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 Organizat	tion:				
Address of Organiz	zation:				
President or Presid	ing Officer:				
Secretary:					
Length of Time Or	ganization Has Been in	Existence:			
Date and Place of l	Incorporation of Organiz	zation:			
CHECK '	TYPE OF NON-PROFI	T ORGANIZ	ATION AND A	TTACH DOCUMENTATION	
Religious	Charitable	Labor	_ Fraternal	Business	
Educational	VeteransøOrganization	*No	on-Profit Fundraising	J	
*(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:					

Conduct and Operation	Who Will be Responsible for a of Raffle. Include Address(es) er(s). (Attach additional Sheets		
Address of Place(s) or To be Sold or Raffle is	Area(s) Where Chances are to be Conducted		
Purpose of Raffle:			
Dates When Raffle Ch	ances Will be Sold or Issued:		
Price of Chances: <u>\$</u> Time, Date and Location	Total Prize Value: <u>\$</u> on Where Winning Raffle Chances V	_	Prize : <u>\$</u>
	h attest that we have read and understand ulation of Rafflesö, and we further attest		
	ttest that they comply with all provisions e are subject to fines of not less than Two rs (\$750.00) per violation.		
President or Presiding Officer:	Type or Print Name		
Signature:			
ATTEST:			
Secretary:	Type or Print Name		
Signature:			