APPLICATION FOR REGISTRATION

NONPROFIT RAFFLE PROGRAM

(California Penal Code section 320.5)

The registration period is September 1 to August 31.
After August 31, a new registration is required.

A CHECK IN THE AMOUNT OF $20 MADE PAYABLE TO DEPARTMENT OF JUSTICE MUST ACCOMPANY THIS REGISTRATION FORM

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
Telephone: (916) 445-2021

WEBSITE ADDRESS:
www.oag.ca.gov/charities

Proof of California Franchise Tax Board exempt status must be attached to this registration application. This application will otherwise be deemed deficient and returned to the organization.

(For Registry Use Only)

Raffle Registration Number: _____

Name of Organization
Rotary Club of Atascadero

Address of Organization
PO Box 100

City or Town, State and ZIP Code
Atascadero, CA 93422

E-mail Address
jneil@amwc.us

Telephone Number
805.235.3818

Fax Number
805.466.2596

Provide at least one of the following:

Federal Employer Identification Number (FEIN): 23-7193833

Corporate Number: 1215066

Organization Number: _____

State Charity Registration Number: 30537

Specify the organization's tax - exempt status pursuant to California Revenue and Taxation Code section:

☐ 23701a Labor, agricultural, or horticultural organizations	☐ 23701g Nonprofit pleasure and recreation clubs
☐ 23701b Fraternal beneficiary societies, orders or associations	☐ 23701k Religious or apostolic corporations having common or
☐ 23701d Religious, charitable, scientific, testing for public safety, literary, educational, amateur sports or prevention of cruelty to children or animals organization	☐ 23701l Domestic fraternal societies, orders or associations
☐ 23701e Business leagues, chambers of commerce, real estate boards, and boards of trade	☐ 23701t Homeowners and associations
☑ 23701f Civic leagues, social welfare organizations and local employee organizations	☐ 23701w Veterans organizations

Proposed date(s) of raffle(s) [REQUIRED] 02/08/2017
(month/day/year)

By signing this application for registration, I hereby certify all of the following:
1. ☑ Applicant is a private, nonprofit organization, 2. ☑ Applicant has been qualified to conduct business in the State of California for at least one year prior to the raffle first held and 3. ☑ all information provided on this application is true and correct.

Signature of Authorized Officer or Director Who Prepared This Form _____ **Date** _____

John B Neil
Printed Name of Authorized Officer or Director

President
Title of Authorized Officer or Director