

**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