



TOWN OF DURHAM

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Durham, NH 03824

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RAFFLE PERMIT

NAME OF ORGANIZATION: _____

LOCAL ADDRESS: _____

LOCAL COORDINATOR OR CHAIRMAN: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

PLEASE ATTACH PROOF THAT ORGANIZATION IS CHARITABLE/NON-PROFIT (in accordance with NH State Statute 287-A)

DATE(S) RAFFLE WILL BE CONDUCTED: _____

LOCATION WHERE RAFFLE WILL BE HELD OR WHERE ORGANIZATION MEMBERS WILL BE SOLICITING RAFFLE SALES:

TIME(S) OF RAFFLE: _____

DESCRIPTION OF RAFFLE (i.e., type and cost of tickets sold, prize(s) given, etc.)

TYPE OF IDENTIFICATION TO BE WORN (Required only if raffle tickets will be sold in other areas outside of the event where raffle will be held)

NAMES OF SOLICITORS:

Name of applicant: _____ Signature/Date: _____

******* FOR OFFICIAL USE ONLY *******

	Approved	Disapproved
Chief of Police: _____ Signature & Date	_____	_____
Town Administrator: _____ Signature & Date	_____	_____
Reason for Denial:		

Special Conditions of Approval:		

