



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

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.

Business/Organization Name:			
Business Mailing Address:			City:
State:	Zip Code:	Phone No:	Fax No.:

Type of Organization: (Attach documentary evidence)

Religious
 Veteran's Organization
 Educational
 Labor
 Fraternal
 Charitable (Please attach copy of 501(c)3)

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 _____

President Name:			
Address:			City:
State:	Zip Code:	Phone No:	Cell No.:

Secretary Name:			
Address:			City:
State:	Zip Code:	Phone No:	Cell No.:

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

Name:			
Address:			City:
State:	Zip Code:	Phone No:	Cell No.:

Name:			
Address:			City:
State:	Zip Code:	Phone No:	Cell No.:

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.: