



Division of Charitable Gaming
GCVS-1 Verified Statement of Raffle Ticket Operations
To be issued only for 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): _____

Note: No games of chance shall be conducted on other than the premise of an authorized organization or an authorized games of chance lessor. (General Municipal Law Section 189(3))

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.

President/Officer in Charge (Signature)

President/Officer in Charge (Print)

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