

# Village of Romeoville

Where Community Matters

## APPLICATION FOR LICENSE TO CONDUCT RAFFLES

INTERNAL USE ONLY:

Approved: \_\_\_\_\_

Denied \_\_\_\_\_

Date Issued: \_\_\_\_\_

License Class: \_\_\_\_\_

License Number: \_\_\_\_\_

1. **Name of Organization:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_  
In Village of Romeoville? Yes \_\_\_ No \_\_\_

3. **Mailing Address:** \_\_\_\_\_  
(if different from above)  
\_\_\_\_\_

4. **Presiding Officer:** \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Residence Address, City, State, Zip Code)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Telephone #)

5. **Secretary:** \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Residence Address, City, State, Zip Code)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Telephone #)

6. **Treasurer:** \_\_\_\_\_  
(Name)

\_\_\_\_\_

(Residence Address, City, State, Zip Code)

(Date of Birth)

(Telephone #)

7. **Raffle Manager:** \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Residence Address, City, State, Zip Code)

(Date of Birth)

(Telephone #)

8. **Other Members Responsible for Conduct and Operation:** Provide the name, residence address, telephone number, and date of birth of any other members responsible for the conduct and operation of the raffle; attach sheet if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Type of Organization:** Please read the definitions in Chapter 112A. (Attach documentary evidence, such as copy of Charter, articles of incorporation, IRS/Illinois tax exemption letter, etc.)

Charitable \_\_\_\_\_ Religious \_\_\_\_\_ Fraternal \_\_\_\_\_ Labor \_\_\_\_\_  
Education \_\_\_\_\_ Veterans \_\_\_\_\_ Business \_\_\_\_\_  
Non-profit Fund-raising Organization \_\_\_\_\_

10. **Date of Incorporation:** \_\_\_\_\_ **State of Incorporation:** \_\_\_\_\_

11. **Length of existence of the organization:** \_\_\_\_\_

12. **Number of Members in Good Standing:** \_\_\_\_\_

13. **Type of Raffle License Requested:** Class A \_\_\_\_\_ Class B \_\_\_\_\_ Class C \_\_\_\_\_

14. **Address of Place of Raffle Drawing(s) Within Village of Romeoville:**

\_\_\_\_\_  
\_\_\_\_\_

15. **Date(s) for Raffle Ticket Sales (include days of the week):** \_\_\_\_\_

\_\_\_\_\_

16. Date(s) of Raffle Drawing(s): \_\_\_\_\_

\_\_\_\_\_

17. Will sales of tickets be throughout Village of Romeoville? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please list areas where tickets will be sold:

\_\_\_\_\_

18. Maximum Retail Value of Each Prize Awarded: (List the retail value of each) \_\_\_\_\_

\_\_\_\_\_

19. Aggregate Retail Value of all Prizes to be awarded in Each Raffle to be Conducted: (for entire license period)

\$ \_\_\_\_\_

20. Maximum Price Charged for Each Chance Sold: \$ \_\_\_\_\_

21. Estimated Gross Annual Sales of Tickets: (Total income from Sales of tickets)

\$ \_\_\_\_\_

22. License Fee: \$ \_\_\_\_\_

23. Effective Period for License:

All licenses are valid for one year. The license can be effective upon issuance by the Village Deputy Clerk or be approved up to 60 days prior to the effective date. No ticket sales can occur under the license until the effective date. Please specify one:

Effective upon issuance (for one year)

Effective from: (specify one year range) \_\_\_\_\_ to \_\_\_\_\_

The undersigned attest that the above-named organization is organized as a not-for-profit under the law of the State of Illinois and has been in existence continuously for a period of five (5) years immediately preceding the date of this application, and that during said five (5) years' period, it has maintained a bona fide membership actively engaged in carrying out its objectives, or that it is a nonprofit fundraising organization which has been organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardship as the result of illness, disability, accident or disaster. The undersigned do hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that officers, operators, and workers of the games are bona fide members of the sponsoring organization and are all of good moral character, have not been convicted of a felony, and have never been professional gamblers or gambling promoters; 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 Village of Romeoville governing the conduct of such games.

SIGNATURES:

\_\_\_\_\_

Presiding Officer

\_\_\_\_\_

Secretary

Subscribed and sworn (or affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_

Notary Public

**AFFIDAVIT OF OWNER OF RAFFLES DRAWING LOCATION—COMPLETE IF LOCATION OF  
DRAWING IS NOT OWNED BY RAFFLES LICENSE APPLICANT**

The undersigned, as owner of the location where \_\_\_\_\_ proposed to conduct raffles if issued a raffles license by the Village of Romeoville, attests that the undersigned is aware of and understands the provisions of Chapter 112A applicable to the owners of locations where raffles are conducted and that the undersigned shall abide by the same at all times in connection with the conduct of any such raffles.”

SIGNATURES:

\_\_\_\_\_

Signature of Raffles Location Owner

Subscribed and sworn (or affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_

Notary Public

**RAFFLES LICENSE APPLICANT CONSENT TO BACKGROUND CHECK**

The undersigned, as president/presiding officer of the license applicant and as proposed raffles manager of the license applicant, attest that they are aware of and understand the provisions of Chapter 112A requiring their consent to a criminal background check as part of the raffles license application process, and by their signatures set forth below, consent to the conduct of such criminal background checks upon the organization, the raffles manager, and the officers, directors and employees of the applicant.

SIGNATURES:

\_\_\_\_\_  
Signature of President/Presiding Officer of License Applicant

Subscribed and sworn (or affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

**REQUEST FOR WAIVER OF RAFFLE MANAGER'S BOND**

The raffle manager must obtain a bond as specified in Section 112A.10 of Chapter 112A. This requirement can be waived when this form is completed certifying that the members of the organization had unanimously approved the waiver of the bond.

*(Please note: Raffle manager cannot waive own bond. Please also note that bond waivers are only available for Class A and Class B raffle licenses).*

The \_\_\_\_\_  
(Name of Applicant or Organization)

hereby requests that the Village of Romeoville waive the requirement for the Raffle Manager's Bond in connection with the raffle license for which the attached application is made.

We/I, the undersigned, being the \_\_\_\_\_  
(Presiding Officer or Secretary)

of the aforesaid organization, do hereby attest to the fact that, by unanimous vote of the Members of the organization/applicant have requested and agree to such waiver.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Notary Public**

Subscribed and sworn (or affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public