



CITY OF LOCKPORT

RAFFLE LICENSE APPLICATION

\$25.00 Class B: Prize is \$5,000.00 or greater

Office of the City Clerk 222 E. 9th
Street/3rd Floor Lockport, Illinois
Office: 815-838-0549 Fax: 815-838-9498
Website: www.cityoflockport.net

Note to Applicants: Pursuant to Illinois law, licenses shall be issued only to bona fide religious, charitable, labor, business, fraternal, educational or veterans' organizations that operate without profit to their members and which have been in existence continuously for a period of 5 years immediately before making application for a license and which have had during that entire 5 year period a bona fide membership engaged in carrying out their objects, or to a non-profit fundraising organization that the City of Lockport determines is organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardship as the result of illness, disability, accident or disaster.



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**APPLICATION FOR RAFFLE
LICENSE OFFICE OF THE
CITY CLERK LOCKPORT, IL**

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1. Applicant Background Information:

- a) Name of Organization (applicant): _____
- b) Name of Agent (if applicable): _____
- c) Address: _____
- d) Mailing Address (if different): _____
- e) Organization's Contact Person Phone No.: _____
- f) Organization's Contact Person Email: _____
- g) Organization's website: _____
- h) Has Organization Existed Continuously for at Least 5 Years: ____Yes ____No
- i) Date & Place of Organization's Formation/Incorporation: _____
- j) Is Applicant a Not-For-Profit Organization: ____Yes ____No
- k) Choose One Category to Describe Applicant Organization:
- ____Religious ____Charitable ____Labor ____Fraternal ____Educational ____Veteran's Organization



l) Describe the activities and/or purpose of the applicant organization: _____

m) List dates of any previous applications for a raffle license: _____
a) Were the applications granted: ____Yes ____No
b) If yes, list dates of previous licensed raffles: _____

2. Scope of Raffle License

- a. Applicant requests license to conduct [choose one]:
_____ One Raffle (Class B with an aggregate raffle value \$5,000.00 or geater)
_____ Multiple Raffles (Class B)

3. Raffle Tickets

Note: The maximum price that may be charged for each raffle chance or ticket is \$125. The maximum number of days during which chances to win or "tickets" may be sold is 120 days. Tickets must be sold in Lockport. No person under the age of 18 may participate in the conducting of raffles.

- a) Number of Tickets to be Sold: _____
b) Price per Ticket (cannot be more than \$125): _____
c) Time Period During Which Tickets Will be Sold (date(s)/time(s) not more than 120 days: _____

4. Raffle Prizes [indicate if recurring event]

Note: The aggregate retail value of all prizes or merchandise awarded by a single licensee in a single raffle is limited to \$50,000. No single prize may have a maximum retail value of more than \$50,000.

- a) Number of Prizes to be Awarded: _____
b) Cash Value of all Prizes (total): _____



c) Description of Prizes:

Name of Raffle	Prize to be Awarded	Cash Value	Drawing Date (or recurring event, i.e., "Monday bingo")	Time	Location

d) Does Applicant Own the Premises at each location where raffle drawing is to be held: ____Yes ____No
(if yes, skip to question # 5)

e) If No, Will Applicant Lease/Rent/Pay Owner for Use of the Premises: ____Yes ____No
List Premises to be Rented, Owner, and Owner's Address:

Location & Type of Location (i.e., church)	Owner's Name	Owner's Address

5. Raffle Manager

Note to Applicant: Applicant Must Designate a "Raffle Manager" to Supervise and Control the Raffle. The Manager Must Post a Fidelity Bond Unless Waived by the Village Board of Trustees and Approved by Unanimous Vote of the Applicant's Members.

a) Name of Designated Raffle Manager: _____

b) Raffle Manager Phone No: _____

c) Raffle Manager Email: _____



d) Choose one:

- _____ A Copy of the Manager's Fidelity Bond is Attached
- _____ By Unanimous Vote of Applicant Organization's Member, Applicant Requests Waiver of Bond

The undersigned, under oath, hereby state as follows:

1. That the applicant organization is a not-for-profit organization that has been in continuous existence for the five years preceding this application date, and during that entire period it has maintained a bona fide membership actively engaged in carrying out its objectives;
2. That no officer, director or employee, whether compensated or not, of applicant organization, and no person who is to participate in the management or operation of applicant organization's raffle and if applicant is a firm or corporation, no person who has a proprietary, equitable or credit interest, or is employed by or active in applicant firm or corporation was ever convicted of a felony, was ever or is currently a professional gambler or gambling promoter, or is a person who is not of good moral character;
3. That should a raffle license be granted to applicant:
 - a. Each such license shall be valid for only one raffle or for a specific number of raffles to be conducted during a specified period not to exceed one year;
 - b. Such license may be suspended or revoked by the corporate authorities in the event of violation of the City of Lockport Municipal Code or applicable state law;
 - c. The entire net proceeds of the raffle will be exclusively devoted to the lawful purposes of the applicant organization;
 - d. No person except a bona fide member of the applicant organization will participate in the management or operation of the raffle;
 - e. No person will receive any profit for participating in the management or operation of the raffle;
 - f. No person under the age of 18 will participate in the raffle, including the raffle drawing, on behalf of the organization. Any person under 18 who is within the area where winning chances are being determined, or where the winning ticket drawing is taking place must be accompanied by his or her parent or guardian.



The undersigned upon oath state and represent that they have personal knowledge of all facts and statements made in the foregoing application and they are true and accurate and presented without reservation.

By: _____
Signature of President/Presiding Officer

Signature of Secretary

Printed Name of President/Presiding Officer

Printed Name of Secretary

Name of Application Organization

Date

Return Completed Application and \$25.00 License Fee to:
City Clerk's Office, 222 E. 9th Street, 3rd Floor, Lockport, IL
Phone: 815.838.0549