

**YELLOWSTONE COUNTY, MONTANA  
APPLICATION TO CONDUCT A RAFFLE**

NAME: \_\_\_\_\_  
ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

DATES OF TICKET SALES: BEGIN \_\_\_\_\_  
END \_\_\_\_\_

COST OF RAFFLE TICKET: \_\_\_\_\_

NUMBER OF TICKETS EXPECTED  
TO BE SOLD: \_\_\_\_\_

DATE OF DRAWING: \_\_\_\_\_

LOCATION OF DRAWING: \_\_\_\_\_

**PLEASE ITEMIZE ALL PRIZES TO BE AWARDED, THE APPROXIMATE VALUE, AND WHETHER THE PRIZE WAS PURCHASED OR DONATED. (ATTACH ADDITIONAL SHEETS IF NECESSARY)**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**THE UNDERSIGNED CERTIFIES THAT THEY HAVE BEEN PROVIDED AND WILL COMPLY WITH MONTANA GAMING LAWS AND THAT THE INFORMATION SUPPLIED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.**

**THE UNDERSIGNED FURTHER CERTIFIES THAT THEY HAVE BEEN PROVIDED A RAFFLE ACCOUNTING FORM AND WILL SUBMIT THE COMPLETED FORM TO THE YELLOWSTONE COUNTY BOARD OF COMMISSIONER WITHIN 30 DAYS FOLLOWING THE COMPLETION OF THE RAFFLE.**

**ANY PERSON OR ORGANIZATION WHO PURPOSELY OR KNOWINGLY FALSIFIES THIS APPLICATION OR THE RAFFLE ACCOUNTING FORM IS GUILTY OF A CRIMINAL OFFENSE AND IS SUBJECT TO A FINE AND/OR IMPRISONMENT. 23-5-162, M.C.A.**

\_\_\_\_\_  
Signature Date

Return form to: Board of County Commissioners, PO Box 35000, Billings, MT 59107-5000 (406) 256-2701

**OFFICE USE:**

DATE APPLICATION RECEIVED: \_\_\_\_\_

PERMIT NO: \_\_\_\_\_ PERMIT COST: \_\_\_\_\_

DATE REPORTING FORM RECEIVED: \_\_\_\_\_

**YELLOWSTONE COUNTY, MONTANA  
RAFFLE ACCOUNTING FORM**

*THIS INFORMATION MUST BE SUBMITTED TO THE YELLOWSTONE COUNTY BOARD OF COMMISSIONERS WITHIN 30 DAYS FOLLOWING THE COMPLETION OF THE RAFFLE. FAILURE TO DO SO MAY RESULT IN THE DENIAL OF FUTURE RAFFLE REQUESTS FROM YOUR ORGANIZATION.*

**NAME OF ORGANIZATION:** \_\_\_\_\_

**TYPE OF ORGANIZATION (CIRCLE ONE)**

RELIGIOUS CORPORATION SOLE                      COMMERCIAL ENTERPRISE  
NONPROFIT ORGANIZATION                      OTHER \_\_\_\_\_

**COST OF RAFFLE TICKET:** \_\_\_\_\_

**NUMBER OF TICKETS SOLD:** \_\_\_\_\_

**TOTAL GROSS RECEIPTS:** \_\_\_\_\_

**LESS TOTAL RAFFLE EXPENSES:** ( \_\_\_\_\_ )

**NET PROCEEDS** \_\_\_\_\_

**PURPOSE OF PROCEEDS:** \_\_\_\_\_

**PRIZES, VALUES AND WINNERS (Attach additional sheets if necessary):**

PRIZE	VALUE	WINNER/ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE UNDERSIGNED HEREBY CERTIFIES THAT THE RAFFLE ACCOUNTED FOR ON THIS FORM WAS CONDUCTED IN THE MANNER DESCRIBED ABOVE. ANY PERSON OR ORGANIZATION WHO PURPOSELY AND KNOWINGLY FALSIFIES THIS ACCOUNTING IS GUILTY OF A CRIMINAL OFFENSE AND IS SUBJECT TO A FINE AND/OR IMPRISONMENT. 23-5-162, M.C.A.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date