GCVS-1

NYS RACING & WAGERING BOARD
1 Broadway Center, Suite 600
Schenectady NY, 12305-2553
Telephone (518) 395-5400 Fax (518) 347-1469
www.racing.state.ny.us

VERIFIED STATEMENT FOR RAFFLE TICKET OPERATIONS

Instructions: **To be issued only for raffles with net profits of less than $30,000 during a license period (one calendar year). No fee is required.**

Organization: _____

Street address: _____

City: _____ Zip Code: _____

N.Y.S. Identification Number: **GC** - ___ - ___ - ___ - _____

Effective date of raffle license (Calendar Year): _____

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

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

Note: **No game of chance shall be conducted on other than the premises of an authorized organization or an authorized games of chance lessor. [General Municipal Law 189(13)]**

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

Note: **This must be a specific date of the actual drawing.**

I hereby certify:

1. That the above organization reasonably expects to derive net proceeds or net profits from raffles in an amount less than $30,000.00 during one occasion or part thereof in the calendar year during which this raffle lease is effective. (An "occasion" is defined as one calendar year.)

2. That, in the event the organization in fact derives net proceeds or net profits exceeding $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 swear (or affirm) 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.

_____ _____
President/Officer in Charge Signature President/Officer in Charge Print

Sworn to before me this _____

day of _____ 20____ (affix stamp or seal)

_____
Notary Public Commissioner of Deeds

My Commission expires _____ , 20 _____

TO BE COMPLETED BY THE MUNICIPAL CLERK:

Received and on file with the _____
Name of Municipality

_____ _____
Municipal Clerk's **Signature** Municipal Clerk **Print**

_____ _____
Date Phone Number

(Clerks: Send one copy of this statement to the organization's licensing municipal clerk, one copy to the New York State Racing and Wagering Board, and retain one copy to be displayed at all drawings.)