For Office Use Only	
Date BOS Approved:	
Initials:	

## **TOWN OF EPSOM**

## **Raffle Permission Request Form**

The Epsom Board of Selectmen requests that all raffles conducted within the town be approved prior to commencement.

Please include the following info	rmation:	
Applicant Name:		Phone #:
Address:		
Organization:		
Benefit:		
Item(s) Being Raffled:		
Price of Raffle:		
Dates for Selling:		
Date Drawn:		
Epsom Board of Selectmen	Approval / Denial (Circle Choice)	Date
Selectman, Chair		
Selectman, Vice Chair		
Selectman		