



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.		Individual _____ Annual _____
_____		Amount Paid \$ _____
_____		Date Paid _____
Chief of Police	Date	License Number _____
_____		License Expires _____
_____		License Issued _____
City Manager	Date	

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