

APPLICATION FOR RAFFLE LICENSE

1. Name, address and type of organization:

2. Length of existence of organization (must be 5 yrs. minimum) and if incorporated, date and state of incorporation:

3. (a) Name, (b) Telephone Number, (c) Social Security Number, and (d) Date of Birth for the following:

| | | | |
|--------------------------|------------------|------------------------|---------------------------------|
| <u>Presiding Officer</u> | <u>Secretary</u> | <u>Raffles Manager</u> | <u>Other Responsible Person</u> |
|--------------------------|------------------|------------------------|---------------------------------|

 - a.
 - b.
 - c.
 - d.

4. Aggregate retail value of all prizes to be awarded:
5. Maximum retail value of each prize to be awarded:
6. Maximum price charged for each raffle chance to be issued or sold:
7. Maximum number of chances to be issued or sold:
8. The area in which raffle chances will be issued or sold:
9. The time period during which raffle chances will be issue or sold:
10. The date, time and location at which the winning chances will be determined:

Dated this _____ day of _____, 20_____.

Applicant

(If additional space is needed to fully complete, attach supplemental sheets.)

EFFINGHAM COUNTY, ILLINOIS

ATTACHMENT TO RAFFLE APPLICATION

The undersigned, being the presiding officer and secretary of the applicant organization, on oath, state that the applicant organization is a not-for-profit organization within the meaning and definition of the Illinois Raffles Act 230 ILCS 15/0.01 et. seq. and has been in existence for more than five (5) years and that the information in the Raffles Application dated _____, 20____, is true and correct.

(Strike out if not applicable) The application organization has unanimously voted to waive the fidelity bond provisions of the ordinance of the raffles manager and remains responsible for the operation and conduct of the raffle.

Dated this _____ day of _____, 20_____.

(Presiding Officer)

(Secretary)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

FIDELITY BOND

KNOW ALL MEN BY THESE PRESENTS, That, I, _____, whose address is _____, am bound to the People of the State of Illinois in the penal sum of \$ _____, lawful money of the United States, for the payment of which I bind myself, and my heirs, executors, and administrators, by these presents.

The condition of this obligation is such that if I, as raffles manager, faithfully and honestly discharge the duties of the raffles manager provided in 230 ILCS 15/5 and applicable ordinances of Effingham County, Illinois, and its municipalities, and to do all acts which at any time may be required of me by law or by a court. Then this obligation is void; otherwise it remains in full force. This bond shall not be terminated or canceled without thirty (30) days prior, written notice to the Effingham County Clerk.

Dated this _____ day of _____, 20_____.

Raffles Manager

STATE OF ILLINOIS)
COUNTY OF EFFINGHAM)

I, the undersigned, a Notary Public, do hereby certify that _____, personally known to me to be the same person whose name is subscribed to the forgoing instrument, appeared before me this day in person and acknowledged that he/she signed and delivered said instrument as his/her free and voluntary act for the uses and purposes therein set forth.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public