GCVS-1 Verified Statement of Raffle Ticket Operations
To be issued only for Category 1 Raffles with net profits less than $30,000 during a license period (one calendar year).

Name of Organization: ________________________________________________________________

Games of Chance Identification Number: _______________________________________________

Street Address: _____________________________________________________________________

City, Town or Village (circle one): ___________________________________ Zip Code: _________

Effective date of raffle license (Calendar Year): ________________________________

Note:  All raffle licenses expire as of midnight December 31st.

Location(s) of raffle drawing(s): _____________________________________________________

Date(s) of raffle drawing(s): _________________________________________________________

I hereby certify:

That the above organization is an “authorized organization” as defined in the Games of Chance Licensing Law, and has been issued the above identification number by the Gaming Commission.

That the above organization shall derive net proceeds or net profits from raffles in an amount less than thirty-thousand dollars ($30,000.00) during one occasion or part thereof in the above calendar year.  (An “occasion” being defined as one calendar year.)

That, in the event the organization in fact derives net proceeds or net profits exceeding thirty-thousand dollars ($30,000.00) during any one occasion or part thereof, the above organization shall obtain a license to conduct raffles in accordance with Section 190 of the New York State General Municipal Law.

I declare under the penalties of perjury that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

 ____________________________________________  ____________________________  ____________________
 Print name of Officer or Director                 Print Title       Signature

Sworn to before me on this ______ day of ________________, 20____

 ____________________________________________
 (Signature of Notary Public)

TO BE COMPLETED BY THE MUNICIPAL CLERK: One copy retained by the organization to be displayed at all
drawings, one copy to the NYS Gaming Commission and one copy for your records.

Received and on file with the ________________________________  ________________________________

Name of Municipality               Municipal Clerk Signature

__________________________________________  ________________________________
 Municipal Clerk Print                   Date

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