



Charitable Gaming Division
 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

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	Zip Code
	Organization Mailing Address		City	State	Zip Code
					County
4. Has your organization ever received a license such as bingo, raffle or charity game ticket?					
<input type="checkbox"/> Yes - Complete application and submit with the appropriate fee. <input type="checkbox"/> No - You must submit the documentation requested on the Qualification Requirements sheet and become qualified before any licenses can be issued. The Qualification Requirements sheet can be obtained from our website at www.michigan.gov/cg or by calling our office at (517) 335-5780.					
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?			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			<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 CERTIFY that ALL chairpersons associated with this raffle will read and understand the duties and responsibilities of a Raffle Chairperson as described in the Raffle Guide and Raffle Rules before performing any duties as a chairperson. 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.		

COMPLETE THE ENTIRE APPLICATION AND MAKE A COPY FOR YOUR RECORDS



COMPLETION: Required for licensure.
 PENALTY: No license will be issued.

R A F F L E I N F O R M A T I O N	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) ()	Email Address		ZIP Code	County	
	10. List name, home address, and telephone numbers of the raffle chairperson(s). Must be a member for 6 months. If your organization does not have general membership, chairperson must be a board member for 6 months. Playing card progressive raffles require at least 2 chairpersons. Attach additional list if necessary.					
Raffle Chairperson		Street, City, State, ZIP Code			Telephone Numbers	
Name					Day ()	
					Evening ()	
Name					Day ()	
					Evening ()	
11. Dates when total value of all prizes awarded in one day is \$500 or LESS.						
S M A L L	Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.)					
	Date _____	Time _____	_____	to _____		
	Date _____	Time _____	_____	to _____		
	Date _____	Time _____	_____	to _____		
<input type="checkbox"/> Check here if there are additional drawing dates and attach list.						
12. License Fee						
All drawing dates included on this application must be at the same location.						
Small Raffle Drawings - \$15 for 1, 2, or 3 dates plus \$5 for each additional drawing date.						
Large Raffle Drawings - \$50 for each drawing date.						
a. 1, 2, or 3 small drawing dates \$15 = _____						
b. Additional small drawing dates _____ x \$5 = _____						
c. Large drawing dates _____ x \$50 = _____						
FEE (total lines a, b and c)						
11. Dates when total value of all prizes awarded in one day is MORE than \$500.						
L A R G E	Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.)					
	Date _____	Time _____	_____	to _____		
	Date _____	Time _____	_____	to _____		
	Date _____	Time _____	_____	to _____		
<input type="checkbox"/> Check here if there are additional drawing dates and attach list.						

T I C K E T I N F O R M A T I O N	13. If you are conducting an in-house raffle ONLY where there is no presale of the raffle tickets before the event, there is no need to complete the raffle ticket below.					
	14. ● If you are preselling tickets before the event, complete the boxes below in ink; ensure the ticket is printed with all of the required items according to Raffle Rule 506.					
	● Indicate any additional information that will appear on the actual tickets.					
	RAFFLE					<u>001</u> Ticket #
	Name of Licensee					<u>001</u> Ticket #
Drawing Date(s)		Drawing Time(s)			Purchaser's Name	
First Prize *				Purchaser's Address		
Raffle Location				Purchaser's Phone #		
					Ticket Price	
					(to be added when issued) 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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