

RAFFLE LICENSE APPLICATION

For	Burea	ıu Us	e Only	/
			,	

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

	1. Organization Name						renization ID Number of Last			
Q U	1. Organization Name						Organization ID Number or Last License Number Issued			
ALIFICATION INFORMATIO	. Organization Street Address City		State		Zip Code					
	Organization Mailing Address Ci	City		State Zip Code Cour		Count	nty			
	4. Has your organization ever received a license such as bingo, raffle or charity game ticket? Yes - Complete application and submit with the appropriate fee. No - You must submit the documentation requested on the Qualification Requirements sheet and become qualified before Qualification Requirements sheet can be obtained from our website at www.michigan.gov/cg or by calling our office. 5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined 6. Has your organization received of \$500 or more in the last cale.						7) 335-5780.			
	by, and organized pursuant to, the Michigan Campaign Fina Public Acts of 1976, as amended, being sections 169.201 to Compiled Laws?	388 of the or attempting to influence the action o				of voters for or against the				
N	Yes No						Yes No			
	7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER, e.g., president, grand knight, worthy matron, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED - OR - TWO signatures of the vice president or equivalent and one other officer. Original signatures are required. Electronic or stamped signatures are not accepted. NOTE: Executive director signature not acceptable.									
	Name and Title		Street, City, State, ZIP Code				Telephone Numbers			
	Principal Officer		, ,				Day			
							()			
	Title						Evening ()			
	Signature of Principal Officer	E	Email Address				Date			
	- OR -									
s	Name and Title		Street, City, State, ZIP Code				Telephone Numbers			
G N	Vice President or Equivalent						Day (
A T	Title						Evening (
U R E (S)	Signature of Vice President or Equivalent	E	Email Address				Date			
	Name and Title		Street, City, State, ZIP Code				Telephone Numbers			
	Other Officer						Day ()			
	Title						Evening ()			
	Signature of Other Officer	E	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



	8. 0	Contact Person			9. Raffle Location (building name, if any)						
	ľ	Mailing Address Where License Should Be Sent				Street Address					
	(City	\$	State	ZIP Code	City					
	7	Telephone Number (Day) Email Address				ZIP Code County					
	10.	10. List name, home address, and telephone numbers of the raffle chairperson(s). Must be a member for 6 months. If your organization does not have general membership, chairperson must be a board member for 6 months. Playing card progressive raffles require at least 2 chairpersons. Attach additional list if necessary.									
R A		Raffle Cha			Street, City, State, ZIP Code		Telephone Numbers				
	Nai	Name						Day			
F	Em	Email Address						() Evening			
E		Ellian Addiess						()			
1	Nai	Name						Day			
N F								()			
O R	Em	ail Address					Evening (
M A	11.	Dates when total value of all p	rizes awarded in one	e day is \$	500 or LESS.	12. License Fee					
T		Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m2 a.m.)									
0 N	s	Date Time to			All drawing dates	included on this applic	ation must be at the same location. dates plus \$5 for each additional				
	A				Small Raffle Draw drawing date.	vings - \$15 for 1, 2, or 3					
	L	Date Time				Large Raffle Drawings - \$50 for each drawing date.					
		Check here if there are ad	neck here if there are additional drawing dates and attach list.								
	Dat	Dates when total value of all prizes awarded in one day is MORE than \$500.				1	-				
		Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m2 a.m.)				b. Additional sma	all drawing dates	x			
	L A	Date Time		to		c. Large drawing datesx \$50 =					
	R G	R Data Time to				FFF (1 + 1 1 1 1 1 1 1 1 1	1 - 1 - 2				
	E	Chack boro if there are ad	Check here if there are additional drawing dates and attach list			FEE (total lines a					
	Check here if there are additional drawing dates and attach list.										
	13.	 13. • If you are conducting an in-house raffle ONLY where there is no presale of the raffle tickets before the event, there is no need to complete the raffle ticket below. • Ensure the event times listed in #11 reflect the entire occasion, meaning the beginning time you will start selling in-house raffle tickets on the event date and the ending time when all prizes have been awarded. 									
	14.	14. • If you are preselling tickets before the event, complete the boxes below in ink; ensure the ticket is printed with all of the required items according to Raffle Rule 506.									
	Indicate any additional information that will appear on the actual tickets. RAFFLE						004	004			
Ţ			KAFFLE								
C											
K E T			Name of Licensee								
								Purchaser's Name			
N F		Drawing Date(s)				Drawing Time(s)					
O R		Drawing Date(s)				Drawing Time(s)		Developed Address			
M A								Purchaser's Address			
T I	First Prize *										
O N								Purchaser's Phone #			
						Ticket Price					
		R	affle Location			(to be added what License Numbe					
						Licondo Humbe	•				
		* For large prizes,	you may want to i	nclude a	a disclaimer that st	ates "If xxx (indicate s	number) tickets are	not sold, the			

	15. If you will be using an	Electronic Manageme	nt System, provide the follow	ving information:			7				
		RAF	FFLE								
	 Supplier Name 	*Name of	*Name of Licensee								
	Supplier License I	Ticket N	Ticket Number(s)								
A L T	33pp = 133	Drawing Date	Drawing Time								
E R	 Submit a sample of information shown 	Raffle I	Location								
N A T	mierniauen eneum	Top Prize to	be Awarded								
i V E	* NOTE: The licens business or grou		ng Numbers will cly Posted								
R A					Ticke	t Price					
F F L E S				License Number (to be added when issued)							
	16 Approved Methods:	e the raffle complies with the hureau's Gar									
	16. <u>Approved Methods</u> : 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 (Instructions. Please obtain a current copy of the approved Game Instructions for the raffle you will be conducting from our website (www.michigan.gov/cg).										
	proposed raffle with th	ne application. Please	explain how the raffle will be	not been approved by the bureau, you must so conducted including the random selection makes bureau DOES NOT APPROVE GAMES	ethod that will be use						
	ADDITIONAL DRA	WING DATES	WHEN PRIZES AW	ARDED ARE \$500 OR LESS							
	Date	Time	to								
	Date	Time	to								
	Date	Time	to								
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	ADDITIONAL DRAWING DATES WHEN PRIZES AWARDED ARE MORE THAN \$500										
	Date	Time	to								
	Date	Time	to								
	Date	Time	to								
	Date	Time	to								
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	Date	Time	to								
	Date	Time	to								

_____ to ____

Date _____

Time