

COUNTY OF PUTNAM

Application for License to Operate a Raffle in the County of Putnam

- 1) _____
(Name, Address, Type of Organization)
- 2) _____ 2A) _____
(Date of Origin) (If Incorporated, date and State)

3) Responsible Members:

Presiding Officer: _____
Name/Address/Phone

Birth Date _____
Secretary: _____
Name/Address/Phone

Birth Date _____
Raffle (s) Manager: _____
Name/Address/Phone

Birth Date _____
Other Responsible Members: _____
Name/Address/Phone

Birth Date _____
(attach additional names, etc., on separate sheet if needed)

4. Estimated aggregate retail value of all prizes: _____
5. Maximum retail value of each prize awarded: _____
6. Maximum price charged for each ticket: _____
7. Time period when tickets/chances will be sold: _____
8. General area of sales: _____
9. Maximum number of days for ticket sales: _____
10. Date/Times and locations winning ticket will be drawn: _____

CERTIFYING STATEMENT: I, _____, presiding officer of
(name)
_____, do certify that the applying organization is
(organization)

not-for-profit organization and that the information contained in this application is true and correct. I further affirm that the operations of said raffle comply with State Statute and the County ordinance.

(Applicant) SIGNED: _____

NOTARY: _____

My Commission expires _____

Submitted for approval: _____

Date approved _____ By _____

County Clerk

License Expires _____ # _____ Fee Paid

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