

## Raffle License Application

In accordance with the State of Illinois Raffles and Poker Runs Act, 230 ILCS 15/1 *et seq.*, as amended, and Chapter 10 of the Wheaton City Code, raffle licenses shall be issued only to: (1) bona fide religious, charitable, labor, business, fraternal, educational or veterans organizations which operate without profit to their members, and which have been in existence continuously for a period of no less than five (5) years immediately before making application for a license and which had, during that entire five (5) year period, a bona fide membership engaged in carrying out its objectives; or (2) a nonprofit fundraising organization that the City Manager determines is organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme hardship as the result of an illness, disability, accident or disaster.

For applicants seeking qualification under (1) above, this application MUST be accompanied by written proof issued by the State that the applicant is in good standing with the Office of the Illinois Secretary of State and which specifies the date of incorporation of the organization as a nonprofit organization.

### Organizational Information:

Name of Organization: \_\_\_\_\_

Principal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Applicant's Name (Raffle Manager): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Affiliation with Organization: \_\_\_\_\_

Type of Organization: (Check appropriate box)

☐ Charitable      ☐ Educational      ☐ Fraternal      ☐ Labor      ☐ Religious  
☐ Veterans      ☐ Non-Profit

Number of years organization has been in existence: \_\_\_\_\_

Date and place of incorporation or formation of organization: \_\_\_\_\_

Number of members in good standing in organization: \_\_\_\_\_

### Event Information: (The name and address of organization named above must be printed on all tickets.)

Name of Event: \_\_\_\_\_

Is the Event a Fundraiser? ☐ Yes      ☐ No      Beneficiary: \_\_\_\_\_

Date(s) of Raffle Ticket/Chance Sales (must not exceed 180 days unless approved by the City Council)

From: \_\_\_\_\_ To: \_\_\_\_\_

The Price to be Charged for Each Ticket/Chance (must not exceed \$100.00): \_\_\_\_\_

Date and Time of Ticket/Chance Winner Determination: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Ticket/Chance Determination: \_\_\_\_\_

Is the location where the winning ticket/chance will be determined rented by the applicant or any officer, director, employee or person associated with the applicant organization or corporation including, any person participating in the management or operation of the raffle? ☐ Yes ☐ No

If yes, then the Rented Premises Certification at the end of this application must be executed by the owner, manager, or other duly authorized representative of the rented premises.

Item(s) to be Raffled: \_\_\_\_\_

Retail Value of Each Prize to be Awarded (must not exceed \$200,000.00): \_\_\_\_\_

Total Cash Value of All Prizes to be Awarded (must not exceed \$200,000.00): \_\_\_\_\_

Has applicant or any officer, director, employee, or person associated with the applicant organization or corporation, including any person participating in the management or operation of the raffle which is the subject of this application, or person who has a proprietary, equitable or credit interest in such raffle ever been convicted of a felony?

☐ Yes ☐ No If yes, please detail the circumstances below or attach a separate sheet.

Has applicant or any officer, director, employee or person associated with the applicant organization or corporation, including any person participating in the management or operation of the raffle which is the subject of this application, or person who has a proprietary, equitable or credit interest in such raffle ever been convicted of a violation of any ordinance or statute regulating gambling? ☐ Yes ☐ No If yes, please detail the circumstances below or attach a separate sheet, unless such conviction occurred prior to the person's 18<sup>th</sup> birthday or if the conviction has been expunged or sealed.

## Sworn Statements

I, \_\_\_\_\_, as the representative for \_\_\_\_\_, affirm that all statements made herein are true and correct, and further affirm that the organization which I represent is qualified and eligible to obtain a raffle license in the City of Wheaton according to the requirements as set forth in the Raffle and Poker Runs Act, 230 ILCS 15/1 *et seq.* and Article 10 of the Wheaton City Code, and further affirm that we shall abide by all rules and regulations as set forth by the State of Illinois and the City of Wheaton and shall provide a report to the organization's members and to the City of Wheaton within thirty (30) days after the conclusion of the raffle listing the gross receipts, expenses and net proceeds from the raffle, and the distribution of net proceeds itemized as required by Article 10 of the Wheaton City Code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, do hereby declare, that the organization applying for this raffle license and named herein is a not-for-profit organization as defined by Article 10 Section 10-47 of the Wheaton City Code and has been in existence for a minimum period of five years (5) years immediately prior to the date of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Presiding Officer of Organization

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Secretary of Organization

### **TO BE SIGNED ONLY IF RAFFLE IS HELD AT A RENTED LOCATION AND NOT AT THE ORGANIZATION'S LOCATION**

I, \_\_\_\_\_, as the \_\_\_\_\_ (owner, manager or duly authorized representative) for \_\_\_\_\_ ("Premises"), do hereby consent to the use of the Premises for the raffle activity identified in this application and declare that I have never been convicted of a felony or any local ordinance or State law regulating gambling, unless such conviction occurred prior to the person's 18<sup>th</sup> birthday or if the conviction has been expunged or sealed. I hereby affirm that the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BOND WAIVER REQUEST** (Must be Completed through Signature Line)

I, the undersigned, Secretary of \_\_\_\_\_,

certify that a vote to request a waiver of the fidelity bond requirements under Section 10-57 of the Wheaton

City Code was held on \_\_\_\_\_,

and that such request was approved by a majority vote of the members present.

\_\_\_\_\_  
Secretary of Organization

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Office Use Only \$25.00 Application Fee Received: \_\_\_\_\_

Approved By: \_\_\_\_\_  
(City Council or City Manager)

Date: \_\_\_\_\_