

Review



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 Mill Quilt Guild

Organization's Address: P.O. Box 6174 Laconia NH 03247

Applicant's Name: Nancy Smath Telephone # [REDACTED]

Applicant's Address: [REDACTED]

E-mail Address: [REDACTED]

Date of drawing: Sunday, September 24, 2023 Non-Profit ID# 02-045 8902

Prize(s) to be awarded: Raffle Quilt

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: Guilds Community

Projects; hundreds of handmade quilts to various organizations supporting the area's local food banks, awarding scholarships to local students through LRSE and cover costs of our annual quilt show.

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

Nancy C. Smath
(name/printed)

(name/signature)

Subscribed before me this _____ day of _____, _____.

Notary Public/Justice of the Peace

(FOR CITY USE ONLY)

Application Fee: 10- Received on (date): 3/6/23 By: [Signature]

Licensing Board Approval on: _____ License Valid: _____

Insurance Certificate Attached: yes no

Special Conditions of Approval: _____