

Renew



Copy of Raffle Ticket must be attached to this application.

CITY OF LACONIA APPLICATION FOR RAFFLE LICENSE - Renewal

(PLEASE PRINT OR TYPE)

Name of charitable organization conducting raffle: Miss Lakes Region Scholarship dbk Miss Lakes State

Organization's Address: 13 Waterford Pl Gilford NH 03249

Applicant's Name: Darlene Sherman - Gelinas Telephone #

Applicant's Address: [Redacted]

E-mail Address: misslakesstate@gmail.com

Date of drawing: Every Thursday Non-Profit ID# 02-0528073

Prize(s) to be awarded: Progressive weekly raffle with weekly minimum prize of \$500 up to 1/2 the ticket

Copy of evidence of tax exemption attached: yes [initials] 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:

Scholarships for Lakes Region & N.H. Young women Age 13-28 - would appreciate a one year license as we run this progressively every week except Thanksgiving & Christmas

A copy of official printed ticket attached.

Darlene Sherman - Gelinas (name/printed)

Darlene Sherman - Gelinas (name/signature)

Subscribed before me this _____ day of _____

(PLEASE SEE ORIGINAL) application

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: _____