## VILLAGE OF ANTIOCH RAFFLE LICENSE APPLICATION APPLICANT INFORMATION Name of Organization or Group to be issued License: Address: Citv: State: ZIP Code: П Labor Union Type of Organization (Please check one) Religious П Civic П Educational Charitable Not for profit fundraising organization organized for the sole purpose of Fraternal Other (please Veteran's providing financial assistance to an identified individual or group of Organization individuals suffering extreme financial hardship as a result of an illness, explain) disability, accident or disaster. ORGANIZATION INFORMATION Years organization has been in existence: Number of members in good standing: President of Organization: Designated Manager of Raffle responsible for conduct and operation of drawing: Manager Phone: Manager Email: RAFFLE INFORAMTION Time of raffle: Date(s) of Raffle drawing: Address where drawing will be held: Must persons holding the winning chances be present at the drawing in order to be eligible to receive the winning prizes? Time span in which tickets will be sold (not to exceed 120 days): Area(s) within the Village where tickets will be sold: Amount charged for each raffle ticket (not to exceed \$100.00): Aggregate value of all prizes to be awarded at the raffle (not to exceed \$50,000): Maximum retail value of each prize to be awarded at the raffle (not to exceed \$30,000): **BOND REQUIREMENTS** Has the applicant produced a bond in an amount sufficient to cover the estimated cost to the applicant of prizes to be awarded, expenses to be incurred, and estimated net proceeds of the raffle? If the applicant has not provided a bond, was there a unanimous vote by members of the organization approving the waiver of the bond requirement? SWORN STATEMENT The undersigned, being duly sworn, on oath depose and state as follows: that the above named organization is an organized not-for-profit under the law of the State of Illinois and has been continuously in existence for 5 years preceding the date of this application, and has maintained a bona fide membership actively engaged in carrying out its objectives, or to a non-profit fund raising organization organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardship as the result of an illness, disability, accident or disaster. The undersigned state that all statements in the foregoing application are true and correct; that the officers and operators are all of good moral character and have not been convicted of a felony nor have been a professional gambler or promoter of a gambling operation; that if a license is granted hereunder, the undersigned will be responsible for the conduct of the drawing in accordance with the provisions of the Illinois Raffle Act and the Village of Antioch Ordinance Regarding licensing of raffles. Printed Name: Signature: Title: Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_ Signature of Notary: **Date Commission Expires:**

