



TOWN OF LEE
Office of the Selectmen
7 Mast Road
Lee, New Hampshire 03861
(603) 659-5414

RAFFLE & TAG SALE PERMIT

PLEASE Complete and Return to Selectmen's Office -- NO LATER THAN 30 DAYS PRIOR TO EVENT

Organization Name: _____

Federal Tax ID number for Organization: _____

Charitable nonprofits that have been in existence for at least 2 years are permitted to conduct fundraising raffles in New Hampshire; this includes any person or entity that is determined by the Internal Revenue Service to be a tax exempt organization pursuant to section 501(c)(3) of the Internal Revenue Code; however, "Charitable organization" is not limited to those organizations to which contributions are tax deductible under section 170 of the Internal Revenue Code.

Check (✓) Nature of Organization:

Religious___ Educational___ Charitable___ Civic___ Sports___ Veterans___ Fraternal or Political___

Other (Describe) _____

Contact Person: _____ Day Time Telephone: _____

Address: _____ Email _____

Type of Permit: Raffle Tag Sale

Date of Event: _____ Specific Time: _____

Location of Event: _____

Please be advised the Town will verify that your organization is in compliance with the regulations of N.H. Charitable Trusts Unit of the Attorney General's Office prior to the acceptance of your application. The Town Administrator may contact you to obtain additional information. You must provide a way for us to contact you during the day so that your request can expedited. Information on these requirements may be found at: <http://www.doi.nh.gov/charitable-trusts/fag.htm>

For Raffle Permits Only:

Prize (s) To Be Awarded: _____

Cost of Ticket: _____ Date of Drawing: _____

Place of Drawing: _____

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT THIS PERMIT IS ISSUED BY THE Select Board PER the provisions of RSA 287-A, RSA 31:91 and/or RSA 286 and I agree to abide by the same.

SIGNATURE OF APPLICANT: _____ DATE: _____

Select Board Approval _____ Date: _____

(Chairman's Signature)