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

FEE: Annual $115
Individual: Based on prize value
$25 for up to first $1000
$10 for each additional $1000
Maximum Fee: $115

RAFFLE LICENSE APPLICATION

Application must be submitted no fewer than 10 days before the intended sale of raffle chances.

PLEASE ALLOW A MINIMUM OF TEN (10)-FOURTEEN (14) BUSINESS DAYS FOR LICENSE APPROVAL

Organization Name_____ Phone#_____

Address_____
Street City County State Zip Code

Mailing Address_____
Street City County State 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 (***Please attach copy of Certificate of Good Standing and Articles of Incorp.***)

_____
Place Date

Number of members in good standing _____ (***Please provide List of Members***)

Dates of Raffle Ticket Sales _____

Location(s) of Sales _____

Location for Determining Winners _____

Manner for Determining Winners_____

Date(s) for Determining Winners _____

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

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

Maximum Price Charged for Each Chance Sold $_____

TO BE COMPLETED BY FINANCE DEPT.

_____
Chief of Police or Designee Date

_____
City Manager or Designee Date

Individual _____ Annual_____
Amount Paid $_____
Date Paid _____
License Number_____
License Expires_____
License Issued _____

Please attach photo IDs for all listed on application.

President/Chairperson
Name_____Phone#_____
First MI Last

Address_____
Street City State Zip Code

Social Security #_____-_____-_____ IL Driver's License #_____

Date of Birth_____/_____/_____ Place of Birth_____

Raffles Manager
Name_____Phone#_____
First MI Last

Address_____
Street City State Zip Code

Social Security #_____-_____-_____ IL Driver's License #_____

Date of Birth_____/_____/_____ Place of Birth_____

List names of members who will be responsible for conduct and operation of raffles (use additional page if needed): Number of members responsible:_____ ***ATTACH PHOTO IDs FOR EACH LISTED***

_____
NAME (First, MI, Last) DATE OF BIRTH PHONE#

_____
NAME (First, MI, Last) DATE OF BIRTH PHONE#

_____
NAME (First, MI, Last) DATE OF BIRTH PHONE#

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_____

Today's Date_____

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

FINANCE DEPT REVIEW_____

What does the City of Decatur do with your Social Security Number?
Statement of Purpose for Collection of Social Security Numbers
Identity-Protection Policy

The Identity Protection Act, 5 ILCS 179/1 *et seq.,* requires each local and State government agency to draft, approve and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security number (SSN). This statement of purpose is being provided to you because you have been asked by the City to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

- Complaint, mediation or investigation;
- Crime victim compensation;
- Vendor services, such as executing contracts and/or billing;
- Law Enforcement verification;
- Internal verification;
- Administrative services; and/or,
- Other: _____

What do we do with your Social Security number?

We will only use your SSN for the purpose for which it was collected.

We will not:

- Sell, lease, loan, trade or rent your SSN to a third party for any purpose;
- Publicly post or publicly display your SSN;
- Print your SSN on any card required for you to access our services;
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or,
- Print your SSN on any materials that are mailed to you, unless State or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

Questions or Complaints about this Statement of Purpose?

Write to the: City of Decatur, #1 Gary K. Anderson Plaza, Decatur, IL 62523