



**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 NH 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# 84-20120789

Prize(s) to be awarded: VARIOUS RAFFLE ITEMS

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:

All monies raised 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.

Marcia A Gagnon
Notary Public/Justice of the Peace



(FOR CITY USE ONLY)

Application Fee: 10- Received on (date): 10/12/21 By: dy

Licensing Board Approval on: _____ License Valid: _____

Insurance Certificate Attached: yes no

Special Conditions of Approval: _____