

CITY OF SPRING VALLEY
RAFFLE LICENSE APPLICATION

NAME: _____ TYPE OF ORGANIZATION: _____

ADDRESS: _____ PHONE NUMBER: _____

DATE OF ORIGIN: _____ IF INCORPORATED, DATE AND STATE: _____

RESPONSIBLE MEMBERS OF THE ORGANIZATION:

PRESIDING OFFICER: NAME: _____
ADDRESS: _____
PHONE: _____
BIRTH DATE: _____

SECRETARY: NAME: _____
ADDRESS: _____
PHONE: _____
BIRTH DATE: _____

RAFFLE MANAGER: NAME: _____
ADDRESS: _____
PHONE: _____
BIRTH DATE: _____

ATTACH ADDITIONAL NAMES, ETC., ON A SEPARATE SHEET IF NEEDED AND ATTACH TO APPLICATION

ESTIMATED ANNUAL AGGREGATE RETAIL VALUE ON ALL PRIZES: _____

MAXIMUM RETAIL VALUE OF PRIZES AWARDED: _____

MAXIMUM PRICE CHARGED FOR EACH TICKET: _____

ESTIMATED GROSS ANNUAL SALES OF TICKETS: _____

GENERAL AREA OF SALES: _____

MAXIMUM NUMBER OF DAYS FOR TICKET SALES: _____

TIMES AND LOCATIONS OF TICKET SALES: _____

NOTARIZED STATEMENT MUST BE ATTACHED TO THIS APPLICATION SIGNED BY THE ORGANIZATION'S PRESIDING OFFICER AND SECRETARY, ATTESTING TO THE NOT-FOR-PROFIT STATUS OF THE APPLYING ORGANIZATION

CERTIFYING STATEMENT: I, _____, PRESIDING OFFICER OF _____
_____, DO CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE
AND CORRECT.

SIGNED: _____

NOTARY: _____

MY COMMISSION EXPIRES: _____

SUBMITTED FOR APPROVAL: _____

DATE APPROVED: _____

BY: _____

LICENSE EXPIRES: _____

REBECCA L HANSEN, CITY CLERK

(ORDINANCE #854/2-19-96)

FEE PAID: _____