

## APPLICATION FOR RAFFLE LICENSE

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Organization: \_\_\_\_\_  
Length of Existence of Organization: \_\_\_\_\_

If organization is incorporated, what is the date and state of incorporation?

Date: \_\_\_\_\_ State: \_\_\_\_\_

List the organization's presiding officer, secretary, raffle manager, and any other members responsible for the conduct and operation of the raffle.

**PRESIDENT:**

**SECRETARY:** \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**RAFFLE MANAGER:** \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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, social security number, and phone number.

\_\_\_\_\_ This request is for a single raffle license.  
\_\_\_\_\_ This request is for a 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 or areas in which raffle chances will be sold or issued: \_\_\_\_\_

Time period during which raffle chances will be issued or sold: \_\_\_\_\_

The date, time and location at which winning chances will be determined: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

If multiple raffles license is requested, list on a separate sheet, the date, time, and location for each raffle to be held within the one (1) year period of time from the date of the issuance of the license.

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

**EXHIBIT 1**

The following is the date, time and location at which winning chances will be determined for multiple raffles to be held within a maximum period of one (1) year from the date of issuance of this license.

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

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Location: \_\_\_\_\_

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Location: \_\_\_\_\_

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Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

**APPLICATION FOR RAFFLE LICENSE**

**SWORN STATEMENT**

The following officers attest to the not-for-profit character of the applicant organization.

\_\_\_\_\_  
(NAME OF ORGANIZATION)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
PRESIDING OFFICER

\_\_\_\_\_  
SECRETARY

STATE OF ILLINOIS     )  
                                  ) ss.  
COUNTY OF             )

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
PRESIDING OFFICER

\_\_\_\_\_  
SECRETARY

\_\_\_\_\_  
NOTARY PUBLIC