

**APPLICATION FOR LICENSE TO CONDUCT RAFFLE**

City of Wilmington  
1165 S. Water Street  
Wilmington, IL 60481

(To be completed by City Staff)

Date Approved: \_\_\_\_\_

Date Denied: \_\_\_\_\_

Approved by: \_\_\_\_\_

Expires: \_\_\_\_\_

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the License as granted. **Applications must be submitted at least 30 days prior to the raffle date requested.** For information or questions please call (815) 476-2175.

**Each license is valid for One (1) Year. The license expires one year from the date it is approved.**

**NAMES OF UNDERSIGNED ORGANIZATION OFFICERS  
(PERSONS SUBMITTING APPLICATION)**

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

President or Presiding Officer: \_\_\_\_\_

Secretary: \_\_\_\_\_

Length of Time Organization Has Been in Existence: \_\_\_\_\_

Date and Place of Incorporation of Organization: \_\_\_\_\_

**CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION**

Religious \_\_\_\_\_ Charitable \_\_\_\_\_ Labor \_\_\_\_\_ Fraternal \_\_\_\_\_ Business \_\_\_\_\_

Educational \_\_\_\_\_ Veterans' Organization \_\_\_\_\_ \*Non-Profit Fundraising \_\_\_\_\_

\*(check this box if organized solely to raise funds for an individual or group of individuals suffering extreme financial hardship as a result of illness, disability, accident or disaster).

If not a Corporation, State When and How Organized: \_\_\_\_\_

Number of Members of Organization that Reside or Work in Wilmington: \_\_\_\_\_

Name, Address and Phone Number of Raffle Manager: \_\_\_\_\_

\_\_\_\_\_

Designate Member(s) Who Will be Responsible for  
Conduct and Operation of Raffle. Include Address(es)  
And Telephone Number(s). (Attach additional Sheets  
If Necessary)

---

---

---

---

---

---

Address of Place(s) or Area(s) Where Chances are  
To be Sold or Raffle is to be Conducted

---

---

---

Purpose of Raffle: \_\_\_\_\_

Dates When Raffle Chances Will be Sold or Issued: \_\_\_\_\_

---

Price of Chances: \$ \_\_\_\_\_ Total Prize Value: \$ \_\_\_\_\_ Largest  
Single Prize : \$ \_\_\_\_\_

Time, Date and Location Where Winning Raffle Chances Will be Determined: \_\_\_\_\_

---

---

---

The undersigned under oath attest that we have read and understand Ordinance No. 13-12-17-05. Entitled "An Ordinance for the Licensing and Regulation of Raffles", and we further attest to the non-profit character of the prospective license organization.

Further, the undersigned attest that they comply with all provisions of Ordinance No. 13-12-17-05 and understand that violations of this Ordinance are subject to fines of not less than Two Hundred Fifty Dollars (\$250.00) and not more than Seven Hundred Fifty Dollars (\$750.00) per violation.

President or  
Presiding Officer: \_\_\_\_\_  
Type or Print Name

Signature: \_\_\_\_\_

ATTEST:

Secretary: \_\_\_\_\_  
Type or Print Name

Signature: \_\_\_\_\_