## **APPLICATION FOR RAFFLE LICENSE**

Organization Name:		
Address:		
Type of Organization:		
Length of Existence of Organization:		
If organization is incorporated, what is the date and Date: State:	d state of incorporation?	
List the organization's presiding officer, secretary responsible for the conduct and operation of the ra		
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 condu- this page. List name, date of birth, address, social	-	
This request is for a single ra		
This request is for a multiple	raffie license.	
The aggregate retail value of all prizes to be award	ed: \$	
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 so		
Time period during which raffle chances will be issu	ied or sold:	
The date, time and location at which winning change	ces 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.

## **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 COUNTY OF ST. CLAIR	) ) SS. )	
Signed and sworn to before r	me this	_ day of,
PRESIDING OFFICER		SECRETARY

NOTARY PUBLIC