



Town of Barrington, NH
603-664-9007

RAFFLE PERMIT

I, _____, represent _____
_____, a charitable organization
as defined in NH RSA 287-A:1. Our organization requests that the Barrington Board of
Selectmen issue a Raffle Permit to expire on, _____, the date of the
drawing. I certify that the provisions of NH RSA 287-A shall be adhered to.

Charitable Organization Representative

Address: Street, City, State, Zip

Phone

The Board of Selectmen authorizes _____
to conduct a raffle. This permit shall expire on, _____
Date

Selectman

Selectman

Selectman

Selectman

Selectman