



Town of Hebron
PO Box 188
Hebron, NH 03241

RAFFLE PERMIT APPLICATION

Applicant Name: _____

Type of applicant: Organization ____ Individual Person (s) ____
Other _____

Contact Person: _____

Address: _____

Phone: _____

Purpose for Application:

Raffle Purpose and Proposed Use of Proceeds:

Date & Place of Drawing: _____

Prizes to be awarded: _____

I certify that the above statements are true and that the proposed raffle is in compliance with NH RSA Chapter 287-A which I have read prior to submitting this application.

Signature: _____ Date: _____



This application has been approved for _____ and will

Date

expire at _____ on this day.

Time

Hebron Select Board

Date: _____