

RICHMOND COUNTY LICENSE DEPARTMENT  
P.O. BOX 6399  
AUGUSTA, GA 30916-6399  
FAX # 706-312-5037

APPLICATION TO OPERATE A RAFFLE  
COUNTY OF RICHMOND, BUSINESS TAX DIVISION

CALENDAR YEAR \_\_\_\_\_

REPORT CHANGE IN LOCATION/MAILING ADDRESS PROMPTLY TO BUSINESS TAX DIVISION

PLEASE TYPE OR PRINT WITH BALL POINT PEN

FOR BUSINESS LICENSE OFFICE USE ONLY			INTERVIEWED BY
ACCOUNT NO.	FEE	SIC NO.	APPROVED BY

COMPLETE ALL SPACES AS THEY RELATE TO COUNTY ACTIVITY		MONTH	DAY	YEAR	DATE ORGANIZATION CAME INTO EXISTENCE	
CIRCLE ONE	RENEWAL NEW	DATE			MONTH _____ DAY _____ YEAR _____	
	AMENDED FINAL					
ORGANIZATION NAME		ADDRESS		CITY, STATE	ZIP CODE	
MAILING INFORMATION NAME		MAILING ADDRESS STREET OR P.O. BOX		CITY, STATE	ZIP CODE	
APPLICANT	NAME	STREET (DO NOT USE P.O. BOX)		CITY, STATE	ZIP CODE	
IF A CORPORATION	PRINCIPAL OFFICE, CORPORATE NAME	STREET OR P.O. BOX		CITY, STATE	ZIP CODE	
OFFICER, AGENT OR ATTORNEY FOR SERVICE OF BUSINESS AFFAIRS IN COUNTY	NAME	STREET		CITY, STATE	ZIP CODE	
OFFICER TITLE	NAME	STREET		CITY, STATE	ZIP CODE	
	SSN					
OFFICER TITLE	NAME	STREET		CITY, STATE	ZIP CODE	
	SSN					
OFFICER TITLE	NAME	STREET		CITY, STATE	ZIP CODE	
	SSN					
OFFICER TITLE	NAME	STREET		CITY, STATE	ZIP CODE	
	SSN					

CERTIFICATION THE INFORMATION HEREIN IS REQUIRED TO COMPLY WITH STATE LAW 16-12-22

I, \_\_\_\_\_ (TITLE) \_\_\_\_\_ OF  
THE ORGANIZATION LISTED ABOVE DO HEREBY APPLY FOR A LICENSE TO OPERATE A  
RAFFLE

TELEPHONE (BUS) (\_\_\_\_) \_\_\_\_\_ (RES) (\_\_\_\_) \_\_\_\_\_

STATE ID NUMBER \_\_\_\_\_ FEDERAL ID NUMBER \_\_\_\_\_

DATE TICKET SALES BEGIN \_\_\_\_\_  
DATE OF RAFFLE \_\_\_\_\_ TO \_\_\_\_\_

I THE UNDERSIGNED, CERTIFY THAT I AM THE PERSON DULY AUTHORIZED BY THE ORGANIZATION HERE IN TO FILE THIS APPLICATION AND THAT THE INFORMATION IS TRUE, CORRECT AND COMPLETE

APPLICANT SIGNATURE: \_\_\_\_\_

SHERIFF OF RICHMOND COUNTY: \_\_\_\_\_

CIRCLE ONE:      APPROVED      DISAPPROVED      FEE WAIVED