



**DeKALB COUNTY SHERIFF'S OFFICE**  
**THOMAS E. BROWN, SHERIFF**

Check one:    New Application\_\_\_\_Renewal\_\_\_\_

**APPLICATION FOR RAFFLE LICENSE**

**1. Name of person completing application**

Name (Last, First, Middle)	Date of Birth	SSN
Street Address	City/State	Zip Code
Name of Organization (Licensee)	Federal ID #	
Street Address	City/State	Zip Code

**If corporation, association, or other legal entity: List below the names and home addresses of each officer of the organization and name and address of the directors or other persons holding other similar positions.**

Name (Last, First, Middle)	Title	Date of Birth	SSN
Street Address	City/State	Zip Code	
Name (Last, First, Middle)	Title	Date of Birth	SSN
Street Address	City/State	Zip Code	

**2. List the names and home address of each person that will operate, advertise, or promote the raffle.**

Name (Last, First, Middle)	Date of Birth	SSN
Street Address	City/State	Zip Code
Name (Last, First, Middle)	Date of Birth	SSN
Street Address	City/State	Zip Code

**3. List the names and home addresses of any person, organization, or other legal entities that will act as surety for the applicant, or to which the applicant is financially indebted, or to which the applicant owes any financial obligation.**

Name (Last, First, Middle)	Date of Birth	SSN
Street Address	City/State	Zip Code
Name (Last, First, Middle)	Date of Birth	SSN
Street Address	City/State	Zip Code

**4. List convictions, if any, for criminal offenses other than minor traffic offenses of each of the persons listed in numbers 1, 2, and 3 of this application.**

Name (Last, First, Middle)	Date of Birth	SSN
Offense	Date	Court Disposition

**5. Status of organization. Must be one of the following (check one)**

\_\_\_\_\_ A. Nonprofit, tax-exempt church, school, civic organization, or related support group.

You must provide a letter from the Georgia Department of Revenue certifying that the applicant is exempt under the tax laws of the State of Georgia.

\_\_\_\_\_ B. Nonprofit, organization qualified under section 501(c) of the Internal Revenue Code, as amended.

\_\_\_\_\_ C. Bona fide nonprofit organization approved by the Sheriff.

**6. How long has organization been in existence?**

Date of origin \_\_\_\_\_

**7. Address at which applicant will conduct raffle: If premises are to be rented or leased, a copy of the lease or rental agreement must be attached.**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_rented \_\_\_\_\_leased \_\_\_\_\_owned

**8. List certified or registered public accountant and organization responsible for disclosure report of operation expenditures and receipts relating to the operation of raffle in the previous year.**

Individual	Address
Business	Address