



100 West Fourth Street Waterloo, Illinois 62298 (618) 939-8600

Stanley T. Darter, Mayor

License No
Date
Fee

## APPLICATION FOR RAFFLE LICENSE

Organization Name:				
Address:				
Type of Organization:				
If organization is incorporated, what is	the date and state of incorporation?			
Date:	State:			
Not-for-Profit Designation:	Not-for-Profit Tax ID#:			
List organization's presiding officer, secretary, raffle manager, and any other members responsible for the conduct and operation of the raffle:				
PRESIDENT:				
Address:				
Phone No.:				
SECRETARY:				
Address:				
Phone No.:				
RAFFLE MANAGER:				
Address:				
Phone No.:				
NAME:				
Address:				
Phone No.:				



Date:

Location:

ILLINOIS				
This request is for a single raffle license.				
This request is for a multiple raffle license.				
This request is for a Queen of Hearts raffle license.				
If a multiple raffle license is requested, list on Exhibit 1, as attached, the date, time, and location for each raffle to be held within a one (1) year period of time from the date of the issuance of the license.				
If a Queen of Hearts raffle license is the date, time and location for each period of time for said raffle.	•	=		
Aggregate Retail Value of Prizes	Fee	THE APPLICATION FEE IS NON-REFUNDABLE EVEN IF THE APPLICATION IS DENIED.		
Less than \$500 or 50/50 drawings	\$5			
\$500 or more, but less than \$1,000	\$15			
\$1,000 or more, but less than \$10,000	\$25			
\$10,000 or more, but less than \$100,000	\$35			
More than \$100,000 not to exceed \$2,100,000 and all Queen of Hearts Raffles	\$50			
The Aggregate retail value of all prizes to be awarded: \$  Maximum price charged for each raffle chance issued or sold: \$  The area or areas in which raffle chances will be issued or sold:				
Time period in which raffle chances will be issued or sold:				
The date, time, and location at whic	h winnin	g chances will be	determined:	

Page **2 of 4** Raffle License Application Revised 05/23

Time:



## **NOTARIZED SWORN STATEMENT**

The following officers attest to the not-for-profit character of the applicant organization.

(Name of Organization)				
Dated this	day of	20		
-	,	<del></del>		
PRESIDING OFFI		SECRETARY		
STATE OF		)		
COUNTY OF		,		
Signed and sworn to me this	day o	f 20		
	-			
		NOTARY		
		My Commission Expires:		
	<u>CERTIFI</u>	CATION		
Ι,	, of the	(Name of Organization)		
do hereby certify that the inf	ormation containe	d in this application is true and correct.		
Dated this	day of	20		
		PRESIDING OFFICER		
STATE OF		)		
		) SS.		
COUNTY OF		)		
Signed and sworn to me this	day o	f 20		
Signed and Sworn to me this	uay u			
	<del>-</del>	NOTARY		
		My Commission Expires:		

Page **3 of 4** Raffle License Application Revised 05/23



## **EXHIBIT 1**

The following is the date, time, and location at which winning chances will be determined for multiple raffles to be held within a maximum period of one (1) year from the date of the issuance of this raffle license; or for 55 weeks in the case of a Queen of Hearts raffle.

1.	Date:	Time:
	Location:	
2.	Date: Location:	
3.	Date: Location:	
4.	Date:	Time:
5.	Date: Location:	
6.	Date: Location:	
7.	Date: Location:	Time:
8.	Date: Location:	
9.	Date: Location:	
10.	Date: Location:	Time:
11.	Date: Location:	Time:
12.	Date: Location:	Time:

Page **4 of 4** Raffle License Application Revised 05/23