

Montgomery County Department of Health and Human Services Licensure and Regulatory Services 2425 Reedie Drive, 9th Floor, Wheaton, MD 20902

Phone: 240-777-3986

www.montgomerycountymd.gov/licensure

RAFFLE LICENSE APPLICATION

(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON) *APPLICATION MUST BE SUBMITTED BY \underline{MAIL} OR $\underline{WALK\text{-}IN}$ *

		TODAY'S DATE:	
Name of Organization Co	onducting Raffle:		
Address:			
	(Must be Montgomery County based)		
Telephone Number:	Fax Number:	Federal Tax ID #:	
Email Address (REQUIF	RED):		
Mailing Address (If Diffe	erent):		
Location of Raffle:			
Starting Date of Raffle:_	Ending Date	of Raffle:	
Item(s) to be Raffled:			
*Person(s) Conducting R	Raffle Must be Montgomery County resident(s) and mo	ember(s) of the organization.	
Fee Information: \$80.00	ı		
 Submit a comporganization wing submit the name of the submit a copy of the profit organizate. In the case of a copy of the D I hereby certify that the	fill use the proceeds from the Raffle, signed by the applies and addresses of all organization officers and dire of the letter your organization received from the Intention exempt from federal income tax under 26 U.S.C. a raffle of real property (real estate) under Maryland Oisclosure Statement filed with the Secretary of State of above information is accurate and complete:	fied organization and the purposes for which the qualified plicant(s). ectors. rnal Revenue Service establishing your group as a non § 501 (c)(3), (4), (7), or (10). Code Annotated, Criminal Law Article §12-106(a), submi of Maryland.	
Signature of Applicant:			
Printed Name and Title	of Applicant:		
	OFFICE USE ONL	Υ	
Receipt No:	Date Received:	Staff Initials:	
Amount Paid:	Check/Money Ord	er/Credit Card:	

Be sure to complete <u>PAGE TWO</u>.

I, the undersigned:

- a. Having read Maryland Code Annotated Criminal Law Article, §12-106 and §13-1810 *et seq*. the organization I represent is eligible to conduct a Raffle under said law.
- b. No agreement exists to divert any proceeds from the Raffle to any other person, or legal/business entity.
- c. No person or legal/business entity shall receive any of the proceeds of the Raffle except to further the purpose of the qualified organization.
- d. I verify that the person operating this Raffle is a member of this organization and a resident of Montgomery County, Maryland.

Signatures of Organization Officers Responsible:
** This may only by signed by the President and Treasurer, or the Chief Executive and Fiscal Officer
Titles of Organization Officers Responsible:
Please have application notarized below.
State of Maryland
Montgomery County, to wit:
This certifies that on this day of,, before the subscriber, a Notary Public in and for the State and County aforesaid personally appeared the applicant(s) named in the foregoing application and made oath in due form of law that the statements made therein are true to the best of his/her knowledge and belief.
Witness my hand and official seal.
My commission expires:

Notary Public

PAYMENT: *Cash is not accepted*					
Make check or money order pa	yable to "Montgon	nery County, Maryland".			
☐ Check ☐ Money Order ☐	Visa ☐ MasterCa	rd			
Credit Cardholder's Name:					
Credit Card No:					
Amount: \$	Exp. Date:	3 Digit Security Code:			
I agree to pay the indicated total amount according to card issuer agreement:					
Cardholder's Signature:					