

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 03247  
Applicant's Name: SANDRA LAWTON Telephone #       
Applicant's Address:       
E-mail Address: slawton@weirs.com  
Date of drawing: 3/21/26 Non-Profit ID# 84-2120789  
Prize(s) to be awarded: VARIOUS RAFFLE ITEMS  
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 LAWTON  
(name/printed)

Sandra Lawton  
(name/signature)

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

Eva Ashton

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: