

**APPLICATION FOR RAFFLE LICENSE
MENARD COUNTY**

Name of individual applying _____

Address _____

Street

City

Zip

Organization applying _____

Address _____

Street

City

Zip

1. How long has the organization been in continuous existence with a membership engaged in carrying out the objects of the organization? _____

2. Type of non-for-profit organization as defined in the Menard County Raffle Ordinance: (Circle One)

Business

Religious

Charitable

Labor

Other _____

Fraternal

Educational

Veterans

If other, please state the organization's purpose: _____

3. Answer the following questions with respect to the individual applying herefor, any person who has a proprietary, equitable or credit interest in the organization, any person who is active in or employed by the organization, and any person who is an officer or director or employee of the organization.

Has the person ever been convicted of a felony under the laws of the State of Illinois or any other State? YES _____ NO _____

Is the person now or has the person ever been a professional gambler or gambling promoter? YES _____ NO _____

Is the person of good moral character? YES _____ NO _____

4. Number of members of organization that reside in Menard County _____

5. President/Chairman/Chief Executive of organization: _____

Address _____

Street

City

Zip

6. Raffle Manager: Name _____

Address _____

Street

City

Zip

7. Locations at which raffle chances will be sold or issued:

8. First and last date for sales of raffle chances:

First day _____ Last day _____

9. Maximum number of chances to be sold _____

10. Date and time of determination of winning chance(s)

Date _____ Time _____

11. Location at which winning chance(s) will be determined:

Street City Zip

12. Total retail value of all prizes to be awarded in this raffle _____

13. Maximum retail value of any single prize to be awarded in this raffle _____

14. Maximum price of each chance _____

THE UNDERSIGNED HEREBY SWEAR, CERTIFY, AFFIRM, AND PROMISE AS FOLLOWS:

(a) that _____ is organized as a non-for-profit organization and in no other way is ineligible to receive a raffle license as prescribed by law, and further, that the above stated facts in this application are true; and

(b) that _____ will comply with Menard County Raffle Ordinance in every respect in conducting the raffle described herein.

Presiding Officer

Secretary

Subscribed and sworn to before me
this _____ day of _____, 20____

Notary Public

(This application must include a waiver of the bond as mentioned in S. 18.060. See attached)

S. 18.060 Raffle Manager – Bond

All operation of, and the conduct of, raffles shall be under the supervision of a single raffles manager designated by the organization. At the time the application is submitted to the County (Agent) the manager shall give a fidelity bond in the amount of the maximum dollar amount of all raffle chances to be sold, as stated on the application, in favor of the organization conditioned upon his/her honesty in the performance of his/her duties.

The above bond requirement may be waived by the unanimous vote of the members of the organization. The occurrence of said unanimous vote shall be by affidavit of the organization’s presiding officer, filed with the County (Agent).

TO THE MENARD COUNTY CLERK:

Our organization has voted unanimously to waive the fidelity bond required of our Raffle Manager.

Signed: _____
Presiding Officer of Organization

Name of Organization

Date