



CITY OF MARTINSVILLE
APPLICATION FOR RAFFLE PERMIT
(GOOD FOR ONE RAFFLE)

DATE: _____

NOTE: Raffle Chances shall only be sold within the city Limits of the City of Martinsville.

1. Name of Organization _____
2. Address of Organization _____
3. Mailing Address if different than above _____

4. Person requesting Raffle Permit _____
5. Address of Place for Raffle drawing _____

6. Check type of organization

_____ Religious	_____ Charitable	_____ Labor
_____ Fraternal	_____ Business	_____ Educational
_____ Veterans	_____ Other* please list _____	
7. President/Chairperson name and phone number _____
8. Dates for Raffle Ticket sales _____
9. Winner(s) will be drawn on what date _____
10. Total Value of prizes _____
11. Bond Required _____ Yes (Over \$1,000.00) _____ No

Signature of Requester

City of Martinsville

Date