



***New Jersey Office of the Attorney General***  
Division of Consumer Affairs  
Office of Consumer Protection  
Legalized Games of Chance Control Commission  
P.O. Box 46000, Newark, NJ 07101  
(973) 273-8000

## **Instructions for Filing the Instant Raffle 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 (“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 may download this report and complete ALL of the entries for each occasion(s) relating to the conduct of instant raffle games. Once completed, a member/officer shall 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 to sign the document before a notary public. Reports which are not properly certified will be mailed back.

Instant Raffle Ticket Report of Operations completed on paper must be mailed to the Legalized Games of Chance Control Commission, P.O. Box 46000, Newark, New Jersey 07101.

However, for your convenience, we offer the ability to file reports electronically via e-mail. To employ this option, you must do a “SAVE AS” of the report, and place it onto your personal computer. Complete the report by using the “TAB” key to maneuver through each field.

Upon completion, the member/officer shall certify by placing a check in the box provided, that he/she has reviewed the report and that the information provided is true, accurate and complete. Subsequently, the member/officer must state his/her name and title. Reports that are not properly certified will be sent or e-mailed back.

Instant Raffle Ticket Report of Operations completed online must be e-mailed to the Commission at [PetermanA@dca.lps.state.nj.us](mailto:PetermanA@dca.lps.state.nj.us) .

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

Municipality: \_\_\_\_\_

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 Office of Consumer Protection  
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 P.O. Box 46000, Newark, NJ 07101  
 (973) 273-8000

Identification number: \_\_\_\_\_

License number: \_\_\_\_\_

**INSTANT RAFFLE TICKET REPORT OF OPERATIONS**

This report, as required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9.1, 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.

**Section A**

Name of Licensee: \_\_\_\_\_ Address: \_\_\_\_\_ Location of Games: \_\_\_\_\_

	Date		Name of Game	Form Number	Serial Number	Distributor	Sales Invoice Number	Size of Deal	Ticket Price	Ideal Payout	Ideal Net Receipts	Actual Tickets Sold	Gross Receipts	Number of Tickets Redeemed	Actual Prize \$ Paid Out	Cost of Deal	Net Proceeds
	Start	End															
1.																	
2.																	
3.																	
4.																	
5.																	
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7.																	
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13.																	
14.																	
15.																	
16.																	
17.																	
<b>Totals</b>																	

Totals = Lines 1 through 17

**Section B****Schedule of Expenses**

Date	Description	Check Number	Amount

**Section C****Utilization of Net Proceeds**

Date	Description	Check Number	Amount

**Section D****Bank**

Name	Address where Balance is Deposited	Account Number

**Person Responsible for Use of Proceeds**

Name	Address	Telephone Number <small>(include area code)</small>

Where are the unused tickets kept? (Please provide the address.) \_\_\_\_\_

**Section E**

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.

Member in Charge	Address	Signature	Date

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. Facts stated on this report are regarded as if made under oath.

*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 sent or e-mailed back.

\_\_\_\_\_ Signature (officer)  
 \_\_\_\_\_ Name and title of officer (please print)

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

\_\_\_\_\_  
 Name of Notary Public (please print)

\_\_\_\_\_  
 Signature of Notary Public



Municipality: \_\_\_\_\_

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**Section B**

**Schedule of Expenses**

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\_\_\_\_\_ Signature (officer)  
 \_\_\_\_\_ Name and title of officer (please print)

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

\_\_\_\_\_ Name of Notary Public (please print)  
 \_\_\_\_\_  
 \_\_\_\_\_ Signature of Notary Public

