VILLAGE OF LAKEWOOD
Quality Living in a Natural Setting

RAFFLE LICENSE

Organization Name: _____

Address: _____

Type of Organization: _____

Established since: _____ Incorporated: Y__ N__

Date and State of Incorporation: _____

Please supply via attachment name, address, telephone number, social security number and date of birth for all individuals requested.

Aggregate retail value of all prizes: $_____

Maximum retail value of **each** prize (attach separate sheet if necessary): $_____

Maximum price charged for each raffle ticket issued or sold: $_____

Maximum number of raffle chances to be issued: _____

Place(s) in which the raffles will be issued or sold: _____

Time period in which the raffles will be issued or sold: _____

Date, time and location in which winners will be determined: _____

I hereby affirm that all the above information is said to be true and correct.

_____ _____
Presiding Officer Secretary

I hereby attest that _____is a not-for-profit organization.
(name of organization)

_____ _____
Presiding Officer Secretary

The following information needs to be supplied for all individuals responsible for the conduct and operation of the raffle.

Presiding Officer

Name: _____

Address: _____

Telephone number: _____

Date of Birth: _____

Organization Secretary

Name: _____

Address: _____

Telephone number: _____

Date of Birth: _____

Raffle Manager

Name: _____

Address: _____

Telephone number: _____

Date of Birth: _____

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Notification and Authorization for Criminal Background Check for Village of Lakewood Raffle License Application

Notification

The raffle license application requires the consent to a comprehensive criminal background check including, but not limited to, the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where the applicant currently resides or where they have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where the applicant currently resides or where they have resided, and financial history review.

Authorization

I hereby authorize the Village of Lakewood to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist the Village of Lakewood in collecting this information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to licensing.

Please print (for identification purposes):

Full Legal Name:_____
First Middle Last

Other Names You Have Used in Past Seven Years:_____

Current Address:_____

Previous Addresses you have live in the 7 years prior to completing this authorization:_____

Phone Number:_____ Alternate Phone Number:_____

Date of Birth:_____ Gender: Female ☐ Male ☐
Month/Day/Year

Social Security Number:_____

Driver's License #_____ State of Driver's License_____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify my application and/or may serve as grounds for revocation of my liquor license with the Village of Lakewood. By signing below, I hereby provide my authorization to the Village of Lakewood to conduct a criminal background check.

Signature

Date