



RAFFLE LICENSE

No. _____

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1. NAME OF ORGANIZATION: _____
 2. ADDRESS OF ORGANIZATION: _____
 3. BUSINESS PHONE: _____ 4. FAX NUMBER: _____
 5. TYPE OF ORGANIZATION: _____
 RELIGIOUS CHARITABLE LABOR BUSINESS
 FRATERNAL EDUCATIONAL VETERANS

Contact Information

6. PRESIDENT/CHAIRPERSON NAME: _____
7. HOME ADDRESS: _____
8. HOME PHONE NUMBER: _____
9. SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
10. RAFFLE MANAGER NAME: _____
11. HOME ADDRESS: _____
12. HOME PHONE NUMBER: _____
13. SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

Raffle Information

14. PURPOSE OF RAFFLE: _____
15. TIME PERIOD DURING WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:
BEGINNING: _____ ENDING: _____
16. THE NUMBER OF RAFFLES TO BE CONDUCTED DURING THE REQUESTED TIME PERIOD: _____
17. LOCATION OF RAFFLE TICKETS SALES (license will be limited to sales in the specified areas within the Village of New Lenox)

18. DATE(S) FOR DETERMINING RAFFLE WINNERS: _____



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19. PRICE OF RAFFLE CHANCE: _____

20. MAXIMUM NUMBER OF CHANCES AVAILABLE: _____

21. AGGRAGRATE RETAIL VALUE OF ALL PRIZES TO BE AWARDED: _____

22. MAXIMUM RETAIL VALUE OF EACH PRIZE TO BE AWARDED IN A SINGLE RAFFLE: _____

23. ARE THE ENTIRE NET PROCEEDS OF THE RAFFLE EXCLUSIVELY DEVOTED TO THE LAWFUL PURPOSES OF THE ORGANIZATION PERMITTED TO CONDUCT THE RAFFLE? YES NO

24. IS ANY PERSON RECEIVING ANY REMUNERATION OR PROFIT FOR PARTICIPATING IN THE MANAGEMENT OR OPERATION OF THE RAFFLE? YES NO

25. ARE CHANCES SOLD ONLINE? YES NO IF YES, COMPLETE THE FOLLOWING AS IT RELATEDS TO THE PRGANIZATION IN POSSESSION OF THE COMPUTER SERVERS PROVIDING HOSTING SERVICES:

26. CONTACT NAME: _____

27. CONTACT ADDRESS: _____

28. CONTACT PHONE NUMBER: _____

29. CONTACT E-MAIL ADDRESS: _____

30. LIST THE URL OF ALL WEBSITES AT WHICH THE RAFFLE CHANCES MAY BE PURCHASED: _____

Attach the following:

- Affidavit for raffle license.
- \$5,000 Fidelity bond.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Approved

Denied

Date



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AFFIDAVIT FOR RAFFLE LICENSE

We hereby swear that all of the foregoing statements are true and correct to the best of our knowledge and belief.

We hereby swear that those involved in the conduct of said raffle will not violate any of the Ordinances of the Village of New Lenox, the statutes of the State of Illinois or the laws of the United States of America in the conduct of the raffle described herein.

The undersigned hereby acknowledges that we have read and understand fully all provisions as set forth in Chapter 10 Section 10-80 et. seq., Raffle and Chances License of the Village of New Lenox.

We hereby swear that the Applicant/Organization is a bona fide chamber, charitable, educational, fraternal, labor, non-profit, religious or veterans organization as defined which operates without profit to its members and which has been in existence for a period of five (5) years immediately before making application for a license and has had during that entire five (5) year period bona fide membership engaged in carrying out its objectives.

We also hereby swear that said Raffle License is not being requested to be issued to any of the following:

- a) Any person who has been convicted of a felony;
- b) Any person who is or has been a professional gambler or gambler promoter;
- c) Any person who is not of good moral character;
- d) Any firm or corporation in which a person described a), b), or c) has a proprietary, equitable or credit interest, or in which such a person is active or employed;
- e) Any organization in which a person defined in a), b), or c) is an officer, director or employee, whether compensated or not;
- f) Any organization in which a person defined in a), b). or c) is to participate in the management or operation of a raffle;
- g) Any person or organization that has failed to pay a raffle license fee as required by this article or that has a claim pending under a manager's bond.

It is further understood that any person, firm or corporation found guilty of violating any provision of the Ordinance shall be punished by a fine not to exceed seven hundred fifty dollars (\$750.00).

Sworn to this _____ day of _____, 20 _____.

President _____

Secretary _____



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AUDIT INFORMATION

1. NAME OF ORGANIZATION: _____
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 RELIGIOUS CHARITABLE LABOR BUSINESS
 FRATERNAL EDUCATIONAL VETERANS
 6. GROSS RECEIPTS: _____ 7. EXPENSES: _____
 8. TREASURER: _____
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(Please attach an itemized distribution of net proceeds to this form)