

Coweta County Sheriff's Office
560 Greison Trail
Newnan, Georgia 30263
Mike Yeager, Sheriff

Application to operate a raffle as defined by Georgia Code 16-12-22.1

Applicant name _____
Phone _____ email _____
Home Address _____ City _____
State _____ Zip _____

Information on the organization holding the raffle

Name of organization _____ Date Founded _____
Address/City/State/Zip _____
County of organization's headquarters _____

Name and residential address of person(s) operating, advertising, or promoting the raffle. If necessary, list additional individuals on separate sheet.

Name _____	Address _____
Name _____	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 be raffled _____

- 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: _____