



**CITY OF LACONIA  
APPLICATION FOR RAFFLE LICENSE**

**(PLEASE PRINT OR TYPE)**

Name of charitable organization conducting raffle: FUNDS 4 PAWS

Organization's Address: PO BOX 5441 WEIRS NH 03247

Applicant's Name: SANDRA LAWTON Telephone # [REDACTED]

Applicant's Address: [REDACTED]

*X* E-mail Address: [REDACTED]

Date of drawing: MARCH 18, 2023 Non-Profit ID# 84-2120989

Prize(s) to be awarded: various raffle prizes / baskets

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:

Funding Animal causes in NH

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

SANDRA LAWTON  
(name/printed)

[Signature]  
(name/signature)

Subscribed before me this 27th day of January, 2023

[Signature]  
Notary Public/Justice of the Peace



**(FOR CITY USE ONLY)**

Application Fee: 10- Received on (date): 1/30 By: [Signature]

Licensing Board Approval on: \_\_\_\_\_ License Valid: \_\_\_\_\_

Insurance Certificate Attached:  yes  no

Special Conditions of Approval: \_\_\_\_\_