Village of Vernon Hills
290 Evergreen Drive · Vernon Hills, IL 60061-2999 · 847-367-3700

APPLICATION FOR RAFFLE LICENSE

DATE:_____ **IF NON-PROFIT, DATE OF CHARTER:** _____

NAME OF ORGANIZATION: _____

LIST OF OFFICER/AGENTS, NAME: _____
(Please attach a separate sheet if more than one officer/agent with all the below information)
ADDRESS,CITY,STATE,ZIP CODE: _____
PHONE NUMBER: (____)_____ **(EMAIL):**_____
****FOR PROFIT AGENCIES ARE SUBJECT TO BACK GROUND CHECKS AND SSN WILL BE REQUIRED**

HAVE ANY OF THE OFFICERS/AGENTS LISTED ABOVE BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN AND DATE OF OCCURRENCE:_____
_____
_____
_____

HAVE ANY OF THE OFFICERS LISTED ABOVE BEEN A PROFESSIONAL GAMBLER OR GAMBLING PROMOTER? _____ **IF YES, PLEASE GIVE NAME PARTICULARS:** _____
_____
_____
_____

SPECIFIC AREA (S) WITHIN THE VILLAGE OF VERNON HILLS IN, WHICH THE RAFFLE CHANCES WILL BE SOLD OR ISSUED: _____
_____
_____

TERM PERIOD DURING WHICH RAFFLES OR CHANCES WILL BE SOLD OR ISSUED: _____
_____

TIME OF DETERMINATION OF WINNING CHANCE: _____

LOCATION AT WHICH WINNING CHANCES WILL BE DETERMINED: _____
_____

DO YOU HEREBY ATTEST TO THE NOT-FOR-PROFIT CHARACTER OF YOUR ORGANIZATION/EVENT? _____

_____
PRESIDING OFFICER/AGENT

SUBSCRIBED AND SWORN TO ME
ON THIS _____ **DAY OF** _____ **20**____

_____
NOTARY PUBLIC