<hr/>	<hr/>	<hr/> / <hr/>	<hr/>
<hr/>	<hr/>	<hr/> / <hr/>	<hr/>
<hr/>	<hr/>	<hr/> / <hr/>	<hr/>
<hr/>	<hr/>	<hr/> / <hr/>	<hr/>

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

Name of member	Residence address	Age
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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

Name and address of organization	How related	Identification No.
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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.

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)

**Off-Premise draw or 50/50" Tickets sold prior to 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 MERCHANDISE DRAW RAFFLES USING PRE-NUMBERED STRIP TICKETS:

CHECK ONE:

Organization using strip tickets for on-premises 50/50 raffle: _____

Organization using strip tickets for on-premises merchandise raffle: _____

FOR OFF-PREMISES 50/50 OR MERCHANDISE RAFFLE: DRAW OR ATTACH SAMPLE TICKET BELOW.

SAMPLE TICKET FORM APPROVED: _____

AMY P. COSNOSKI, RMC
TOWNSHIP CLERK

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.

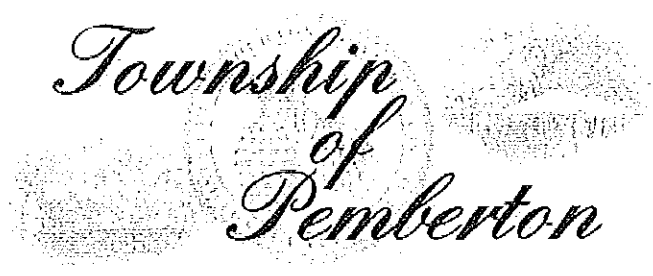
POLICE DEPARTMENT RECORDS CHECK FORM

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 undersigned _____ do attest to the moral character of the members of our organization who will assist in conducting the game. To the best of my knowledge, they have not been convicted of a crime.

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

Lt. Ronald Kreig
Lt. Scott Bogdanowicz
Lt. Brian Wechkus

Administrative Division Commander
Patrol Division Commander
Detective Division Commander



To Whom It May Concern:

I authorize the Pemberton Township Police Department to release all information pertaining to my police record and police records from other municipalities in which I have previously resided. I understand that this only includes my adult arrest record and motor vehicle records.

NAME:

Last Name, First Name (Middle Name)

ADDRESS:

Street, City, State Zip Code

PHONE:

() _____
Area Code

PREV. ADDRESS: _____

MAIDEN NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____

STATE: _____

HAVE YOU EVER BEEN ARRESTED?

YES ___ NO ___

WHERE? _____

LIST OFFENSE(S) _____

HAVE YOU EVER HAD YOUR PHOTO
TAKEN BY THIS DEPARTMENT?

YES ___ NO ___

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

NO RECORD _____

RECORD _____

Police Records Clerk
Pemberton Township Police Department

Date