

Copy of Raffle Ticket
must be attached to
this application.



CITY OF LACONIA
APPLICATION FOR RAFFLE LICENSE

(PLEASE PRINT OR TYPE)

Name of charitable organization conducting raffle: _____

Organization's Address: _____

Applicant's Name: _____ Telephone # _____

Applicant's Address: _____
Number Street City State Zip

Date of drawing: _____ Non - Profit ID# _____

Prize(s) to be awarded: _____

Copy of evidence of tax exemption attached: ____yes ____no

SWORN CERTIFICATE

As a duly authorized officer of the above named organization, I attest that this organization is exempt from Federal Income Taxation. I further certify that the proceeds of this raffle will be used for: _____

****A copy of official printed ticket attached.****

(name/printed) (name/signature)

Subscribed before me this _____ day of _____, _____.

Notary Public/Justice of the Peace

(FOR CITY USE ONLY)

Application Fee: _____ Received on (date): _____ By: _____

Licensing Board Approval on: _____ License Valid: _____

Insurance Certificate Attached: ____yes ____no

Special Conditions of Approval: _____

