



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

RAFFLE PERMIT APPLICATION

(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

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 Raffled: _____

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

Fee Information: **\$80.00**

Two Page Application – Be sure to complete both pages.

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

Signature of Applicant: _____

Printed Name and Title of Applicant: _____

Payment Method

Check Money Order Visa MasterCard **CASH IS NOT ACCEPTED** Amount: \$ _____

Credit card payments fax to: 240-777-4531 (confidential fax line).

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: _____

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to "Montgomery County, Maryland".

OFFICE USE ONLY		
Receipt No: _____	Amount Paid: _____	Date Issued: _____
Check No: _____	Expires: _____	Staff Initials: _____

PLEASE SEE PAGE TWO

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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

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.