

Application for Use of GDMBA Gambling License for 50/50 Raffle

Name of Applicant: _____ Phone Number: _____ Email: _____

Names of 2 GDMBA Board Members willing to sell tickets at event: (Applicant is responsible for finding.)

GDMBA Board Member _____

GDMBA Board Member _____

Event Details:

Event Name: _____

Date of Event: ___/___/___ Time of Event: _____ a.m./p.m. Location: _____

Description of Event: _____

Why Should GDMBA approve this: _____

Charitable Organization (must be a non-profit) to which the Funds will be donated:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Submitted to Board: ___/___/___ **Form must be submitted at least 60 days prior to the date of the event.**

----- For use by the Greater Des Moines Bowling Association -----

Date Discussed: ___/___/___