



Charitable Gaming Division
Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY:
101 E. Hillsdale, Lansing MI 48933
(517) 335-5780
www.michigan.gov/cg

RAFFLE LICENSE APPLICATION

For Bureau Use Only

ALLOW 4-6 WEEKS FOR PROCESSING.
PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

Q U A L I F I C A T I O N I N F O R M A T I O N	1. Organization Name				2. Organization ID Number or Last License Number Issued	
	3. Organization Street Address		City	State		
	Organization Mailing Address		City	State	Zip Code	County
	4. Has your organization ever received a license such as bingo, raffle or charity game ticket? <input type="checkbox"/> Yes - Complete application and submit with the appropriate fee. <input type="checkbox"/> No - You must submit the documentation requested on the Qualification Requirements sheet and become qualified before any licenses can be issued. The Qualification Requirements sheet can be obtained from our website at www.michigan.gov/cg or by calling our office at (517) 335-5780.					
5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No						
6. Has your organization received contributions or made expenditures of \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question? <input type="checkbox"/> Yes <input type="checkbox"/> No						

S I G N A T U R E (S)	7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER (e.g., president, grand knight, worthy matron, etc.), the vice president or equivalent, and one other officer of the organization. THE COMPLETED APPLICATION MUST BE SIGNED BY THE PRINCIPAL OFFICER OR BY THE VICE PRESIDENT (OR EQUIVALENT) AND ONE OTHER OFFICER. Original signatures are required. Electronic or stamped signatures are not accepted. NOTE: Executive director signature is not acceptable.			
	Name and Title		Street, City, State, ZIP Code	Telephone Numbers
	Principal Officer			Day ()
	Title			Evening ()
	Signature of Principal Officer		Email Address	Date
	IF THE PRINCIPAL OFFICER IS UNAVAILABLE TO SIGN THE APPLICATION, THEN BOTH OFFICERS LISTED BELOW MUST SIGN.			
	Name and Title		Street, City, State, ZIP Code	Telephone Numbers
	Vice President or Equivalent			Day ()
	Title			Evening ()
	Signature of Vice President or Equivalent		Email Address	Date
	Name and Title		Street, City, State, ZIP Code	Telephone Numbers
	Other Officer			Day ()
	Title			Evening ()
	Signature of Other Officer		Email Address	Date
By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I CERTIFY that ALL chairpersons associated with this raffle will read and understand the duties and responsibilities of a Raffle Chairperson as described in the Raffle Guide and Raffle Rules before performing any duties as a chairperson. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.				

COMPLETE THE ENTIRE APPLICATION AND MAKE A COPY FOR YOUR RECORDS



COMPLETION: Required for licensure.
PENALTY: No license will be issued.

15. An electronic management system (EMS) may be used to assist in the conduct of a raffle if it is provided by a licensed supplier approved by the Charitable Gaming Division to distribute an EMS. These systems are used for in-house raffles at large venues and **not for online ticket sales.**

If you will be using an EMS at your event, provide the following information:

- Supplier Name _____
- Supplier License Number _____
- Submit a sample of the raffle ticket that will be used. Raffle tickets must contain all information shown on the right.

NOTE: The licensee must appear as the sole sponsor of the raffle. No other business or group name may appear on the raffle ticket as a sponsor.

RAFFLE

Name of Licensee _____

Ticket Number(s) _____

Drawing Date _____ Drawing Time _____

Raffle Location _____

Top Prize to be Awarded _____

Where Winning Numbers will be
Publicly Posted **After the Event**

Ticket Price _____

License Number
(to be added when issued)

16. **Approved Methods:** If you will be using an alternative method that has been approved by the bureau, you must ensure the raffle complies with the bureau's game instructions. Please obtain a current copy of the approved game instructions from our website (www.michigan.gov/cg).

List the bureau-approved game instructions your organization will be using to conduct its raffle(s):

17. **Request Approval:** If you intend to use an alternative method that has not been approved by the bureau, you must submit a detailed description of the proposed raffle with the application. Please explain how the raffle will be conducted including the random selection method that will be used, how a tie will be handled (if applicable), and your record keeping procedures. **(NOTE: THE BUREAU DOES NOT APPROVE GAMES OF SKILL.)**

ADDITIONAL DRAWING DATES WHEN PRIZES AWARDED ARE \$500 OR LESS

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

ADDITIONAL DRAWING DATES WHEN PRIZES AWARDED ARE MORE THAN \$500

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____