

**County of Monroe  
Application for Raffle License**

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Organization: \_\_\_\_\_  
Length of Existence of Organization: \_\_\_\_\_  
If Incorporated - Date & State of Incorporation: \_\_\_\_\_

**List Presiding Officer, Secretary, and Raffle Manager:**

President: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Secretary: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Raffle Manager: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**List any other members responsible for the conduct and operation of the raffle and their name, address, birth date, social security number and phone number or an additional sheet of paper to be attached to this application.**

This request is for a Single Raffle License \_\_\_\_\_ or Multiple Raffle License \_\_\_\_\_

The Aggregate retail value of all prizes to be awarded: \$ \_\_\_\_\_

Maximum retail value of each prize to be awarded: \$ \_\_\_\_\_

The maximum price charged for each raffle ticket issued or sold: \$ \_\_\_\_\_

The area in which raffle chances will be issued or sold: \_\_\_\_\_

The maximum number of chances to be issued or sold: \_\_\_\_\_

Time period during which chances will be sold (dates) \_\_\_\_\_

Date, time and location at which winning chances will be determined or drawn:  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

If a Multiple Raffle License is requested, list on the back of this page, the date, time, and location for each raffle to be held within the one year period of time from the date of the issuance of the license.

**The application fees are non-refundable should the application be rejected by the County Commissioners.**

Fees charged determined by the aggregate retail value of all prizes

Less than \$500.00-----	\$ 5.00
\$500.00 or more, but less than \$1,000.00-----	\$15.00
\$1,000.00 or more, but less than \$10,000.00-----	\$25.00
\$10,000.00 or more, but less than \$100,000.00-----	\$35.00
More than \$100,000.00-----	\$50.00

**Complete for Multiple Raffle License Only**

The following is the date, time and location at which winning chances will be determined for multiple raffles to be held within a maximum period of one (1) year from the date of the issuance of this license.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

**Certification and Sworn Statement**

We, \_\_\_\_\_ and \_\_\_\_\_ of  
Presiding Officer Secretary

\_\_\_\_\_  
Name of Organization

Do hereby attest to the not-for-profit character of the applicant organization. Dated this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Presiding Officer

\_\_\_\_\_  
Secretary

I, \_\_\_\_\_, of the \_\_\_\_\_  
Presiding Officer Organization

\_\_\_\_\_, do hereby certify that the information contained in this

application is true and correct. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Presiding Officer

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

A copy of ordinance 87-08 for the Licensing and Regulation of Raffles in the County is available upon request and should be kept by your organization.