

Greene County Sheriff's Office

Information to be provided on application form for license to operate raffles

1. Name and home address of applicant

OR

If the applicant is cooperation, association, or other similar legal entity:

a. name and home address of each of the officer/officers of the organization, and

b. names and address of the director/directors, or other persons similarly situated, of organization

2. The names and home addresses of any persons who will be operating, advertising, or promoting the raffle.

3. 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.

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

5. Status of the organization. Must be one of the following:

a. nonprofit, tax exempt church, school, civic organization or related support group

b. nonprofit organization qualified under Section 501 (c) of the Internal Revenue Code, as amended; or

c. bona fide nonprofit organization approved by the Sheriff.

A determination letter from the IRS certifying that the applicant is an organization exempt under federal tax law should be provided.

A determination letter from the Georgia Department of Revenue certifying that the applicant is exempt under the tax laws of the state should be provided.

6. Length of time and dates the organization has been in existence. Must be 24 months immediately prior to the issuance of the license.

7. Location that the raffle will be conducted.

If the premises are to be rented or leased. A copy of the lease or rental agreement must be attached.

8. List certified or registered public accountant and organizations responsible for filing disclosure report of operation expenditures and receipts relating to the operation of raffles in the previous year.

Greene County Sheriff's Office

Application for license to operate raffles

1. Name of Applicant: _____

SSN: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

If the applicant is cooperation, association, or other similar legal entity:

a. name and home address of each of the officer/officers of the organization, and

b. names and address of the director/directors, or other persons similarly situated, of organization

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

2. The names and home addresses of any persons who will be operating, advertising, or promoting the raffle.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

3. 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: _____

Address: _____

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

Name: _____

Offense/Date: _____

Name: _____

Offense/Date: _____

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6. Length of time and dates the organization has been in existence. Must be 24 months immediately prior to the issuance of the license.

Date of Origin: _____

7. Location that the raffle will be conducted:

If the premises are to be rented or leased. **A copy of the lease or rental agreement must be attached.**

- Rented
- Leased
- N/A

8. List certified or registered public accountant and organizations responsible for filing disclosure report of operation expenditures and receipts relating to the operation of raffles in the previous year.

Individual: _____

Address: _____

Business Name: _____

Address: _____

Phone Number: _____

Greene County Sheriff's Office

Authorization to Release Information

(Criminal, Driving, Employment, Financial and Medical)

I hereby authorize the Greene County Sheriff's Office or other authorized representative of Greene County bearing this release or copy thereof, within 12 months of its date, to obtain any information in my files pertaining to my driving record, criminal history record information, previous employment files, financial history, and medical records. This release is executed with full knowledge and understanding that the information is for official use of Greene County. Consent is granted for Greene County to furnish such information as to described above, to third parties in the course of fulfilling its official responsibilities. Should there be any questions as to validity of this release, you may contact me as indicated below.

Full Name (print): _____

SSN: _____ Race: _____

DOB: _____ Sex: _____

Driver's License Number: _____ State: _____

Signature: _____

Notary

Date

Notary Expiration

Greene County Sheriff's Office

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Name: _____

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Address: _____

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Name: _____

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Name: _____

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Individual: _____

Address: _____

Business Name: _____

Address: _____

Phone Number: _____

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(Criminal, Driving, Employment, Financial and Medical)

I hereby authorize the Greene County Sheriff's Office or other authorized representative of Greene County bearing this release or copy thereof, within 12 months of its date, to obtain any information in my files pertaining to my driving record, criminal history record information, previous employment files, financial history, and medical records. This release is executed with full knowledge and understanding that the information is for official use of Greene County. Consent is granted for Greene County to furnish such information as to describe above, to third parties in the course of fulfilling its official responsibilities. Should there be any questions as to validity of this release, you may contact me as indicated below.

Full Name (print): _____

SSN: _____ Race: _____

DOB: _____ Sex: _____

Driver's License Number: _____ State: _____

Signature: _____

Notary

Date

Notary Expiration