



# POLICE DEPARTMENT NEW PROVIDENCE, NEW JERSEY

**Theresa A. Gazaway**  
*Chief of Police*



**Stephen Drown**  
*Lieutenant*  
*Detective Bureau Commander*

**Daniel Henn**  
*Captain*

**Sean Bubbs**  
*Lieutenant*  
*Patrol Commander*

To: Wendi B. Barry, Borough Clerk

From: Theresa Gazaway, Police Chief

Subject: Raffle License Application #RA 1146

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

Summit Speech School

Name of Organization

5/18/2021

Date of Event

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

  
\_\_\_\_\_  
Chief of Police

3/19/21  
\_\_\_\_\_  
Date



**New Jersey Office of the Attorney General**  
 Division of Consumer Affairs  
 Legalized Games of Chance Control Commission  
 124 Halsey Street, 6th Floor, P.O. Box 46000  
 Newark, New Jersey 07101  
 (973) 273-8000

# Application for a Raffle License

Application No. RA 1144  
 Identification No. 484-5-30190

**Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.**

Please print clearly.

Name of municipality: Township of New Providence

## Part A - General

1. Name of applying organization: Summit Speech School
- 2a. Street address of headquarters: 705 Central Avenue New Providence, NJ 07974
- b. Mailing address (if different): \_\_\_\_\_
3. A license is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

Date	Hours	Date	Hours
May 18, 2021			
off premise merchandise	2pm		

- 4a. Address of place where raffles will be played: Summit Speech School  
705 Central Ave. New Providence NJ, 07974
- b. Does the applicant own the premises or regularly occupy them for its general purposes? ☐ Yes ☒ No
5. If raffles equipment is to be rented, attach a statement by the raffles equipment lessor to this application on Form 13.

## Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose
Raffle License Application	Township of New Providence	Raffle License
Raffle License Application	LGCCC	Raffle License

## Part C - Schedule of Purposes

1. The specific purpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the manner in which they are to be so devoted, are:

Education for infants through high school aged teens who are deaf and hard of hearing.

2. If any part of the net proceeds are to be devoted to a purpose allowed by the Raffles Licensing Law by turning the same over to another organization which is exclusively devoted to such purposes, secure the signature of its president or other executive officer to the following certificate:

"It is hereby certified that n/a

Name of organization

will accept from the licensee any part of the net proceeds of the games listed in this application to be turned over to it."

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Part D - Schedule of Prizes

A description of all prizes to be offered and given in all of the games listed in this application is as follows. For merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.

[illegible]

**Part E - Officers of Applicant****(1) Office**

Executive Director

**Name of officer**

Mary J. Baumont

**Age**

60+

**Residence address****Telephone No. (include area code)**

Day

Evening

**(2) Office**

Board Chair

**Name of officer**

John Thoms

**Age**

60+

**Residence address****Telephone No. (include area code)**

Day

Evening

**(3) Office**

Vice Board Chair

**Name of officer**

Stephen Bridgman

**Age**

50+

**Residence address****Telephone No. (include area code)**

Day

Evening

**(4) Office**

Director of Development

**Name of officer**

Nancy Tagle

**Age**

40+

**Residence address****Telephone No. (include area code)**

Day

Evening

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

Name of member in charge	Residence address	Telephone No. (include area code)		Age
		Day / Evening		
Christine Mang	Summit, NJ	201 694 3414	/ 201 694 3414	30+
			/	
			/	
			/	
			/	

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

Name of member	Residence address	Age

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

Name and address of organization	How related	Identification No.

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

23 day of 12, 20 20

Shonteya Thomas

Notary Public (Print name)

[Signature]

Signature of Notary Public

Nancy L Jagle Director of Development

Signature of Officer and Title

Christina Mang

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

Signature of Member-in-Charge

AFFIX SEAL HERE

Notary Public - State of New Jersey  
My Commission Expires Jun 15, 2021

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.

## AFFIDAVIT

STATE OF NEW JERSEY     )  
  ) ss.  
COUNTY OF UNION        )

MEMBERS DESIGNATED TO CONDUCT AND ASSIST IN CONDUCTING GAMES  
APPLICATION NO. \_\_\_\_\_ IDENTIFICATION NO. 484-05-30190

I, Christine Mang do hereby

swear under oath that I am of good moral character and have never been convicted of crime.

Christine Mang  
Member

SWORN TO AND SUBSCRIBED BEFORE ME  
this 23 day  
of 12 2020

Shantea A Thomas  
Notary Public

SHANTEYA A THOMAS  
Notary Public - State of New Jersey  
My Commission Expires Jun 15, 2021

(TICKET SAMPLE)

No. 00001

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

NJ LGCCC ID #484-5-30190      Municipal #: RL

SUMMIT SPEECH SCHOOL, INC.  
31<sup>st</sup> Annual Spring Benefit  
Grand Raffle

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1<sup>st</sup> Prize:            Visa® \$1,000 GIFT CARD

2<sup>nd</sup> Prize:            Visa® \$500 GIFT CARD

3<sup>rd</sup> Prize:            Visa® \$250 GIFT CARD

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Drawing to take place: May 18, 2021 — 2:00 p.m.  
at ~~Canoe Brook Country Club • Summit, NJ~~

• Benefiting NEW JERSEY'S CHILDREN WHO ARE DEAF or HARD OF HEARING •

No substitution of the offered prize may be made and no cash will be given in lieu of the prize. Winner need not be present. Winners assume all State and Federal Taxes.

Municipal RL#

**\$10.00 PER TICKET**

NJ LGCCC ID #484-5-30190

[www.summitspeech.org](http://www.summitspeech.org)

No. 00001

Pursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:  
Effective date: 01/01/2020      Expiration date: 12/31/2021      Registration Identification: 484-5-30190

Summit Speech School  
705 CENTRAL AVE  
NEW PROVIDENCE, NJ 07974



New Jersey Office of the Attorney General  
Division of Consumer Affairs  
Legalized Games of Chance Control Commission  
Registration

Neither registration nor the assignment of an identification number shall entitle any organization to hold, operate or conduct, or assist in the holding, operating or conducting of any game or games of chance without the approval of the issuing authority of the jurisdiction in which the game or games are to be held, operated or conducted.

Name of organization on application and license must be the same as it appears on this registration.  
This Registration Certificate may only be utilized by the above-named organization.

Mail to: SUMMIT SPEECH SCHOOL  
705 CENTRAL AVE  
NEW PROVIDENCE, NJ 07974

A handwritten signature in black ink, appearing to read "E. Barrett".

Edward F. Barrett, Secretary  
Legalized Games of Chance Control Commission