



City of Breese
500 N. 1st St. · Breese, IL 62230
618.526.7731 · Fax 618.526.2819

APPLICATION FOR RAFFLE OR POKER RUN LICENSE

Organization Name: _____

Address: _____

Type of Organization: _____
(i.e. religious, fraternal, charitable, educational, veterans, other)

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: _____ Birth Date: _____

Address: _____

Social Security No.: _____ Phone No.: _____

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 a separate sheet of paper. 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 (to be held within a year of the issuance of the license).

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

The maximum retail value of each prize to be awarded in the raffle: \$ _____

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

The maximum number of days the chances will be sold: _____

The area or areas in which raffle chances will be sold or issued: _____

The 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 above information including 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.

License Application Fee \$ _____

City of Breese
APPLICATION FOR RAFFLE LICENSE

SWORN STATEMENT

The undersigned swear and attest that the facts contained in the application for Raffle License are true and correct and that the applicant organization is a not for profit organization as defined in 230 ILCS 15/2 and further that no person ineligible for the Raffle License as defined in 230 ILCS 15/2 is an officer, director or employee of the applicant organization or shall participate in the management or operation of the raffle.

Name of Organization

Date: _____

Presiding Officer of Organization

Secretary of Organization

Raffle Manager

STATE OF ILLINOIS)
) ss
COUNTY OF _____)

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

Notary Public