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 information:

Applicant Name: _____ Phone #: _____

Address: _____

Email: _____

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

Updated 2021