

Sample Ticket

Off Premises Raffle Awarding Cash

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

Stub

Ticket

<p style="text-align: center;">Name</p> <hr/> <p style="text-align: center;">Address</p> <hr/> <p style="text-align: center;">City State ZIP code</p> <hr/> <p style="text-align: center;">Telephone Number</p> <hr/> <p style="text-align: center;">NJ LGCCC Identification# Municipal RL #</p> <hr/> <p style="text-align: left;">Ticket # _____</p>	<p style="text-align: right;">NJ LGCCC Identification # _____ Municipal RL # _____</p> <p style="text-align: center;">Name of Organization _____</p> <p style="text-align: center;">50/50</p> <p style="text-align: center;">This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate</p> <p style="text-align: center;">Location of Drawing _____</p> <p style="text-align: center;">Date of Drawing _____ Time of Drawing _____</p> <p style="text-align: center;">Purpose to which entire proceeds will be devoted "No substitution of the offered prize may be made."</p> <hr/> <p style="text-align: left;">Price of Ticket _____ Ticket # _____</p>
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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

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

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Ticket #: _____

SAMPLE TICKET - Calendar Raffle

 NJ LGCCC Identification # Municipal RL #

Name: _____

Address: _____

Street City State Zip

Phone: _____

 NJ LGCCC Identification # Municipal RL #

 Name of Organization

 Location of Drawing

 Date of Drawing Time of Drawing

 Prize Value

 Purpose to which entire net proceeds will be devoted
 "No substitution of the offered prize(s) may be made"
 "If gambling is a problem for you or someone in your family, dial 1-800-GAMBLER"

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Price of Ticket: _____ Ticket #: _____

NOTE: This is a SAMPLE TICKET ONLY. The form of the ticket may vary, but all the above information MUST be included. Any questions, you may contact NJ Legalized Games of Chance Control Commission at (973) 273-8000. This ticket must be attached to your Raffle Application submitted to the Township.