



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

Stanley T. Darter, Mayor Mechelle Childers, Clerk Brad A. Papenberg, Treasurer

APPLICATION FOR RAFFLE LICENSE

License No
Date
Fee

Organization Name:	
Address:	
Length of Existence 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, se for the conduct and operation of the rat	ecretary, raffle manager, and any other members responsible ffle:
PRESIDENT:	
Address:	
SECRETARY:	
Address:	
Phone No.	
RAFFLE MANAGER:	
Address:	
NAME:	
Address:	
Phone No.	

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This reques	t is for a	single raffle license.
This reques	t is for a	multiple raffle license.
This reques	t is for a	Queen of Hearts raffle license.
		hibit 1, as attached, the date, time, and location iod of time from the date of the issuance of the
If a Queen of Hearts raffle license is requ location for each drawing to be held with		st on Exhibit 1, as attached, the date, time and s-week period of time for said raffle.
Aggregate Retail Value of Prizes	Fee	7
Less than \$500 or 50/50 drawings	\$5	THE ADDITION FEE IS NOW
\$500 or more, but less than \$1,000	\$15	THE APPLICATION FEE IS NON REFUNDABLE EVEN IF THI
\$1,000 or more, but less than \$10,000	\$25	APPLICATION IS DENIED.
\$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 Maximum price charged for each raffle c		
The area or areas in which raffle chances	will be i	ssued or sold:
Time period in which raffle chances will	be issued	d or sold:
The date, time, and location at which win	nning cha	ances will be determined:
Date:		Time:

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Location: ____

NOTARIZED SWORN STATEMENT

The following officers attest to the not-for-profit character of the applicant organization. (Name of Organization) Dated this ______, 20_____. PRESIDING OFFICER SECRETARY Signed and sworn to before me this ______day of _______, 20_____. NOTARY My Commission Expires: **CERTIFICATION** _____, of the _____ (Organization) do hereby certify that the information contained in this application is true and correct. Dated this ______day of _________, 20______. STATE OF ______)
SS. PRESIDING OFFICER COUNTY OF ______) Signed and sworn to before me this ______day of _______, 20_____. NOTARY My Commission Expires:

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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:	
	Location:	
5.	Date:	
	Location:	
6.	Date:	
	Location:	
7.	Date:	
	Location:	
8.	Date:	
	Location:	
9.	Date:	Time:
	Location:	
10.	Date:	Time:
	Location:	
11.	Date:	
	Location:	
12.	Date:	
	Location:	

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