

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

# **RAFFLE LICENSE APPLICATION**

### PLEASE PRINT OR TYPE IN BLUE OR BLACK INK

	1. Organization Name			T LEAGE T KIN	2. Organization ID Number or Last		
QUALIFICATION INFORMATIO	T. Organization Name	License Number Issued					
	3. Organization Street Address	City	State	Zip Code			
	Organization Mailing Address	City	State	Zip Code	County		
	<ul> <li>4. Has your organization ever received a license such as bingo, raffle or charity game ticket?</li> <li>Yes - Complete application and submit with the appropriate fee.</li> <li>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 at www.michigan.gov/cg or by calling our office at (517) 335-5780.</li> </ul>						
	<ol> <li>Is your organization a candidate committee, political com ballot question committee, independent committee or any by, and organized pursuant to, the Michigan Campaign F Public Acts of 1976, as amended, being sections 169.20 Compiled Laws?</li> </ol>	d contributions or made expenditures endar year for the purpose of influencing action of voters for or against the ndidate, or the qualification, passage,					
N	Yes No				Yes No		
	<ol> <li>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 - signatures of the vice president or equivalent and one other officer. NOTE: Executive director signature not acceptable.</li> </ol>						
	Name and Title	Street, City, State, ZIP Code			Telephone Numbers		
	Principal Officer				Day ( )		
	Title				Evening ( )		
	Signature of Principal Officer	Date					
	- OR -						
s	Name and Title	Street, City, S	tate, ZIP Code		Telephone Numbers		
I G N	Vice President or Equivalent				Day ( )		
A T U	Title				Evening ( )		
R E (S)	Signature of Vice President or Equivalent	Date					
	Name and Title	Street, City, S	tate, ZIP Code		Telephone Numbers		
	Other Officer				Day ( )		
	Title				Evening ( )		
	Signature of Other Officer				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.

	8. C	8. Contact Person				9. Raffle Location (building name, if any)		
	N	Mailing Address Where License Should Be Sent				Street Address		
	C	City		State	ZIP Code	City		
	Telephone Number (Day) Email Ad-		Email Addı	ddress		ZIP Code	County	
	<ul> <li>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.</li> </ul>							
	Raffle Chairperson			Street, C	ity, State, ZIP Code	Telephone Numbers		
R A F	Name Name						Day ( )	
F L E I N			-				Evening ( )	
							Day ( )	
F O R			-				Evening ( )	
M A T	11.	Dates when total value of all prizes a	warded in on	ne day is \$	500 or LESS.			
T I O		Drawing Date(s) and Time(s) (Must I	be between t	the hours	of 8 a.m2 a.m.)	12. License Fee		
Ň	S M	Date Timeto		All drawing dates inlcuded on this application must be at the same location.				
	A L L					Small Raffle Drawing drawing date.	gs - \$15 for 1, 2, (	or 3 dates plus \$5 for each additional
		Date Timeto			Large Raffle Drawings - \$50 for each drawing date.			
	Check here if there are additional drawing dates and attach list.			a. 1, 2, or 3 small drawing dates \$15 =				
	Dates when total value of all prizes awarded in one day is <b>MORE than \$500.</b> Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m2 a.m.)			b. Additional small drawing datesx \$5 =				
	L	Date Timeto			c. Large drawing dates x \$50 =			
	A R G	Date Time		to				
	E Check here if there are additional drawing dates and atta			tach list.	FEE (total lines a, b and c)			
	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. 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							
	<ul><li>Rule 506.</li><li>Indicate any additional information that will appear on the actual tickets.</li></ul>							
	RAFFLE						001	_001
т				Ticket #			Ticket #	Ticket #
L C								
K E T	Name of Licensee				of Licensee			
								Purchaser's Name
N F	Drawing Date(s)			Drawing Time(s)				
O R							Purchaser's Address	
M A T								
						Purchaser's Phone #		Purchaser's Phone #
N								
		Raffle Lo	cation			<u>(to be added when</u> License Number	<u>issued)</u>	
		* For large prizes, you m	ay want to	include a	a disclaimer that sta	ates "If xxx (indicate nu	mber) tickets a	re not sold, the
	* For large prizes, you may want to include a disclaimer that states "If xxx (indicate number) tickets are not sold, the drawing will revert to a 50/50 raffle with the minimum prize of \$xxx (indicate dollar amount) awarded."							

## Make checks payable to: STATE OF MICHIGAN

Submit completed application, supporting documents, and license fee to: Charitable Gaming Division, Box 30023, Lansing, MI 48909 **OVERNIGHT DELIVERY**: 101 E. Hillsdale, Lansing, MI 48933

	15. If you will be using an Electronic Management System, provide the following information:				
		RAFFLE			
	Supplier Name	*Name of Licensee			
A	Supplier License Number	Ticket Number(s)			
L T		Drawing Date Drawing Time			
E R N	<ul> <li>Submit a sample of the raffle ticket that will be used. Raffle tickets must contain all information shown on the right.</li> </ul>	Raffle Location			
A T		Top Prize to be Awarded			
i V E	* 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.	Where Winning Numbers will be Publicly Posted			
R A F		Ticket Price			
F L E S		License Number (to be added when issued)			
	<ol> <li>Approved Methods: If you will be using an alternative method that has been approved through a bureau directive, you must ensure the raffle complies with the directive. (View all available raffle directives at www.michigan.gov/cg.)</li> </ol>				
	17. <u>Request Approval</u> : If you intend to use an alternative method that has not been approved through a bureau directive, 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

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

Date	Time	to
Date	Time	to
Date	Time	to