



=====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