

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"