

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: Lakes Region Wavemakers

Organization's Address: 827 N Main St. Laconia, NH 03246

Applicant's Name: Deb Perdue Telephone # [redacted]

Applicant's Address: [redacted]

E-mail Address: [redacted]

Date of drawing: 12/19/22 Non-Profit ID# 02-0417558

Prize(s) to be awarded: \$300 worth of scratch tickets

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: Swim team is fundraising for team activities + equipment. we are trying to buy a new starting block.

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

Deborah Perdue (name/printed) [Signature] (name/signature)

Subscribed before me this 18th day of November, 2022.

Kate A. Langans 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: