Coweta County Sheriff's Office 560 Greison Trail Newnan, Georgia 30263 Lenn Wood, Sheriff

Application to operate a raffle as defined by Georgia Code 16·12·22.1 INTENT OF CODE SECTION (a) It is the intention of the General Assembly that only nonprofit, tax-exempt churches, schools, civic organizations, or related support groups; nonprofit organizations qualified under Section 501(c) of the Internal Revenue Code, as amended; or bona fide nonprofit organizations approved by the sheriff, which are properly licensed pursuant to this Code section shall be allowed to operate raffles.			
Applicant name		Phone	
email	Hon	ne Address	
City	_ StateZip		
	Information on the or	ganization holding the raffle	
Name of organization		Date Founded	
Address/City/State/Zip			
Name and residential add individuals on separate sl	neet.	vertising, or promoting the raffle. If necessar	
	Address		
Name	Address		-
Name	Address		-
	Raffle	Information	
Date raffle starts	Date raffle ends	Address and property owner where	
raffle is conducted			
Description of what will b	e raffled		
What will the funds colled	cted be used for?		

- If the property is leased or rented to applicant of organization, attach a copy of the lease or rental agreement.
- If the application is for a corporation, association, or legal entity, please attach a list of names and residential addresses of the officers and/or directors.
- If a person, organization, or other legal entity is acting as a surety for the applicant, list the names and residential addresses of such persons, organizations, or other legal entities.
- If the applicant is financially indebted to or owes any financial obligation to any person, organization, or other legal entity, list the names and addresses of such persons, organizations, or legal entities.
- Has any person listed as an applicant, operator, advertiser, promoter, officer, director, surety, debtor, or one to which any financial obligation is owed by applicant ever been convicted of a crime?
 (Excluding minor traffic offenses) ______ if yes, list the names, date of birth, SS#, offenses, place and date of conviction.______
- Please attach a copy of the document from Internal Revenue Service which declares you, or your organization, to be tax exempt under federal law.
- Please attach a copy of the document from the Georgia Department of Revenue which declares you, or your organization, to be tax exempt under state law.

I certify that the above information is true and that I have received a copy of the Georgia Code 16-12-22.1; the same has been read and I understand the requirements to operate a raffle in the state of Georgia.

Applicant's signature: ______

Date: _____

Approved by: _____