

APPLICATION FOR RAFFLE LICENSE

Name of Organization _____

Address _____

Type of Organization _____

Length of Existence _____

If Organization is Incorporated, what was the date and the State of Incorporation?

Date _____ State in which Organization was incorporated _____

List the Organization's Presiding Officer, Secretary, Raffle Manager, and any other members responsible for the conduct and operation of the raffle.

President _____ Date of Birth _____

Address _____

Phone # _____ *Email _____

Last 4 digits of Social Security Number _____

Secretary _____ Date of Birth _____

Address _____

Phone # _____ *Email _____

Last 4 digits of Social Security Number _____

Raffle Manager _____ Date of Birth _____

Address _____

Phone # _____ *Email _____

List any other members responsible for the conduct and operation of the raffle on the back of this page. List name, date of birth, address, phone # and last 4 digits of Social Security number.

This request is for a **SINGLE** raffle license or **MULTIPLE** raffle license _____

The aggregate retail value of all prizes to be awarded \$ _____

Maximum retail value of each prize to be awarded in the raffle \$ _____

The maximum price charged for each raffle chance issued \$ _____

The area(s) where raffle chances will be sold/issued _____

Time period during which raffle chances will be sold/issued _____

Date, Time, and Location at which winning chances will be determined:

Date _____ Time _____

Location _____

If MULTIPLE raffle license is requested, list on a separate sheet the dates, times and location for each raffle to be held within the one (1) year time period from the date license is issued.

THE APPLICATION FEES ARE NONREFUNDABLE EVEN SHOULD THE APPLICATION BE REJECTED BY THE VILLAGE BOARD.

APPLICATION FOR RAFFLE LICENSE

SWORN STATEMENT

The following officer or secretary attests to the not-for-profit character of the applicant organization.

(NAME OF ORGANIZATION)

Dated this _____ day of _____, 20____.

PRESIDING OFFICER OR SECRETARY

*Must be signed in front of a Notary Public

STATE OF ILLINOIS)

) ss.

COUNTY OF ST. CLAIR)

Signed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC