

License No. _____

Date _____

Approved/Denied

For City of Zion Use Only

CITY OF ZION
APPLICATION FOR LICENSE TO CONDUCT RAFFLE

(Please use typewriter or print with ballpoint pen.)

1. Name of Organization: _____

2. Address: _____

Street

City/State

Zip Code

County

3. Mailing address if different from above: _____

Street

City/State

Zip Code

County

4. Check type of organization: (Attach documentary evidence)

_____ Religious _____ Charitable _____ Labor _____ Fraternal

_____ Educational _____ Veteran's organization

5. Has this organization been in existence for at least 5 years? _____

6. Place and date of incorporation of organization: _____

Place

Date

7. If not a corporation, state how and when organized: _____

8. Number of members in good standing: _____

9. President of organization: _____

Name

Address

Home phone

Business phone

10. Secretary of organization: _____

Name

Address

Home phone

Business phone

11. Designate member(s), hereinafter known as "Manager(s)" who will be responsible for conduct and operation of the drawing.

Name	Home address	Home phone	Business phone
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Name	Home address	Home phone	Business phone
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Name	Home address	Home phone	Business phone
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12. List each prize and the prize's total retail value that will be awarded:
(Use separate sheet if necessary.)

13. Total aggregate retail value of all prizes listed in paragraph 12: \$_____.

14. The amount charged for chances for the raffle: \$_____

15. Identify the method to determine the winners of the raffle: _____

16. The time span in which the chances will be sold: _____
_____ to _____

17. The location(s) at which the chances will be sold: _____

18. The time and address of place of determination of winners: _____

19. Does applicant _____ own or _____ lease premises where raffle is being held?
If leased,

Owner's name: _____

Owner's address: _____

20. What are the terms of rental? _____

21. _____ A copy of the manager's fidelity bond is attached
_____ By unanimous vote of members of the organization, applicant requests
waiver of manager's fidelity bond.

The undersigned, being duly sworn, on oath depose and state as follows: That the above named organization is organized not-for-profit under the law of the State of Illinois and has been continuously in existence for 5 years preceding the date of this application, and that during the entire 5 year period preceding the date of this application it has maintained a bona fide membership actively engaged in carrying out its objectives, or to a non-profit fund raising organization organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardships as the result of an illness, disability, accident or disaster. The undersigned state that all statements in the foregoing application are true and correct; that the officers and operators are all of good moral character and have not been convicted of a felony nor have been a professional gambler or promoter of a gambling operation; that if a license is granted hereunder, the undersigned will be responsible for the conduct of the drawing in accordance with the provisions of the laws of that City.

Name of organization

License fee of _____ must accompany application. Do not use cash. Certified check or money order only. Payable to

President

For City Use Only

Secretary

License Fee \$ _____

Payment Received _____

Operator of Raffle (Manager)

Date _____

SUBSCRIBED AND SWORN TO BEFORE ME
ON _____, _____.

Notary Public

APPLICATION FOR RAFFLE LICENSE IS:

_____ APPROVED IN ACCORDANCE WITH THE TERMS OF THIS APPLICATION

_____ DENIED

REASON FOR DENIAL: _____

Mayor

City Clerk

DATE