

COUNTY OF MARSHALL

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

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 Manager: _____

Name/Address/Phone

Birth Date

Other Responsible Members and Birth dates: _____

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)

(Organization)

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

SIGNED: _____

NOTARY: _____

MY COMMISSION EXPIRES: _____

Submitted for approval: _____

Date Approved: _____ by: _____

License Expires: _____ # _____ Fee Paid: \$ _____