

**TOWN OF WYTHEVILLE
RAFFLE PERMIT EVENT APPLICATION**

Date _____

A. Application to conduct raffle(s) is hereby made by:

ORGANIZATION NAME _____

CONTACT PERSON _____

ADDRESS _____

CONTACT NUMBER _____

NAME OF EVENT _____

B. This event is being requested to start on:

MONTH _____, DAY _____, YEAR _____

C. Has the organization been designated a 501(c)(3) organization for three (3) years or more?

_____ Yes, the organization has held a 501(c)(3) designation for three (3) years or more. Please attach 501(c)(3) certificate.

_____ No, the organization is not eligible for a 501(c)(3) designation or has not held the designation for three (3) or more years. **If no, your organization is not eligible for a raffle permit.**

D. SIGNED _____

TITLE _____