

**CITY OF BREESE**

**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 the back of this page. List name, date of birth, addresses, 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: \$ \_\_\_\_\_

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: \_\_\_\_\_

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 a 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)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Presiding Office 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