



OFFICE OF
SELECTMEN

TOWN OF BRADFORD

NEW HAMPSHIRE 03221



TELEPHONE
603 938-5900

Name of Organization: _____

Mailing Address: _____

Applicant Name and Title/Position: _____

Address: _____

Telephone Number: () _____ - _____

Email Address: _____

The above-named organization is a charitable organization under the definition provided in RSA 287-A:1

Yes _____ No _____

PLEASE ATTACH PROOF THAT ORGANIZATION IS CHARITABLE/NON-PROFIT (in accordance with NH State Statute 287-A)

Location where raffle will be held: _____

Date(s) raffle will be conducted: _____

Time(s) of raffle: _____

I have reviewed NH RSA 287-A (Raffles) and do hereby agree that the above organization understands, and will comply with, each provision.

Yes _____ No _____

Signature of applicant: _____ Date: _____

Printed Name: _____

******* FOR OFFICIAL USE ONLY *******

Town Official/Designee Approval: Yes _____ No _____

Signature & Date

Special Conditions of Approval:

Reason for Denial:

