**Green text on a black background

Description automatically generated**

**Complete highlighted areas only - ALL pages must be submitted.**

**Raffle Information**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Contact Person** |  |
| **Email or Phone #** |  |
| **Date of Raffle** |  |
| **Purpose of Raffle** |  |
| **Item(s) to be Raffled** |  |
| **Value of Item Being Raffled** |  |
| **Duration of Raffle** | **Start Date: \_\_\_\_\_\_\_\_\_\_\_ End Date:\_\_\_\_\_\_\_\_\_\_** |
| **Ticket Cost** |  |

FOR CLUB ADVISOR: I have approved this raffle, will be present when the drawing occurs and certify the winner(s), and assure all raffle requirements are followed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Signature

**Approved:\_\_\_\_\_\_\_ Disapproved: \_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ License#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application for License to Operate Raffles**

1. Name of Applicant or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (city,state,zip):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**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:

|  |  |
| --- | --- |
| Advisor’s Information |  |
| Name | Title |
| Home Address (city, state & zip code) |  |
| Phone Number |  |

|  |  |
| --- | --- |
| President’s Information |  |
| Name | Title |
| Home Address (city, state & zip code) |  |
| Phone Number |  |

|  |  |
| --- | --- |
| Name | Title |
| Home Address (city, state & zip code) |  |
| Phone Number |  |

**(If more space is needed, please attach additional sheet)**

1. Names and home addresses of each person who will be operating, advertising, or promoting the raffle.

|  |  |
| --- | --- |
| Name | Title |
| Home Address (city, state & zip code) |  |
| Phone Number |  |

|  |  |
| --- | --- |
| Name | Title |
| Home Address (city, state & zip code) |  |
| Phone Number |  |

|  |  |
| --- | --- |
| Name | Title |
| Home Address (city, state & zip code) |  |
| Phone Number |  |

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

|  |  |
| --- | --- |
| Name | Title |
| Home Address (city, state & zip code) |  |
| Phone Number |  |

|  |  |
| --- | --- |
| Name | Title |
| Home Address (city, state & zip code) |  |
| Phone Number |  |

1. 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.

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

1. Status of Organization:

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_** | Non-profit, tax-exempt church, school, civic organization, or related group |

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_** | Non-profit organization qualified under section 501 (c) |

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_** | Bono Fide, non-profit organization approved by the Sheriff |

1. How long has the organization been in existence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of raffle and the location where the raffle will be conducted.  
     
   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(If premises are leased or rented, a copy of the lease agreement should be attached.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. 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 | Title | | Home Address (city, state & zip code) |  | | Phone Number |  | |

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 SHERIFF GENE SCARBROUGH**