# TOWN OF ENFIELD
# APPLICATION FOR RAFFLE PERMIT

ORGANIZATION NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL:_____

## RAFFLE INFORMATION

DATE TICKET SALES BEGIN: _____

RAFFLE DRAWING DATE: _____

All Raffle Permits are issued in accordance with NH Revised Statutes Annotated Chapter 287-A RAFFLES, as amended.

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**FOR OFFICE USE ONLY**

DATE RECEIVED: _____

DATE APPROVED: _____

PERMIT RAFFLE EXPIRES:

☐ DATE OF DRAWING

☐ ONE YEAR FROM DATE TICKET SALES BEGIN*
*Allowed if multiple Raffle Permits are requested.