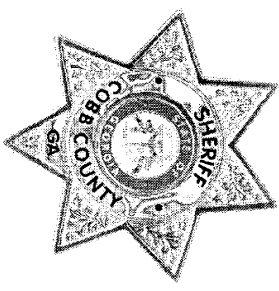


# Cobb County Sheriff's Office

185 Roswell Street ♦ Marietta Georgia ♦ 30090-9650

Neil Warren, Sheriff

Lynnda Coker, Chief Deputy



Application to operate a raffle as defined by Georgia Criminal Code §16-12-22.1

Person filing application		
Home Phone	Business Phone	
Home Address	City	
State	Zip	

Information on the Organization holding the raffle	Name	
	Date founded	
	Address/City/State/Zip	
	County of organization's headquarters	

Name and residential address of person(s) operating, advertising, or promoting the raffle. If necessary, list additional individuals on separate sheet.

Name	Address
Name	Address
Name	Address
Name	Address

### Raffle Information

Date raffle starts	Date raffle ends
Address where raffle is conducted	
Owner of property <small>(from above)</small>	

**If property is leased or rented to applicant or organization, attach a copy of the lease or rental agreement.**

- If the application is for a corporation, association, or legal entity, please attach a list of names and residential addresses of the officers and/or directors.
  - If a person, organization, or other legal entity is acting as a surety for the applicant, list the names and residential addresses of such persons, organizations, or other legal entities.
  - If the applicant is financially indebted to or owes any financial obligation to any person, organization, or other legal entity, list the names and addresses of such persons, organizations, or legal entities.
  - Has any person listed as an applicant, operator, advertiser, promoter, officer, director, surety, debtor, or one to which any financial obligation is owed by applicant ever been convicted of a crime? (Excluding minor traffic offenses) \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, list the name, date of birth, social security number, offenses, place and date of conviction.
- Please attach a copy of the document from Internal Revenue Service which declares you, or your organization, to be tax exempt under federal law.
  - Please attach a copy of the document from the Georgia Department of Revenue which declares you, or your organization, to be tax exempt under state law.

**I certify that the above information is true and that I have received a copy of the Georgia Criminal Code §16-12-22.1; the same has been read and I understand the requirements to operate a raffle in the state of Georgia.**

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact Information:**

Peggy O'Daniels  
Bonding Administrator  
(770) 499-4623

