



**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 form to 603-598-6481 or e-mail to [lweissgarber@hudsonnh.gov](mailto:lweissgarber@hudsonnh.gov), with Raffle Permit in subject line.)