



Lanier County Sheriff's Office
63 West Church Street ~ ~ Lakeland, Georgia 31635
Office 229-482-2545 Fax 229-482-2413
Charles "Nick" Norton Sheriff

**LANIER COUNTY SHERIFF'S OFFICE APPLICATION FOR LICENSE
 TO OPERATE RAFFLE (O.C.G.A 16-12-22.1)**

Section 1

Name of individual / organization to be shown on certificate:

Name of individual completing application:

Date of birth: _____

Social security number: _____

*If corporation, association or other legal entity; provide names and home addresses (No P.O. Boxes) of each officer of the organization and names and addresses of the directors or other persons holding similar positions:

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

(If more space is needed for any section, attach additional sheet to this original)

Section 2

List names and home addresses of each person who will operate, advertise, or promote raffle:

Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security Number _____

Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security Number _____

Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security Number _____

Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security Number _____

Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security Number _____

Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security Number _____

Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security Number _____

Section 3

List the names and home addresses of any persons, organizations or other legal entities that will act as surety for the applicant, or to which the applicant is financially indebted, or to which any financial obligation is owed by the applicant:

Name: _____ Social Security# _____

Address: _____ Date of birth: _____

Name: _____ Social Security# _____

Address: _____ Date of birth: _____

Section 4

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

Name: _____

Offense and date: _____

Name: _____

Offense and date: _____

Section 5

Indicate the status of the organization, **MUST** be one of the following:

Non-profit, Tax-exempt church, school, civic organization or related support group

-OR-

Non-profit organization qualified under section 501 (c) of the Internal Revenue Code, as amended;

-OR-

Bona Fide nonprofit organization approved by the Sheriff

***You **MUST** provide a Determination letter from the Internal Revenue Service certifying that the applicant/organization exempt under Federal Tax Law.

***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.

