



**CITY OF LACONIA
APPLICATION FOR RAFFLE LICENSE**

(PLEASE PRINT OR TYPE)

Name of charitable organization conducting raffle: FUNDS 4 PAWS, ORG
Organization's Address: PO BOX 5441 WEIRS 03247
Applicant's Name: SANDRA LAWTON Telephone # [REDACTED]
Applicant's Address: [REDACTED]
E-mail Address: slawton@weirs.com
Date of drawing: 11/21/21 Non-Profit ID# 84-2120789
Prize(s) to be awarded: 50/50 CASH RAFFLE
Copy of evidence of tax exemption attached: Y 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:

50/50 CASH AWARDED - ALL
monies used for animal care

A copy of official printed ticket attached.

SANDRA LAWTON
(name/printed)

Sandra Lawton
(name/signature)

Subscribed before me this 12th day of October, 2021.

Maria A. Gagnon
Notary Public/Justice of the Peace



(FOR CITY USE ONLY)

Application Fee: 10- Received on (date): 10/12/21 By: dky
Licensing Board Approval on: _____ License Valid: _____
Insurance Certificate Attached: yes no
Special Conditions of Approval: _____