



RAFFLE PERMIT

Contact Information

Name _____

Street Address _____

City, St, ZIP _____

Home Phone _____

Work/Cell Phone _____

Organization _____

Tickets Sold by _____

Dates of Ticket Sales _____

Prizes to be awarded _____

Place of Drawing _____

Date of Drawing _____

Must winner be present to claim prize? Yes _____ No _____

*******For Town Officials Use Only*******

Authorization to conduct raffle on (or) between the dates) of
____ / ____ / ____ is granted or denied this ____ / ____ / ____

Selectboard Approvals

Date _____

Comments
