

RAFFLE LICENSE

Organization Name: _____

Address: _____

Type of Organization: _____

Established since: _____ Incorporated: Y__ N__

Date and State of Incorporation: _____

Please supply via attachment name, address, telephone number, social security number and date of birth for all individuals requested.

Aggregate retail value of all prizes: \$_____

Maximum retail value of **each** prize (attach separate sheet if necessary): \$_____

Maximum price charged for each raffle ticket issued or sold: \$_____

Maximum number of raffle chances to be issued: _____

Place(s) in which the raffles will be issued or sold: _____

Time period in which the raffles will be issued or sold: _____

Date, time and location in which winners will be determined: _____

I hereby affirm that all the above information is said to be true and correct.

Presiding Officer

Secretary

I hereby attest that _____ is a not-for-profit organization.
(name of organization)

Presiding Officer

Secretary

The following information needs to be supplied for all individuals responsible for the conduct and operation of the raffle.

Presiding Officer

Name: _____

Address: _____

Telephone number: _____

Social Security Number: _____

Date of Birth: _____

Organization Secretary

Name: _____

Address: _____

Telephone number: _____

Social Security Number: _____

Date of Birth: _____

Raffle Manager

Name: _____

Address: _____

Telephone number: _____

Social Security Number: _____

Date of Birth: _____