



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: FUNDS 4 PAWS

Organization's Address: PO Box 5441 WEIRS 03244

Applicant's Name: SANDRA L. ASHTON Telephone #

Applicant's Address:

E-mail Address: Sjlawton@weirs.com

Date of drawing: 3/21/26 Non-Profit ID# 84-2120789

Prize(s) to be awarded: 50/50 CASH RAFFLE

Copy of evidence of tax exemption attached: X 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:

Raising funds for our Indoor Triathlon

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

SANDRA L. ASHTON
(name/printed)

Subscribed before me this 17th day of December, 2025.

Sandra L. Ashton
(name/signature)

Notary Public/Justice of the Peace



(FOR CITY USE ONLY)

Application Fee: \$10

Received on (date): 12/17/25 By: HSF

Licensing Board Approval on: _____ License Valid: _____

Insurance Certificate Attached: yes no

Special Conditions of Approval: _____