



 Name

 Address

 City State Zip

Account #: _____

WV/RAF-1
 rtL178 v.13-web

APPLICATION FOR ANNUAL, LIMITED OR STATE FAIR RAFFLE LICENSE

Taxpayers required to file electronically will no longer receive returns for the tax types subject to the mandatory requirement by mail. Please visit www.tax.wv.gov for additional information.

Apply for the license which best serves your needs. You may hold only one valid annual license. While it is valid, you may apply for and receive one limited occasion license. All Raffle licenses are subject to the Rules & Regulations of the State Tax Commissioner and must be conspicuously displayed at the location where the Raffle Occasion is held.

PLEASE NOTE: THIS APPLICATION MUST BE FILED AT LEAST 60 DAYS PRIOR TO THE DATE SCHEDULED FOR THE FIRST RAFFLE OCCASION.

IS THIS A RENEWAL APPLICATION? YES NO (Check One)

Phone Number of Requesting Organization is Required	
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NAME AND ADDRESS OF STATE OR NATIONAL ORGANIZATION

Name: _____

Address: _____

SECTION 1 - TAX EXEMPT STATUS

Have you been granted tax exempt status from the Internal Revenue Service? YES NO (Check One)

TYPE OF EXEMPTION LETTER YOUR ORGANIZATION POSSESSES

501(C)3 501(C)4 501(C)8 501(C)10 501(C)19 501(D) (Check One)

PLEASE NOTE: YOU MUST ATTACH A COPY OF YOUR CURRENT EXEMPTION LETTER TO THIS APPLICATION.

SECTION 2 - TYPE OF LICENSE (CHECK ONE)

- ANNUAL LICENSE - \$500.00
 Date of your first Raffle Occasion: _____ Hour(s) Raffle will be held: _____
- LIMITED LICENSE - \$50.00
 Date of Raffle: _____ Date of Raffle: _____ Hour(s) Raffle will be held: _____
- STATE FAIR LICENSE - \$500.00
 Date of your first Raffle Occasion: _____ Hour(s) Raffle will be held: _____
- EXEMPT CERTIFICATE
 Date of your first Raffle Occasion: _____ Hour(s) Raffle will be held: _____

Amount Enclosed	
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MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Charitable Bingo/Raffle Unit
 P.O. Box 1143, Charleston, WV 25324-1143
 FOR ASSISTANCE CALL (304) 558-8683
 For more information visit our web site at: www.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>



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SECTION 3 - LOCATION OF RAFFLE OCCASIONS	
Address, City, Zip Code & County	
Do you own the premises? YES NO	Do you rent or lease the premises? YES NO
List name of owner: _____	
PLEASE NOTE: YOU MUST ATTACH A COPY OF CURRENT RENTAL OR LEASE AGREEMENT WITH THE APPLICATION.	

SECTION 4 - NAMES OF OFFICERS OF ORGANIZATION		
LIST NAMES, HOME ADDRESSES AND HOME TELEPHONE NUMBERS OF ALL OFFICERS AND MEMBERS OF THE BOARD DIRECTORS, GOVERNORS OR TRUSTEES, IF ANY, IN THE ORGANIZATION. ALL OFFICERS MUST BE OVER 18. (ATTACH ADDITIONAL SHEET IF NECESSARY)		
NAME AND TITLE	HOME ADDRESS	HOME TELEPHONE NUMBER
1.		
2.		
3.		
4.		

SECTION 5 - PERSONS IN CHARGE OF RAFFLE		
LIST NAMES, HOME ADDRESSES AND TELEPHONE NUMBERS OF PERSONS IN CHARGE OF RAFFLE OCCASIONS. THESE PERSONS MUST BE BONA FIDE MEMBERS OF YOUR ORGANIZATION AND RESIDENTS OF THE STATE OF WEST VIRGINIA. ANNUAL LICENSES REQUIRE 3 NAMES. LIMITED LICENSES REQUIRE AT LEAST 2 NAMES. ONE OF THESE PERSONS MUST BE PRESENT AT ALL RAFFLE OCCASIONS. ALL PERSONS IN CHARGE OF RAFFLE MUST BE OVER 18.		
NAME AND TITLE	HOME ADDRESS	HOME TELEPHONE NUMBER
1.		
2.		
3.		

SECTION 6 - NAME OF HIGHEST ELECTED OFFICER AND APPOINTED DESIGNEE		
LIST NAMES, HOME ADDRESSES AND HOME TELEPHONE NUMBERS OF THE HIGHEST ELECTED OFFICER AND HIS OR HER APPOINTED DESIGNEE OF THE ORGANIZATION. ONE OF THESE PERSONS MUST BE PRESENT AT ALL OCCASIONS. ALL PERSONS MUST BE OVER 18.		
NAME AND TITLE	HOME ADDRESS	HOME TELEPHONE NUMBER
HIGHEST ELECTED OFFICER		
1.		
APPOINTED DESIGNEE		
2.		

SECTION 7 - YOU MUST ANSWER THE FOLLOWING QUESTIONS	
Has your raffle license application ever been refused, denied, revoked, or suspended?	YES NO (Circle One)
Has any person in your organization who will participate in any manner in the conduct of Raffle games or related concessions been convicted of a felony or misdemeanor for a gambling offense within the past 10 years?	YES NO (Circle One)
If you answered yes to any of these questions, attach a separate sheet explaining.	

SECTION 8 - NAME OF RAFFLE DISTRIBUTOR

You must list the name, address and phone number of the distributor(s) where you purchase your raffle supplies.

NAME OF DISTRIBUTOR	ADDRESS	TELEPHONE NUMBER
1.		
2.		

SECTION 9 - DISPOSITION OF PROCEEDS

Recipient of Proceeds: _____

Does this recipient have an Internal Revenue Service Exemption Letter? YES NO (Circle One)

Intended use of Proceeds: _____

PLEASE NOTE: YOU MUST LIST THE NAMES OF ALL ORGANIZATIONS YOU INTEND TO DONATE PROCEEDS TO. ATTACH SEPARATE SHEET IF NECESSARY.

SECTION 10 - PROOF OF EXISTENCE (NOT REQUIRED FOR RENEWAL APPLICANTS)

HAS YOUR ORGANIZATION BEEN IN EXISTENCE IN WEST VIRGINIA TWO YEARS PRIOR TO FILING THIS APPLICATION:

YES NO (Circle One)

IF YES, YOU MUST ATTACH DOCUMENTARY PROOF. THIS DOCUMENT IS NECESSARY TO QUALIFY FOR A RAFFLE LICENSE.

SECTION 11 - CONCESSIONS

WILL A CONCESSION BE OPERATED? YES NO (Circle One)

WILL THE LICENSEE OPERATE THE CONCESSION? YES NO (Circle One)

PLEASE NOTE: IF THE CONCESSIONS ARE TO BE OPERATED BY SOMEONE OTHER THAN THE LICENSEE, A COPY OF ANY AGREEMENT OR AN EXPLANATION OF ANY ORAL AGREEMENT PROVIDING ANY COMPENSATION TO THE OPERATOR OF THE CONCESSION MUST BE ATTACHED.

SECTION 12 - AGREEMENT

I fully understand that it is a violation of Chapter 47, Article 21 to allow anyone other than authorized persons to conduct any part of the Raffle Games or concessions; That I am required to file reports and keep records as provided by Article 21; That it is a crime to violate any provisions of Article 20; That a violation may result in suspension and/or revocation of the license and possible denial of future license applications.

I, _____, AS AN AUTHORIZED REPRESENTATIVE OF _____
CERTIFY OR AFFIRM THAT THE STATEMENTS AND ITEMS ENTERED HEREIN AND ATTACHED HERETO ARE TRUE AND CORRECT TO THE BEST OF MY

KNOWLEDGE. _____ (Name - Type or Print) _____ (Signature) _____ (Date)

_____ (Telephone Number) _____ (Email Address)