

VILLAGE OF POPLAR GROVE, ILLINOIS

200 Hill Street
P.O. Box 01
Poplar Grove, IL 61065

APPLICATION FOR LICENSE TO CONDUCT A RAFFLE

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

Number

Street

City

State

Zip Code

MAILING ADDRESS: _____

if different from above

Number

Street

City

State

Zip Code

TYPE OF ORGANIZATION: circle only one

Religious

Charitable

Labor

Non-Profit Business

Fraternal

Educational

Veterans

Temporary Charity

HOW LONG HAS THE ORGANIZATION BEEN IN EXISTENCE? _____

Organization must be in existence for greater than five (5) years in order to conduct a raffle.

Exception: a non-profit fundraising organization that the licensing authority determines is organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardship as a result of an illness, disability, accident or disaster shall be classified as a temporary charity for within this document.

EXPLAIN THE ACTIVITIES AND PURPOSE OF THE ORGANIZATION: _____

DEFINE THE TYPE OF RAFFLE:

Check One:

☐ ONE TIME- cash prize (GOOD FOR ONE RAFFLE)

☐ ONE TIME- item prize (GOOD FOR ONE RAFFLE)

☐ ONE TIME- 50/50 (GOOD FOR ONE RAFFLE)

☐ RECURRING- 50/50 (GOOD FOR ONE YEAR)

IF YES, PROVIDE DATE AND STATE OF INCORPORATION: _____

PRESIDENT/CHAIRPERSON:

| Number | Street |
|--------|--------|
|--------|--------|

City _____ State _____ Zip Code _____

Phone Number
Date of Birth

HOME ADDRESS: _____
 Number Street

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Phone Number

Date of Birth

HOME ADDRESS: _____
 Number Street

City _____ State _____ Zip Code _____

Phone Number _____ Date of Birth _____

MEMBER: _____

HOME ADDRESS: _____ Name _____

| Number | Street |
|--------|--------|
|--------|--------|

City _____ State _____ Zip Code _____

Phone Number _____ Date of Birth _____

DATE/DATES THAT RAFFLE CHANCES WILL BE SOLD:

GEOGRAPHIC AREA/AREAS WHERE RAFFLE CHANCES WILL BE SOLD:

DATE, TIME AND LOCATION FOR DETERMINING WINNER(S):

_____/_____/_____
(DATE) (TIME) (LOCATION)

_____/_____/_____
(DATE) (TIME) (LOCATION)

_____/_____/_____
(DATE) (TIME) (LOCATION)

_____/_____/_____
(DATE) (TIME) (LOCATION)

_____/_____/_____
(DATE) (TIME) (LOCATION)

ITEMIZE THE MAXIMUM RETAIL VALUE OF EACH PRIZE: \$ _____

\$ _____

\$ _____

\$ _____

WHAT IS THE TOTAL RETAIL VALUE OF ALL THE PRIZES AWARDED: \$ _____

NOTE: If any single prize is equal to or exceeds \$10,001 or if the aggregate of all prizes is equal to or exceeds \$25,001, the applicant must appear before the Administration Committee.

MAXIMUM PRICE CHARGED FOR EACH RAFFLE CHANCE SOLD \$ _____

MAXIMUM NUMBER OF RAFFLE CHANCES ISSUED _____

TIME PERIOD REQUESTED IF LONGER THAN 30 DAYS: _____

REASON FOR REQUEST OF EXTENDED TIME PERIOD: _____

ATTESTATION-

"The undersigned attest that the above named organization is organized as not-for-profit under the laws of the State of Illinois. The undersigned do hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the officers, operators and workers of the games are bona fide members of the sponsoring organization and are all of good moral character and have not been convicted of a felony; that if a license is granted hereunder, the undersigned will be responsible for the conduct of the games in accordance with the provisions of the laws of the State of Illinois and this jurisdiction governing the conduct of such games."

(Name of Organization)

(President)

/

(Secretary)

FIDELITY BOND

_____ and we
(Officer) (Officer)
as Officers of _____
(Name of Organization)

and as sureties, all of the County of Boone and State of Illinois, are held firmly bound unto the People of the State of Illinois, in the penal sum of _____ Dollars, which amount is equal to the aggregate retail value of all prizes to be awarded.

The condition of this obligation is such that, whereas, the said undersigned have been duly elected Officers in and for _____,
(Name of Organization)
in the County of Boone.

NOW, THEREFORE, if said Officers shall justly and fairly account for and pay over all monies and/or prizes that may come into their hands, by virtue of their said office, and shall well and truly perform all and every act and duty enjoined upon him by the laws of this State, to the best of their skill and ability, then this obligation is to be void, otherwise to remain in full force and virtue.

Officer

Officer

Officer

STATE OF ILLINOIS)
) SS
COUNTY OF BOONE)

Subscribed and sworn to before me on this the _____ day of _____, _____

Signature _____

Printed name _____

Notary Public, State of Illinois, County of _____

My commission expires _____