

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: BELKNAP REGIONAL SPECIAL OPERATIONS GROUP

Organization's Address: 42 COUNTY DR. LACONIA, NH 03246

Applicant's Name: R.A. GRENIER Telephone # 529-5454

Applicant's Address: 42 COUNTY DR. LACONIA, NH 03246

E-mail Address: RGRENIER@BELKNAPCOUNTY.ORG

Date of drawing: 7-4-21 OR WHEN ALL TICKETS SOLD Non-Profit ID# _____

Prize(s) to be awarded: (1) SIGSAUER P365 HANDGUN AND 300 ROUNDS 9MM AMMUNITION

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: _____

SAFETY AND COMMUNICATION EQUIPMENT NECESSARY TO THE OPERATION OF LAW ENFORCEMENT FUNCTIONS

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

R.A. GRENIER
(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: _____

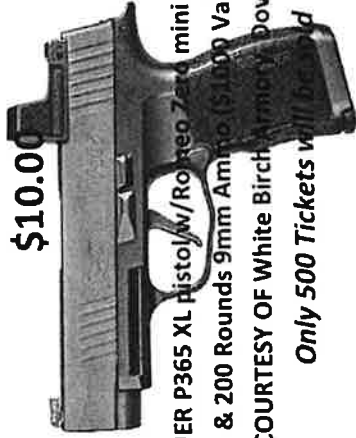
Licensing Board Approval on: _____ License Valid: _____

Insurance Certificate Attached: yes no

Special Conditions of Approval: _____

Belknap Regional Special Operations Group (SWAT)

\$10.00



**SIG SAUER P365 XL pistol w/ Romeo 7 mini red dot sight
& 200 Rounds 9mm Ammo (\$1000 Value!)**

COURTESY OF White Birch Armory, Dover NH

Only 500 Tickets will be sold

All proceeds are intended for the purchase of crucial team equipment. Winner must be lawfully eligible to purchase & possess a firearm. Non-NH residents will have to arrange shipping to their state FFL.

Belknap Regional Special Operations Group

Name: _____

Phone #: _____

Drawing on July 4th, 2021 (or when all tickets are sold)

STATE OF NEW HAMPSHIRE



DEPARTMENT OF JUSTICE CHARITABLE TRUSTS DIVISION

CERTIFICATE OF REGISTRATION

BSOG RELIEF ASSOCIATION

LACONIA, NH

is registered as a charitable trust with the Department of the Attorney General, Division of Charitable Trusts pursuant to Chapter 7 Section 19 of the Revised Statutes Annotated of the State of New Hampshire.

Date of Issuance: *January 28, 2015*

Joseph A. Foster
Attorney General

Registration number: *19892*

A handwritten signature in cursive script, appearing to read "Terry M. Knowles", written over a horizontal line.

Terry M. Knowles
Assistant Director of Charitable Trusts

NOTE: THIS CERTIFICATE OF REGISTRATION IS ISSUED TO CHARITABLE TRUSTS IN COMPLIANCE WITH RSA 7:19 RELATIVE TO REGISTRATION REQUIREMENTS. CHARITABLE TRUSTS MUST ALSO COMPLY WITH PERIODIC REPORTING REQUIREMENTS AND OTHER LAWS. CURRENT INFORMATION MAY BE OBTAINED FROM THE REGISTER.

ORIGINALS MAILED

11-4-14

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUST UNIT
33 CAPITOL STREET CONCORD, N.H. 03301

NHCT-1



Registration Fee: \$25.00

Please make check payable to:
"State of New Hampshire"

REGISTER OF CHARITABLE TRUSTS
APPLICATION FOR REGISTRATION

(Please Type or Print)

1. Legal Name of Organization: BSOG RELIEF ASSOCIATION Federal Employer I.D. # 45-3617153

2. Mailing Address and Website address: 42 COUNTY DR. LACONIA, NH 03246

Contact Phone Number of Organization: 603-527-5454

List Trade Names or d/b/a, if any: NONE

3. OUT OF STATE ORGANIZATIONS ONLY: Address of any office/resident agent in this state:

4. Form of Organization: (Select A, B, or C)

A. Charitable Corporation

- Provide date of incorporation: / /
- Attach a copy of Articles of Incorporation and By-Laws/Amendments
- Was corporation created via will or court decree? Yes No

B. Other Form of Organization/Association

- Provide date formed: 11/28/11
- Attach copy of Articles of Agreement or other governing document

C. Trust

- Provide date of instrument: / /
- Provide date of amendments, if any: / /
- Attach copy of trust instrument/amendments