

APPROVAL TO SELL RAFFLE TICKETS, OR MYSTERY ENVELOPES IN PUBLIC PLACES

Name of Organisation: _____

Address of Organisation: _____

Is your organisation an Incorporated Society? YES / NO

Is your organisation a non-profit organisation? YES / NO

Today's Date: _____

Contact Name: _____

Contact Telephone No: _____

Contact Address: _____

Date & Time of Selling: _____

Specific Location: (outside shop, supermarket etc): _____

Please note that your organisation is restricted to operate within the above mentioned location.

Please state the purpose of your organisation's fund raising and give details of your project:

Please note: This section must be completed:

Privacy Act Note to Individuals:

The information requested will be used by the Customer Services Officers to consider your organisation's application to sell raffle tickets, mystery envelopes or hold a street appeal in a public place. The information will be held by Franklin District Council. You have the right of access to, and may request correction of, any of the personal information provided.

I consent to my contact name: YES / NO
address: YES / NO
phone number: YES / NO being released on request.

Signature: _____ Designation: _____

Shop Owner's Permission:

We hereby agree that the applicant requesting approval to sell raffle tickets and/or mystery envelope appeal has our permission to do so outside our premises.

Signature: _____ Designation: _____

**Please use your shop
stamp here for
identification purposes:**

I / We hereby agree that the above information is correct and will comply with the following:

1. If selling food, then in accordance with health regulations
2. To not obstruct footpaths and / or pedestrians in any way
3. To not harass passers-by.

Signature: _____ Designation: _____

Please return this form to Franklin District Council, Private Bag 5, Pukekohe.

Permission granted.

Signature: _____ Designation: _____
