

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: Bellefleur Regional Special Operations Group
Organization's Address: 42 County Dr. Laconia, NH 03246
Applicant's Name: Bryan L. Moynihan Telephone # 603-524-5252
Applicant's Address: 126 New Salem St. Laconia, NH 03246
E-mail Address: [Redacted]
Date of drawing: June 1, 2023 Non-Profit ID#
Prize(s) to be awarded: Remington Magpul 870 Tactical 12 ga Smith Wesson 442.38
Copy of evidence of tax exemption attached: [checked] 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:

[Blank lines for use of proceeds]

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

(name/printed) (name/signature)

Subscribed before me this \_\_\_ day of \_\_\_, \_\_\_.

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: