



RAFFLE PERMIT

Hudson, New Hampshire

Name of Organization _____

Address _____

Raffle Benefit of _____

Date & Time of Raffle _____

Raffle to be held at _____

Prizes _____

Date of Ticket Sales _____

*(must be **after** date of Board of Selectmen approval)*

Applicant's Signature/Address/Phone Number

Applicant's Signature

Applicant's Printed Name

Address

Phone Number

Approved on _____ by

HUDSON BOARD OF SELECTMEN

Chairman

Selectman

Selectman

Selectman

Selectman

(Fax completed for to 603-598-6481 or e-mail to dlgraham@hudsonnh.gov, with Raffle Permit in subject line.)