

APPLICATION FOR FRANKLIN COUNTY SPECIAL RAFFLE PERMIT

1. NAME OF ORGANIZATION:

2. ADDRESS:

STREET CITY/TOWN ZIP CODE

3. LOCATION OF DRAWING:

NAME OF DRAWING LOCATION

STREET CITY/TOWN ZIP CODE

4. DATE OF DRAWING: _____

5. NUMBER OF CHANCES TO BE SOLD: _____

6. PRICE PER CHANCE: _____

7. TOTAL CASH VALUE OF PRIZE(S): _____

8. CURRENT FRANKLIN COUNTY
SMALL GAMES OF CHANCE LICENSE #: _____

FOR OFFICIAL USE ONLY
FRANKLIN COUNTY
SPECIAL RAFFLE PERMIT #: _____