



Archdiocese of Agana
 196 Cuesta San Ramon, Ste. B, ■ Hagåtña, GU 96910
 Tel: (671)472-6116
 Fax: (671)477-3519

Application No.: _____
Identification No: _____
Received Request By: _____
Date Approved: _____
Issued By: _____

PERMIT APPLICATION FOR RAFFLE & FUNDRAISING ACTIVITIES

Submit two (2) original copies of the application to the Archdiocese of Agana - Chancery Accounting Office

Please print clearly:

Name of Parish or School: _____

Part A - General

1. Full Name of Applying Organization: _____
2. Street address of headquarters: _____
3. Mailing address (if different): _____
4. A permit is requested to conduct raffles of the kind stated on the date, or on each of the dates, and during the hours listed (use a separate application for each type of raffle).

DATE	HOURS	DATE	HOURS

5a. Address if place where raffles will be played.

b. Does the parish/school own the premises or regularly occupy them for its general purpose?
 _____ YES _____ NO

Part B Schedule of Purposes

1. The specific purpose(s) to which the entire net proceeds of the raffles listed in this application are to be devoted, and manner in which they are to be devoted, are:

2. If any of the net proceeds are to be devoted to a purpose allowed by the raffles per Archdiocese Accounting policies but turning the same over to another organization which is exclusively devoted to such purposes, secure the signature of its president or other executive officer to the following certificate.

"It is hereby certified that _____
Name of organization

will accept from the license any part of the net proceeds of the games listed in the application to be turned over to it."

Date: _____

Signature: _____

Part C Schedule of Financial Transactions

1. List estimated cash proceed, expense (montary and In-kind) and net surplus.

Raffle Proceeds	\$	_____	
In-Kind Donations		_____	
Others		_____	\$ _____
Less:			
Expenses	\$	_____	
Prizes		_____	
Others		_____	\$ _____
Estimated Net Surplus			\$ _____

Part D Schedule of Prizes

A description of all prizes to be offered and given in all of the games listed in this application is as follows. For merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.

DESCRIPTION OF PRIZE	DONATED ?		RETAIL VALUE
	YES	NO	
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Part E Various Reports for submission

The following documentation will be turned in by the committee for the chancery records upon conclusion of the fund raising event.

1. Pre-numbered Raffle Ticket Log Sheet
2. Schedule of Other In-Kind Donation if Applicable
3. Volunteer Log Sheet
Volunteers Name, Address, Telephone No.
4. Fundraing Committee Officers
This shall include Name of Officer, Residence address/Mailing Address, Telephone
5. Schedule of Expenses
This shall include infomration such as Item of Expense, Name & Address of Supplier/Vendor, Purpose, Invoice/receipt No. /Amounts.
6. List of Winners and W2GU

Part F Statement of Applicant and member(s) in charge

We do hereby each make the following statement, under oath, with respect to the foregoing application:

- 1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as indicated on this application.
- 2. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
- 4) No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the raffles and fundraising, except bookkeepers or accountants for professional services not exceeding the amounts fixed by the Raffles and FundRaising Committes on their estimated expenditures.

- 3) The conduct of the raffles and fund raising for which the application is made will be raise and devote the entire net proceeds to the authorized purpose described in the application.
- 5) All required schedule after the raffle/fundraising event will be furnished to the chancery.
- 6) All statements in the foregoing application are true.

Date and Signature of Pastors/Principal In Charge

Date and Signature of Officer and Title

Date and Signature of Member-In-Charge

Date and Signature of Member-In-Charge

Date and Signature of Member-In-Charge

Date and Signature of Member-In-Charge

Date and Signature of Member-In-Charge

Date and Signature of Member-In-Charge

FOR CHANCERY'S USE ONLY

Reveiwed By: _____

Date: _____

Approved By: _____

Date: _____

Remarks:

Remarks:
