

**STEPHENSON COUNTY
RAFFLE LICENSE APPLICATION**

ALL APPLICATIONS MUST BE COMPLETED AND RETURNED TO THE COUNTY CLERK 'S OFFICE BY THE 1ST WEDNESDAY OF THE MONTH.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:

- 1. A COPY OF THE MANAGER'S BOND OR A COPY OF YOUR ORGANIZATIONS MINUTES SHOWING UNANIMOUS VOTE OF MEMBERS WAIVING THE MANAGER'S BOND REQUIREMENT.**

 - 2. A CHECK FOR \$50.00 MADE PAYABLE TO THE STEPHENSON COUNTY CLERK.**
-

RAFFLE APPLICATIONS ARE APPROVED BY THE FULL BOARD AT THE REGULAR MONTHLY COUNTY BOARD MEETING. FOLLOWING THE COUNTY BOARD'S APPROVAL, YOUR LICENSE WILL BE MAILED TO YOUR RAFFLE MANAGER AND YOU MAY BEGIN YOUR RAFFLE SALES.

NOTE: A \$25.00 REFUND WILL BE ISSUED IF YOU FILE YOUR FINAL RAFFLE REPORT BEFORE THE EXPIRATION DATE OF YOUR RAFFLE LICENSE. THE REFUND CHECK WILL BE SENT TO YOUR RAFFLE MANAGER UNLESS YOU INDICATE OTHERWISE.

STEPHENSON COUNTY, ILLINOIS
c/o Stephenson County Clerk
50 West Douglas St., Suite 500
Freeport, IL 61032
(815)235-8289

APPLICATION FOR LICENSE TO CONDUCT RAFFLES
Good for One Raffle ~ Fee \$50.00

Date of Application _____ Fee (for office use only) _____
Amount and date received

Approved (for office use only) _____ Disapproved (for office use only) _____
Date _____ Date _____

1. Name of Organization _____

2. Address _____
Street City Zip

3. Mailing Address (if different from above): _____
Street City Zip

4. Address of Place for Raffle Drawing: _____
Street City Zip

5. Check type of Organization (attach documentary evidence)
 Religion Charitable Labor
 Fraternal Educational Veterans

6. How long has organization been in existence? _____

7. Place and date of incorporation: _____
Place Date

8. Number of members in good standing: _____

9. President/Chairperson: _____
Name

Address Telephone

Social Security Number (last four digits only) Date of Birth

10. Raffle Manager _____
Name

Address Telephone

Social Security Number (last four digits only) Date of Birth

11. Date(s) for raffle ticket sale: (include days of the week) (**Maximum 365 Days**)

_____ to _____
_____ to _____

12. Location of sales:

13. Location for determining winners:

14. Date(s) for determining winners: (include days of the week)

15. Total retail value of ALL prizes awarded in a single raffle.....\$ _____

16. Maximum retail value of EACH prize awarded in a single raffle\$ _____

17. Maximum price charged for each chance sold\$ _____

18. Manager's Bond:

Please attach a copy of the Manager's Bond or a copy of your Organization's minutes showing a unanimous vote of members waiving the Manager's Bond requirement.

19. ATTESTATION:

"The undersigned attest that the above named organization is organized not-for-profit under the law of the State of Illinois and has been in existence for 5 years, preceding date of this application, and that during this entire 5-year period preceding date of application it has maintained a bona fide membership actively engaged in carrying out its objectives. The undersigned do hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that if a license is granted hereunder, the undersigned will be responsible for the conduct of the games in accordance with the provisions of the laws of the State of Illinois and this jurisdiction governing the conduct of such games."

Name of Organization

President/Chairperson Signature

STEPHENSON COUNTY, ILLINOIS
c/o Stephenson County Clerk
50 W. Douglas St, Suite 500
Freeport, IL 61032
(815)235-8289

FINAL RAFFLE REPORT

NAME OF ORGANIZATION _____

RAFFLE LICENSE NUMBER _____ DATE _____

RECEIPTS

(Ticket Sales, Donation of Prizes etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

EXPENSES

(Printing of tickers, cost of prizes, etc)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

DISTRIBUTION OF NET PROCEEDS

_____	\$ _____
_____	\$ _____
_____	\$ _____

Signature of Raffle Manager