

OFFICE USE ONLY

INDIVIDUAL _____

ANNUAL _____

APPROVED _____

Police Department



APPROVED _____

City Manager

LICENSE YEAR _____

Amount Paid _____

License # _____

Date Paid _____

Date Issued _____

Date Expires _____

PLEASE ALLOW A MINIMUM OF TEN (10) BUSINESS DAYS FOR LICENSE APPROVAL

FEE: Individual License - \$25 for first \$1000 of prize value or less and \$10 for each additional \$1000 of prize value up to \$10,000. Maximum fee for individual is \$115. Annual License fee - \$115

CITY OF DECATUR
FINANCE DEPARTMENT - LICENSING
1 GARY K ANDERSON PLAZA
DECATUR, IL 62523
(217) 424-2709

RAFFLE LICENSE APPLICATION

Name of Organization _____

Address _____

Street

City

County

Zip Code

Mailing Address (if different from above):

Street

City

Zip Code

Address of Place for Raffles Drawing:

Street

City

Zip Code

Check Type of Organization:

Fraternal _____

Educational _____

Veterans _____

Religious _____

Charitable _____

Labor _____

Other/Give Description:

How long has this organization been in existence? _____

Place and Date of Incorporation

Place

Date

Number of members in good standing _____

List names of members who will be responsible for conduct and operation of raffles (use additional page if needed):

Number of members responsible: _____

NAME (First, MI, Last)

DATE OF BIRTH

NAME (First, MI, Last)

DATE OF BIRTH

NAME (First, MI, Last)

DATE OF BIRTH

President/Chairperson _____
Name (First, MI, Last)

_____/_____
Address Telephone

_____/_____
Driver License Number Social Security Number

_____/_____
Place of Birth Date of Birth

Raffles Manager _____
Name (First, MI, Last)

_____/_____
Address Telephone

_____/_____
Driver License Number Social Security Number

_____/_____
Place of Birth Date of Birth

Dates for Raffle Ticket Sales _____

Location(s) of Sales _____

Location for Determining Winners _____

Date(s) for Determining Winners _____

Total Retail Value of All Prizes Awarded in a Single Raffle \$ _____

Maximum Retail Value of Each Prize Awarded in a Single Raffle \$ _____

Maximum Price Charged for Each Chance Sold \$ _____

ATTESTATION:

"The undersigned attest that the above named organization is organized not-for-profit under the law of the State of Illinois and has been in continuous existence for 5 years, preceding date of this application, and that during this entire 5 year period preceding date of application, it has maintained a bona fide membership actively engaged in carrying out its objects. The undersigned do hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the officers, operators and workers of the games are bona fide members of the sponsoring organization and are all of good moral character and have not been convicted of a felony; that if a license is granted hereunder, the undersigned will be responsible for the conduct of the games in accordance with the provisions of the laws of the State of Illinois and this jurisdiction governing the conduct of such games."

President/Chairperson _____
(Signature)

Name of Organization _____

5-3-80B

*** NOTE: BOND REQUIRED IN AMOUNT EQUAL TO DOUBLE THE TOTAL PRIZE VALUE PER CITY CODE CHAPTER 62, SECTION 8***