Application for Raffle License

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:** _____

PRESIDENT:

SECRETARY: _____ **Birth Date:** _____
Address: _____
Social Security Number: _____ **Phone #** _____

RAFFLE MANAGER: _____ **Birth Date:** _____
Address: _____
Social Security Number: _____ **Birth Date:** _____

List any other members responsible for the conduct and operation of the raffle on the back of this page.
List name, date of birth, address, social security number and phone number.

_____ **This request is for a single raffle license.**
_____ **This request is for a multiple raffle license.**

The aggregate retail value of all prizes to be awarded: $_____
Maximum retail Value of each prize to be awarded in the raffle: $_____
The maximum price charged for each raffle chance issued: $_____
The area or areas in which the raffle chances will be sold or issued: _____
_____

Time period which raffle chances will be issued or sold: _____
_____

The date, time and location at which the winning chances will be determined: _____
_____

Date: _____ **Time:** _____
Location: _____

If multiple raffle licenses are requested, list on a separate sheet, the date, time, and location for each raffle to be held within the one (1) year period of time from the date of the issuance of the license.

THE APPLICATION FEES ARE NONREFUNDABLE EVEN SHOULD THE APPLICATION BE REJECTED BY THE VILLAGE BOARD.