



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

Thomas G. Smith, Mayor  
Barbara Pace, Clerk  
Brad A. Papenberg, Treasurer

## APPLICATION FOR RAFFLE LICENSE

|                   |
|-------------------|
| License No. _____ |
| Date _____        |
| Fee _____         |

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

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, 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. \_\_\_\_\_

\_\_\_\_\_ 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 requested, list on Exhibit 1, as attached, the date, time and location for each drawing to be held within the 55-week period of time for said raffle.

| Aggregate Retail Value of Prizes              | Fee  |
|---|------|
| 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 | \$50 |

**THE APPLICATION FEE IS NON-REFUNDABLE EVEN IF THE APPLICATION IS DENIED.**

The Aggregate retail value of all prizes to be awarded: \$ \_\_\_\_\_

Maximum retail value of each prize 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 which winning chances will be determined:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

**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\_\_\_\_\_.

\_\_\_\_\_  
PRESIDING OFFICER

\_\_\_\_\_  
SECRETARY

STATE OF \_\_\_\_\_ )  
  ) SS.  
COUNTY OF \_\_\_\_\_ )

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY

My Commission Expires: \_\_\_\_\_

**CERTIFICATION**

I, \_\_\_\_\_, of the \_\_\_\_\_,  
(Presiding Officer)  (Organization)

do hereby certify that the information contained in this application is true and correct.

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

\_\_\_\_\_  
PRESIDING OFFICER

STATE OF \_\_\_\_\_ )  
  ) SS.  
COUNTY OF \_\_\_\_\_ )

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY

My Commission Expires: \_\_\_\_\_

**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: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_
3. Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_
4. Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_
5. Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_
6. Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_
7. Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_
8. Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_
9. Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_
10. Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_
11. Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_
12. Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_