# RAFFLE INFORMATION

<table>
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<tr>
<th>ORGANIZATION NAME:</th>
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<tr>
<td>CONTACT PERSON:</td>
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<td>DATE OF RAFFLE:</td>
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<td>PURPOSE OF RAFFLE:</td>
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<td>ITEM(S) TO BE RAFFLED:</td>
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APPLICATION FOR LICENSE TO OPERATE RAFFLES

1. Name of Applicant or Organization: ______________________________________
Address: __________________________________________________________________________

If a corporation, association, or other legal entity: Please list names and home addresses of the Director, each officer or other persons holding similar position of the organization:

Name: ___________________________ Title: ___________________________
Address: __________________________________________________________________________
Phone Number: ___________________________

Name: ___________________________ Title: ___________________________
Address: __________________________________________________________________________
Phone Number: ___________________________

Name: ___________________________ Title: ___________________________
Address: __________________________________________________________________________
Phone Number: ___________________________

(If more space is needed, please attach additional sheet)
2. Names and home addresses of each person who will be operating, advertising or promoting the raffle.

Name: ___________________________  Title: ___________________________
Address: __________________________________________________________
Phone Number: ___________________________

Name: ___________________________  Title: ___________________________
Address: __________________________________________________________
Phone Number: ___________________________

Name: ___________________________  Title: ___________________________
Address: __________________________________________________________
Phone Number: ___________________________

3. Names and home addresses of any persons, organizations, or other legal entities that will act as surety for the applicant, or to which the applicant is financially indebted, or to which any financial obligation is owed by the applicant.

Name: ___________________________  Title: ___________________________
Address: __________________________________________________________
Phone Number: ___________________________
Name: ___________________________    Title: ___________________________
Address: ________________________________________________________________
Phone Number: _______________________

4. List convictions, if ANY for criminal offenses other than minor traffic offenses of each of the persons listed in numbers 1, 2 & 3 of this application.

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

5. Status of organization:

_____ Nonprofit, tax exempt church, school, civic organization or related group
_____ Nonprofit organization qualified under section 501 (c)
_____ Bono Fide, nonprofit organization approved by the Sheriff

(You must provide a determination letter from the Internal Revenue Service and the Georgia Department of Revenue certifying the tax-exempt status under the State and Federal tax law.)

6. How long has the organization been in existence? ________________________________

7. Date of raffle and the location where the raffle will be conducted.

Date: ___________________    Location: _________________________________

(If premises are leased or rented, a copy of lease agreement should be attached)
8. List certified or registered public accountant or organization responsible for filing disclosure report of operation expenditures and receipts relating to the operation of raffles in the previous year.

Name: ____________________________
Address: __________________________
Contact Number: ____________________

9. Please attach a list of names and home addresses of each person who will sell the raffle tickets.

RAFFLE LICENSE:  APPROVED: _______  DISAPPROVED: _______

_______DAY OF _____________________ 20____  TIME: ______________

COMMENTS: ______________________________________________________

_______________________________________________________________

SHERIFF GENE SCARBROUGH