



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Legalized Games of Chance Control Commission
 124 Halsey Street, P.O. Box 46000
 Newark, N.J. 07101
 (973) 273-8000

LGCCC Form 13
Statement of Raffle Equipment Supplier Lessor
 (To be attached to each copy of the Raffles Application where equipment is leased.)

Name of Organization to conduct raffles: _____

Address: _____ Identification Number: _____

State of: _____

County of: _____ } ss.

I, _____, being duly sworn on my oath depose and say that:

1. Check the appropriate box:

I am the lessor of the raffle equipment to be leased.

- or -

I am an authorized officer, namely the _____ of _____, a corporation, which is the lessor of the raffle equipment to be rented, described in the annexed application.

2. The address of the lessor is:

3. The rental to be charged and paid for the raffle equipment conforms to the schedule of authorized rentals prescribed by the Legalized Games of Chance Control Commission.

 Name of Corporation

Sworn and subscribed to before me this _____

day of _____, _____
 Month Year

 Name of Notary Public (please print)

 Signature of Notary Public

Affix Seal Here