

APPLICATION FOR RAFFLE LICENSE

Class A License

Class B License

NAME OF ORGANIZATION: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

TYPE OF ORGANIZATION: _____
(Charitable, Educational, Religious, Fraternal, Veterans or Labor)

LIST THE AREA (S) WITHIN THE CITY IN WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:

LIST THE TIME (S) OF DAY DURING WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:

LIST THE DATE AND TIME OF THE DETERMINATION OF WINNING CHANCES:

LIST THE LOCATION (S) AT WHICH WINNING CHANCES WILL BE DETERMINED:

I, _____, being the first duly sworn, state on oath that the foregoing organization is a not-for-profit organization.

Presiding Officer

ATTEST:

Secretary

APPROVED BY: _____
Mayor

DATE: _____

MAILED ON: _____
Date

BY: _____