

Thomas G. Smith, Mayor Mechelle Childers, Clerk Brad A. Papenberg, Treasurer

		License No	
APPLICATION FOR RAFFI	FI F I ICENSE	Date	
		Fee	
Organization Name:			
Address:			
Type of Organization:			
Length of Existence of Organization:			
If organization is incorporated, what is the	e date and state of incorpo	oration?	
Date:	State:		
Not-for-Profit Designation:			
List organization's presiding officer, secre for the conduct and operation of the raffle		any other members responsible	
PRESIDENT:			
Address:			
Phone No			
SECRETARY:			
Address:			
Phone No.			
RAFFLE MANAGER:			
Address:			
Phone No			
NAME:			
Address:			
Phone No.			

\_\_\_\_\_This request is for a single raffle license.

\_\_\_\_\_This request is for a multiple raffle license.

\_\_\_\_\_This request is for a Queen of Hearts raffle license.

If a multiple raffle license is requested, list on Exhibit 1, as attached, the date, time, and location for each raffle to be held within a one (1) year period of time from the date of the issuance of the license.

If a Queen of Hearts raffle license is requested, list on Exhibit 1, as attached, the date, time and location for each drawing to be held within the 55-week period of time for said raffle.

Aggregate Retail Value of Prizes	Fee
Less than \$500 or 50/50 drawings	\$5
\$500 or more, but less than \$1,000	\$15
\$1,000 or more, but less than \$10,000	\$25
\$10,000 or more, but less than \$100,000	\$35
More than \$100,000 not to exceed \$2,100,000	\$50

## THE APPLICATION FEE IS NON-REFUNDABLE EVEN IF THE APPLICATION IS DENIED.

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Maximum retail value of each prize to be awarded:

Maximum price charged for each raffle chance issued or sold:

The area or areas in which raffle chances will be issued or sold:

Time period in which raffle chances will be issued or sold:

The date, time, and location at which winning chances will be determined:

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

Time:

Location: \_\_\_\_\_

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\$		

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## NOTARIZED SWORN STATEMENT

The following officers attest to the not-for-profit character of the applicant organization.

	(Name of Organization)	
Dated thisday of	, 20	
PRESIDING OFFICER	-	SECRETARY
		SECRETARI
STATE OF)   ) SS.   COUNTY OF)		
COUNTY OF)		
Signed and sworn to before me this	day of	, 20
		NOTARY
		My Commission Expires:
	<b>CERTIFICATIO</b>	<u>N</u>
I,, of	the	(Organization)
(Presiding Officer)	the	(Organization) tion is true and correct.
(Presiding Officer) do hereby certify that the information co	the	(Organization) tion is true and correct.
(Presiding Officer) do hereby certify that the information co STATE OF) ) SS.	the	(Organization) tion is true and correct. day of, 20
(Presiding Officer) do hereby certify that the information co STATE OF)	the	(Organization) tion is true and correct. day of, 20
(Presiding Officer) do hereby certify that the information co STATE OF) ) SS.	the ontained in this applicat Dated this	(Organization) tion is true and correct. day of, 20 PRESIDING OFFICER
(Presiding Officer) do hereby certify that the information co STATE OF) SS. COUNTY OF)	the ontained in this applicat Dated this	(Organization) tion is true and correct. day of, 20 PRESIDING OFFICER

## EXHIBIT 1

The following is the date, time, and location at which winning chances will be determined for multiple raffles to be held within a maximum period of one (1) year from the date of the issuance of this raffle license; or for 55 weeks in the case of a Queen of Hearts raffle.

1.	Date:	Time:
	Location:	
2.	Date:	
	Location:	
3.	Date:	
	Location:	
4.	Date:	Time:
	Location:	
5.	Date:	Time:
	Location:	
6.	Date:	
	Location:	
7.	Date:	
	Location:	
8.	Date:	
	Location:	
9.	Date:	
	Location:	
10.	Date:	Time:
	Location:	
11.	Date:	
	Location:	
12.	Date:	
	Location:	