

No. _____

APPLICATION FOR RAFFLE LICENSE

RANDOLPH COUNTY, ILLINOIS

Name of applicant: _____

Type of organization: _____

Address: _____

Length of organization existence: _____

Date of incorporation if applicable: _____

Name, address, and phone numbers of organization's presiding officers:

Name, address, and phone numbers of all locations at which raffle will be conducted:

Time period during which raffle will be conducted: _____

Time and location of determination of winner(s): _____

*Please attach a sworn statement attesting to the not-for-profit character of the prospective licensee organization signed by the presiding officer and the secretary of organization applying for license.

I _____ presiding officer of _____

Attest that the information contained in this application is true and correct.

Signed: _____

Date: _____

A non-refundable \$25.00 filing fee must be submitted at the time of application the fee can be paid by cash, check or cashier's check made payable to "Randolph County Clerk"