



Police Department New Providence, New Jersey



Anthony D. Buccelli, Jr.
Chief of Police
FBI NA Session 194

Wayne Maurer
Captain Patrol Commander

Theresa Gazaway
Administrative Lieutenant

To: Denise Brinkofski, Deputy Borough Clerk
From: Anthony D. Buccelli, Jr., Police Chief
Subject: Raffle License Application # RA 1078

Please be advised that I have received and reviewed the above application submitted by:

THOMAS I. GLASSER MEMORIAL SCHOLARSHIP FUND INC.

Name of Applicant or Organization

To conduct an affair on:

05/06/2017

Date of Event

The Police Department has no objection to this application being approved and the license issued.

Chief of Police

3/27/17
Date

Part E - Officers of Applicant

Office	Name of officer	Residence address	Age
President	Anthony Parenti	[REDACTED]	[REDACTED]
Vice President	Kim Zagorski	[REDACTED]	[REDACTED]
Secretary	Nicole Griffiths	[REDACTED]	[REDACTED]
Treasurer	Patricia Dougherty	[REDACTED]	[REDACTED]

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

Name of member in charge	Residence address	Telephone No. <small>(include area code)</small>	Age
John Dougherty	27 Willow Rd. Summit NJ 07901	[REDACTED]	[REDACTED]
Steven G Zagorski	1651 Springfield Ave. New Providence NJ 07974	[REDACTED]	[REDACTED]

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

Name of member	Residence address	Age
Heather Richel	[REDACTED]	[REDACTED]
Matthew Butin	[REDACTED]	[REDACTED]
Michael Freeman	[REDACTED]	[REDACTED]

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

Name and address of organization	How related	Identification No.
N/A		

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 Union

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

29 day of March, 20 17.

JOAN MOORE
 Notary Public (Print name)
Joan Moore
 Signature of Notary Public

JOAN MOORE
Notary Public, State of New Jersey
My Commission Expires 1-22-2018

AFFIX SEAL HERE

[Signature]
 Signature of Officer and Title

Member in Charge

Member in Charge

Member in Charge

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.

LGCCC Form 13

STATEMENT OF RAFFLES EQUIPMENT SUPPLIER LESSOR

(To be attached to each copy of Raffles Application where equipment is leased.)

DeCorso Community Center
Location: ~~Summit Elks Lodge 1246, 40 Maple St., Summit, NJ 07901~~

Name of Organization to Conduct Raffles: Thomas I Glasser Memorial Scholarship Fund

Address: P.O. Box 143, Summit, NJ 07902

LGCCC Registration ID #: 484-5-39971

Expiration Date: 03/13/2019

Date of Event: 05/06/2017

I, **Lisa Gram**, being duly sworn on my oath depose and say that:

- 1 I am an authorized officer, namely the President of, Tumbling Dice Entertainment, Inc., a corporation, which is the lessor of the raffles equipment to be rented, described in the annexed application.
- 2 The address of the lessor is: **13 Route 530, Southampton, NJ 08088.**
- 3 a) I am concurrently approved by the Control Commission as being of good moral character and have never been convicted of a crime holding lessor certificate number **803-17.**
- b) If lessor is a corporation, all of its officers, and all of the stockholders owning 10% or more of its stock issued and outstanding are concurrently approved by the Control Commission as being of good moral character and have never been convicted of a crime being lessor number **803-17.**
- 4 The rental to be charged and paid for the raffles equipment conforms to the schedule of authorized rentals prescribed by the Control Commission.
- 5 Total amount of charge made: \$1450.00

Lisa Gram

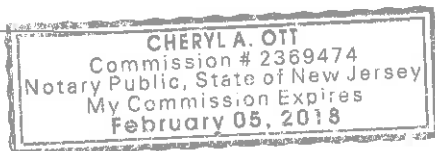
Signature of Lessor

Sworn and subscribed before me this

22nd day of March 2017

Cheryl A. Ott

A Notary Public



Afternoon at the Races!

*A celebration of the Kentucky Derby to benefit the
Thomas I. Glasser Scholarship Fund, Inc., a function of the Summit PBA*

Sponsorship Form

I/my company would like to sponsor a race by donating \$_____
(\$100.00 minimum)

Please advertise our name this way: _____

I'd like to be a horse owner. Each horse costs \$20.00 or I can own 3 for \$50.00.

My name _____ Horse name _____

My name _____ Horse name _____

My name _____ Horse name _____

My name _____ Horse name _____

My name _____ Horse name _____

My name _____ Horse name _____

Total enclosed: _____ check payable to "Glasser Memorial Scholarship Fund"
or

Credit card number _____

Exp. Date _____

Name on card _____

CVC on back of card _____

*Return to: Summit Police Department, Administration Office
or mail to: PO Box 143 Summit NJ 07902*

You're invited to an

Afternoon at the Races!

A celebration of the Kentucky Derby to benefit the
Thomas I. Glasser Scholarship Fund, Inc., a function of the Summit PBA



Saturday, May 6, 2017
5:00 pm—9:00 pm
at the
De Corso Community Center
15 4th Street, New Providence NJ

*Horserace "betting" by Tumbling Dice Entertainment, Inc.
to win great tricky tray prizes. Be sure to come in your best
Derby Garb, sip on a mint julep and enter to win the
Best Hat and Best Bow Tie contests.*

**Admission is \$50.00 per person,
includes start up money, drafts & tapas
(\$3.00 drinks at cash bar)**

Winner's Circle Raffle Contest!

*Sponsor the event-BUY a horse to run in a race for \$20 or own
3 horses for \$50. Be creative with the name!*

_____ persons at \$50.00 each Name: _____

I'd like to be a horse owner! \$20.00 Name of my horse _____

Own 3 horses for just \$50! _____

Total enclosed: _____ check payable to "Glasser Memorial Scholarship Fund"

or

PayPal.Me/Glasserscholarship

*Return to: Summit Police Department, Administration Office
or mail to: PO Box 143 Summit NJ 07902*