

APPLICATION FOR RAFFLE OR POKER RUN LICENSE

Drganization Name:
Address:
Type of Organization:
ength of Existence of Organization:

If organization is incorporated, what is the date and state of incorporation? Date: ______ State: _____

List the organization's presiding officer, secretary, raffle manager, and any other members responsible for the conduct and operation of the raffle.

PRESIDENT:

SECRETARY:	Birth Date:
Address:	
Social Security No.:	Phone No.:
RAFFLE MANAGER:Address:	
Social Security No.:	Phone No.:

List any other members responsible for the conduct and operation of the raffle on the back of this page. List name, date of birth, address, social security number, and phone number.

This request is for a single raffle license. This request is for a multiple raffle license.

The aggregate retail value of all prizes to be awarded: <u></u>		
Maximum retail value of each prize to be awarded in the raffle:		
The maximum price charged for each raffle chance issued:		
The area or areas in which raffle chances will be sold or issued:		
Time period during which raffle chances will be issued or sold:		
The data time and location at which winning changes will be determined.		

The date, time and location at which winning chances will be determined: ______

Date: ______ Location: _____

Time: _____

If multiple raffles license is requested, list on a separate sheet, the date, time, and location for each raffle to be held within the one (1) year period of time from the date of the issuance of the license.

THE APPLICATION FEES ARE NONREFUNDABLE EVEN SHOULD THE APPLICATION BE REJECTED BY THE VILLAGE BOARD.