

Please print legibly in ink or type application.

License Term – Maximum of 120 days License Fee - \$5.00

**License Applicants:** A license to operate a raffle shall be issued only to bona fide religious, charitable, labor, fraternal, educational or veterans' organizations that operate without profit to their members and which have been in existence continuously for a period of five (5) years immediately before making application for a license and which have had during that entire five (5) year period a bona fide membership engaged in carrying out their objects.

**Raffle Manager:** All operation and conduct of raffles shall be under the supervision of a single raffle manager as designated on the license application. A manager shall give a fidelity bond in the sum of the aggregate retail value of the prizes as set out on the application. The bond shall be in favor of the organization conditioned upon the raffle manager's honesty in the performance of his duties. Said bond shall provide that notice shall be given in writing to the licensing authority not less than thirty (30) days prior to its cancellation period. If the retail value of the prizes exceed fifteen thousand dollars (\$15,000), such bond shall be a corporate surety.

Name of Applicant / Organizatio	n:			
Address:		City / State:	Zip:	
Office Phone:				
Contact Person:		Email:		
Driver's License/State ID#:		State Issued:		
Is the organization that you are Place & Date of charter or incorp			_	
Tax Exempt Number:				
Name of Presiding Officer:				
Address:Phone Number:				
Name of Presiding Secretary:				
Address:		City / State:	Zip:	
Phone Number:	Email:		Date of Birth:	
Name of Raffle Manager:				
Address:		City / State:	Zip:	
Phone Number:	Email:		Date of Birth:	



# Application for Raffle License Please print legibly in ink or type application.

List the prizes and the retail price of each price to be awarded:
Aggregate value of all prizes:
Raffle ticket sale dates: Beginning: Ending:
Area/Locations where raffle tickets are to be sold:
Price to be charged for each ticket sold:
Winning Chances will be determined: Date: Time:
Location:
Has the applicant acquainted himself with the rules and regulations as defined in the Yorkville City Code, Title 3, Chapter 4, Article C: Raffles? Yes □ No □
Does the applicant intend to comply with each and every provision thereof? Yes  No
License Fees:
Aggregate Prize Value – less than \$500.00 – No license fee. Aggregate Prize Value – \$501.00 and over – \$10.00
Any raffle in which the aggregate value of prizes in less than five hundred dollars (\$500.00) shall be considered automatically licensed without necessity of an application.
Applicants must submit the following with their application:
<ul> <li>□ Copy of Valid Driver's License or State ID for President, Secretary, and Raffle Manager</li> <li>□ Application must be signed by President, Secretary, and Raffle Manager and notarized.</li> <li>□ Application Fee - \$5.00</li> <li>□ Raffle Manager shall give a Fidelity Bond in the sum of the aggregate retail value of the prizes. The bond shall be in the favor of the City of Silvis. If the retail value of the prizes exceeds fifteen thousand</li> </ul>
dollars (\$15,000.00), such bond shall be a surety bond.



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Application must be signed and notarized for all three individuals listed on the application:

President, Secretary, and Raffle Manager

#### Affidavit for a Raffle License

State of Illinois

County of Rock Island

In witness whereof, the undersigned, being duly sworn verifies that the statements contained in this Application for a Raffle License are true and correct, and that the prospective licensee is a not-for-profit organization and applicant swears to operate said raffle in accordance with city and state laws, along with the acknowledgement by the applicant that denial of license or revocation of license may occur in the event of falsification of such information.

Signature of Applicant			
Printed Name of Applicant			
Applicant Title			
Date			
	SUBSC	SUBSCRIBED AND SWORN BEFORE ME THIS	
		_DAY OF	, 20
	Notary		



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	Notary		
	DAY	′ OF	, 20
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 Date			
Applicant Title			
Printed Name of Applicant			
Signature of Applicant			



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Applicant Title		
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