



**CITY OF ZION**

**APPLICATION FOR LICENSE TO CONDUCT A RAFFLE**

2828 Sheridan Road, Zion, IL 60099

847-746-4012 - FAX 847-746-7167

[www.cityofzion.com](http://www.cityofzion.com)

**FEES:**  
The fee shall be \$10.00 when the aggregate retail value of prizes does not exceed \$1,001.00 and fee for raffles that exceed \$1,001.00 shall be 1% of the aggregate retail value of the prize and the fee shall not exceed \$80.00. This fee may be waived at the discretion of the city clerk for not-for-profit, fraternal, religious and civic organizations. License fee must accompany application. Do not use cash, a certified check or money order only, payable to City of Zion.

|                                    |                  |                  |                 |
|------------------------------------|------------------|------------------|-----------------|
| <b>Business/Organization Name:</b> |                  |                  |                 |
| <b>Business Mailing Address:</b>   |                  |                  | <b>City:</b>    |
| <b>State:</b>                      | <b>Zip Code:</b> | <b>Phone No:</b> | <b>Fax No.:</b> |

**Type of Organization:** (Attach documentary evidence)

Religious   
 Veteran's Organization   
 Educational  
 Labor   
 Charitable   
 Fraternal

Has this organization been in existence for at least 5 years?    Yes    No

Place and date of incorporation of organization \_\_\_\_\_

If not a corporation, state how and when organized \_\_\_\_\_

|                        |                  |                  |                  |
|------------------------|------------------|------------------|------------------|
| <b>President Name:</b> |                  |                  |                  |
| <b>Address:</b>        |                  |                  | <b>City:</b>     |
| <b>State:</b>          | <b>Zip Code:</b> | <b>Phone No:</b> | <b>Cell No.:</b> |

|                        |                  |                  |                  |
|------------------------|------------------|------------------|------------------|
| <b>Secretary Name:</b> |                  |                  |                  |
| <b>Address:</b>        |                  |                  | <b>City:</b>     |
| <b>State:</b>          | <b>Zip Code:</b> | <b>Phone No:</b> | <b>Cell No.:</b> |

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

|                 |                  |                  |                  |
|-----------------|------------------|------------------|------------------|
| <b>Name:</b>    |                  |                  |                  |
| <b>Address:</b> |                  |                  | <b>City:</b>     |
| <b>State:</b>   | <b>Zip Code:</b> | <b>Phone No:</b> | <b>Cell No.:</b> |

|                 |                  |                  |                  |
|-----------------|------------------|------------------|------------------|
| <b>Name:</b>    |                  |                  |                  |
| <b>Address:</b> |                  |                  | <b>City:</b>     |
| <b>State:</b>   | <b>Zip Code:</b> | <b>Phone No:</b> | <b>Cell No.:</b> |

A copy of the manager's fidelity bond is attached: Yes or No

Applicant requests waiver of manager's fidelity bond (by unanimous vote of members of organization) Yes or No

Name of event where raffle will be conducted: \_\_\_\_\_

Date of event: \_\_\_\_\_

List each prize and the prize's total retail value that will be awarded: (use separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

Total aggregate retail value of all prizes listed above: \_\_\_\_\_

The amount charged for chances for the raffle: \$ \_\_\_\_\_

Identify the method to determine the winners of the raffle: \_\_\_\_\_

\_\_\_\_\_

Raffle Manager Fidelity Bond (Amount): \_\_\_\_\_ (Bond shall be in face amount of total amount to be awarded in each raffle.)

The time span in which the chances will be sold: From \_\_\_\_\_ To \_\_\_\_\_

The location(s) at which the chances will be sold: \_\_\_\_\_

The date, time and address of place of determination of winners: \_\_\_\_\_

Address: \_\_\_\_\_

Does applicant: \_\_\_\_\_ Own \_\_\_\_\_ Lease, if leased: Owner's name \_\_\_\_\_

Owners address: \_\_\_\_\_

|          |           |           |           |
|----------|-----------|-----------|-----------|
| Address: |           | City:     |           |
| State:   | Zip Code: | Phone No: | Cell No.: |

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.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

**(FOR OFFICE USE ONLY)**

\_\_\_\_\_  
Approved in accordance with the terms of this application

\_\_\_\_\_  
Denied – Reason for denial \_\_\_\_\_

\_\_\_\_\_  
City Clerk's Signature

Date:

License Fee:

License No.: