City of Byron
232 W. Second Street, P.O. Box 916
Byron IL 61010-0916
Telephone: 815-234-2762 Fax: 815-234-2646

RAFFLE PERMIT/POKER RUN APPLICATION

Chapter 5.52 Byron Municipal Code

Circle one: Raffle / Poker Run Fee: (See attached) _____ Date: _____

Name of Applicant Organization: _____

Address: _____

Phone: _____Date of Incorporation: _____

Type of Non-Profit: __Religious __Charitable __Labor __Business __Fraternal ___Educational __Veterans __ Other (please describe) _____

Name of Person Submitting Application:_____

Address: _____

Phone: _____Email: _____

On next page, please list name, address and phone of member(s) responsible for operation of raffle/poker run.

Item(s) to be raffled: _____

Length of time raffle is to be conducted: _____

Location or locations where raffle chances will be sold or issued:_____

Time & Location of raffle/poker run at which winning chances will be determined:_____

_____

If poker run, area or areas in the city in which the poker run will be conducted:_____

_____

Retail value of total prizes: _____

Ticket price: _____

I do hereby certify that all statements made herein are true and correct to the best of my knowledge and further certify that the organization which I represent is qualified and eligible to obtain a raffle license in the City of Byron according to the requirements as set forth in 230 ILCS 15/0.01 et se (State of Illinois Raffles Act) and the Byron Municipal Code, Title 5 Chapter 52, and further certify that we will abide by all rules and regulations as set forth by the State of Illinois and the City of Byron. The information required by Section 5.52.060 will be submitted to the City no later than ten (10) business days from the conclusion of the licensed raffle. I will abide by all city ordinances.

_____ _____

Signature of Applicant Date

Section 5.52.050 requires a Raffle Manager be named on behalf of the Applicant Organization. This section also requires a fidelity bond be provided on behalf of the Raffle Manager and in favor of the Applicant organization in an amount not less than the anticipated gross receipts of each raffle. The City Administrator may waive the bond requirement if the Applicant provides a statement with the application that there has been an affirmative vote by the requisite number of members of the Applicant Organization, or members of the governing board of the Applicant Organization, to request a waiver of the bond requirement.

Please list name, address and phone of raffle manager responsible for the conduct and operation of the raffle/ poker run.

Name: _____ Title: _____

Address _____ Phone: _____

Email: _____

Is a waiver of the fidelity bond requirement being requested? Yes _____ No _____
(If yes, required statement must be attached.)

Please list the organization's presiding officer and secretary:

Name: _____ Title: _____

Address: _____ Phone: _____

Email: _____

Name: _____ Title: _____

Address: _____ Phone: _____

Email: _____

Cash and/or Merchandise Value	License Fee
$0.00—$10,000	None
$10,001.00—$100,000.00	$100.00
$100,001.00—$500,000.00	$500.00
$500,001.00—$1,000,000	$1,000.00

Office Use Only:

Application Approved by: _____ Date: _____