



**COMMUNITY DEVELOPMENT**  
2 Community Boulevard • Wheeling, IL • 60090  
847-459-2620 (fax) 847-459-2656

**APPLICATION FOR LICENSE TO CONDUCT RAFFLE**

Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_  
Street City  
\_\_\_\_\_ / \_\_\_\_\_  
Zip Code County

**Mailing Address if different from above:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Zip Code

**Address of Place for Raffles Drawing:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Zip Code

**Check type of organization: (attached documentary evidence)**

Religious \_\_\_\_\_ Charitable \_\_\_\_\_ Labor \_\_\_\_\_

Fraternal \_\_\_\_\_ Educational \_\_\_\_\_ Veterans \_\_\_\_\_

How long has organization been in existence? \_\_\_\_\_

Place and date of incorporation: \_\_\_\_\_ / \_\_\_\_\_  
Place Date

Number of members in good standing: \_\_\_\_\_

President/Chairperson: \_\_\_\_\_  
Name

\_\_\_\_\_ / \_\_\_\_\_  
Address Telephone

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**Raffles Manager:** \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address / Telephone  
\_\_\_\_\_ / \_\_\_\_\_

**Designate Member(s) who will be responsible for conduct and Operation of Raffles: (attach additional sheet if necessary)**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address / Telephone  
\_\_\_\_\_ / \_\_\_\_\_

**Date(s) for Raffles tickets sales: (include days of the week**

\_\_\_\_\_

**Location of Sales:** \_\_\_\_\_

\_\_\_\_\_

**Location for Determining Winners:** \_\_\_\_\_

**Date(s) for Determining Winners:** \_\_\_\_\_

**Total retail value of all prizes awarded in single raffle:** \_\_\_\_\_

**Maximum retail value of each prize awarded in a single raffle:** \_\_\_\_\_

**Maximum price charged for each chance sold:** \_\_\_\_\_

**Fee attached:** \_\_\_\_\_

**Time period for a license:** \_\_\_\_\_

**PURSUANT TO SECTION 4.66.090 UNDER ORDINANCE NO. 1825,  
FIDELITY BOND IS ATTACHED:**

**ARE YOU REQUESTING A WAIVER OF FIDELITY BOND PURSUANT TO SECTION 4.66.150?**

**YES:** \_\_\_\_\_

**NO:** \_\_\_\_\_

**\*If yes, complete the following: State reason why the procurement of a bond in the required amount would constitute an undue hardship. Also, state what alternative method will be available to protect the public in lieu of the bond. (attach additional sheet if necessary)**

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**ATTESTATION**

**“The undersigned attest that the above named organization is organized not-for-profit under the law of the State of Illinois and has been continuously in existence for at least 5 years, receding date of this application, and that during this entire 5 year period preceding date of application it has maintained a bona fide membership actively engaged in carrying out its object. 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 raffles 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 raffle in accordance with the provisions of the laws of the State of Illinois and this jurisdiction governing the conduct of such raffles.”**

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**Name of Organization**

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**President/Chairperson**

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**Village Manager /Approved**

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**Date**