



Charitable Gaming Division
 c/o Accounting
 Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY:
 101 E. Hillsdale, Lansing, MI 48933
 (517) 335-5780
 www.michigan.gov/cg

RAFFLE LICENSE APPLICATION

For Bureau Use Only

ALLOW 6 WEEKS FOR PROCESSING.
 PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

QUALIFICATION INFORMATION	1. Organization Name				2. Organization ID Number or Last License Number Issued	
	3. Organization Street Address		City	State		
	Organization Mailing Address		City	State	Zip Code	County
	4. Has your organization ever received a license such as bingo, millionaire party, raffle, charity game ticket, or numeral game? <input type="checkbox"/> Yes - Complete application and submit with the appropriate fee. <input type="checkbox"/> No - Please follow the instructions on the qualification guideline. If a guideline was not included or you do not understand it, contact our office at (517) 335-5780 to inquire as to what documentation must be submitted to qualify for licensing.					
5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Has your organization received contributions or made expenditures of \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SIGNATURE(S)	7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER, e.g., president, grand knight, worthy matron, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED - OR - signatures of the vice president or equivalent and one other officer. NOTE: Executive director signature not acceptable.		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Principal Officer		Day ()
	Title		Evening ()
	Signature of Principal Officer		Date
	- OR -		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Vice President or Equivalent		Day ()
	Title		Evening ()
	Signature of Vice President or Equivalent		Date
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Other Officer		Day ()
Title		Evening ()	
Signature of Other Officer		Date	
By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.			

**PLEASE COMPLETE THE BACK PAGE OF THIS APPLICATION
 PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS**



RAFFLE INFORMATION

8. Contact Person			9. Raffle Location (building name, if any)	
Mailing Address Where License Should Be Sent			Street Address	
City	State	ZIP Code	City	
Telephone Number (Day) ()	Telephone Number (Evening) ()		ZIP Code	County
10. List name, home address, and telephone numbers of the person(s) in charge of raffle. Must be member for 6 months. If more than one chairperson, attach additional list.				
Raffle Chairperson		Street, City, State, ZIP Code		Telephone Numbers
Name				Day ()
				Evening ()
11. If the total value of all prizes awarded in one day is \$500 or LESS , complete this section.				
Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.):			License Fee:	
Date _____	Time _____	to _____	All drawing dates included on this application must be at the same location. \$15 for 1, 2, or 3 drawing dates plus \$5 for each additional drawing date. (Example: 1 drawing date = \$15 fee, 6 drawing dates = \$30 fee.)	
Date _____	Time _____	to _____		
Date _____	Time _____	to _____		
<input type="checkbox"/> Check here if there are additional drawing dates and attach list.				
-OR- If the total value of all prizes awarded in one day is MORE than \$500, complete this section.				
Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.):			License Fee:	
Date _____	Time _____	to _____	All drawing dates included on this application must be at the same location.	
Date _____	Time _____	to _____		
<input type="checkbox"/> Check here if there are additional drawing dates and attach list.				
		\$50 X _____	=	\$ _____
			Number of Dates	

TICKET INFORMATION

12. Will you be conducting an in-house raffle ONLY where there is no presale of the raffle tickets before the occasion? Yes No
If yes, there is no need to complete the raffle ticket below.

13. Complete the boxes below in ink; ensure the ticket is printed with all of the required items. See Raffle Rule 506.

- Indicate any additional information that will appear on the actual tickets.

RAFFLE		001 Ticket #	001 Ticket #
Name of Licensee			
Drawing Date(s)	Prizes	Drawing Time(s)	
First Prize *		Purchaser's Name	
Second Prize (if applicable)		Purchaser's Address	
Third Prize (if applicable)		Purchaser's Phone #	
Minimum 50/50 Prize (if applicable)			
Raffle Location		Ticket Price	
		<i>(to be added when issued)</i> License Number	

* For large prizes, you may want to include a disclaimer that states "If xxx (indicate number) tickets are not sold, the drawing will revert to a 50/50 raffle with the minimum prize of \$xxx (indicate dollar amount) awarded."

Make checks payable to: STATE OF MICHIGAN
Submit completed application, supporting documents, and license fee to:
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