



**Montgomery County Department of Health and Human Services**  
**Licensure and Regulatory Services**  
**255 Rockville Pike, Suite 100, 1<sup>st</sup> Floor, Rockville, Maryland 20850**  
**Phone: 240-777-3986 Fax: 240-777-3088**  
[www.montgomerycountymd.gov/licensure](http://www.montgomerycountymd.gov/licensure)

**RAFFLE PERMIT APPLICATION**

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

TODAY'S DATE: \_\_\_\_\_

Name of Organization Conducting Raffle: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Must be Montgomery County based)*

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Location of Raffle: \_\_\_\_\_

Starting Date of Raffle: \_\_\_\_\_ Ending Date of Raffle: \_\_\_\_\_

Item(s) to be Raffle: \_\_\_\_\_

*\*Person(s) Conducting Raffle Must be Montgomery County resident(s) and member(s) of the organization.*

Fee Information: **\$80.00**

***The following attachments must accompany the application***

1. Submit a complete statement of purpose and objectives of the qualified organization and the purposes for which the qualified organization will use the proceeds from the Raffle, signed by the applicant(s).
2. Submit the names and addresses of all organization officers and directors.
3. Submit a copy of the letter your organization received from the Internal Revenue Service establishing your group as a non-profit organization exempt from federal income tax under 26 U.S.C. § 501 (c)(3), (4), (7), or (10).
4. In the case of a raffle of real property (real estate) under Maryland Code Annotated, Criminal Law Article §12-106(a), submit a copy of the Disclosure Statement filed with the Secretary of State of Maryland.

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 I hereby certify that the above information is accurate and complete:

Signature of Applicant: \_\_\_\_\_

Printed Name and Title of Applicant: \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
Receipt No: _____	Amount Paid: _____	Date Issued: _____
Check/Credit Card: _____	Expires: _____	Staff Initials: _____

***Be sure to complete PAGE TWO.***

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 be 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 payable to “**Montgomery County, Maryland**”.

Check    Money Order    Visa    MasterCard      Amount: \$ \_\_\_\_\_

Credit Cardholder's Name: \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

**I agree to pay the indicated total amount according to card issuer agreement:**

**Cardholder's Signature:** \_\_\_\_\_