



JACKSONVILLE

CITY OF JACKSONVILLE CITY CLERK'S OFFICE

200 WEST DOUGLAS, JACKSONVILLE, IL 62650
PHONE 217-479-4613

RAFFLE LICENSE APPLICATION

DATE OF APPLICATION: _____

TYPE OF RAFFLE:

ANNUAL CLUB LICENSE – \$50.00

50/50, DAILY, WEEKLY, OR SIMILAR DRAWING CONDUCTED BY A BONA FIDE CHARITABLE, EDUCATIONAL, FRATERNAL, LABOR, RELIGIOUS OR VETERANS ADMINISTRATION GROUP

ALL OTHER RAFFLES – \$25.00

**INDIVIDUAL – (MUST BE SPONSORED BY A NON-PROFIT ORGANIZATION, PROOF OF NON-PROFIT STATUS REQUIRED)
FIRM, ORGANIZATION, PUBLIC OR PRIVATE CORPORATION, GOVERNMENT, PARTNERSHIP, OR UNINCORPORATED ASSOCIATION**

ALL RAFFLES WHERE AGGREGATE RETAIL VALUE OF ALL PRIZES EXCEEDS \$5,000.00 - \$150.00

ALL RAFFLES WHERE AGGREGATE RETAIL VALUE OF ALL PRIZES EXCEEDS \$50,000.00 - \$250.00

****NOTE: WHERE THE AGGREGATE RETAIL VALUE OF ALL PRIZES EXCEEDS \$5,000.00, A FIDELITY BOND, IN AN AMOUNT EQUAL TO THE AGGREGATE RETAIL VALUE OF ALL PRIZES TO BE AWARDED, MUST BE SUBMITTED WITH THIS APPLICATION, IN FAVOR OF THE ORGANIZATION BY THE DESIGNATED RAFFLE MANAGER.**

NAME OF ORGANIZATION: _____

ADDRESS: _____

DATE OF INCORPORATION OR ESTABLISHMENT: _____ **MEMBERSHIP #:** _____

RAFFLE MANAGER: _____

ADDRESS: _____ **PHONE:** _____

RAFFLE CHANCES TO BE SOLD IN JACKSONVILLE IN THE FOLLOWING MANNER AND BY WHOM: _____

TICKET PRICE: \$ _____ **AGGREGATE RETAIL VALUE OF ALL PRIZES TO BE AWARDED: \$** _____

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE ISSUED: _____

WINNING CHANCES WILL BE DETERMINED AT:

LOCATION: _____

DATE: _____ **TIME:** _____

AS RAFFLE MANAGER OF THE ABOVE-LISTED ORGANIZATION, I HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. I UNDERSTAND THAT A REPORT OF GROSS RECEIPTS FROM THE SPECIFIC RAFFLE(S) AND DISTRIBUTION OF NET PROCEEDS, WILL BE SUBMITTED TO THE CITY CLERK'S OFFICE WITHIN THE REQUIRED PERIOD OF TIME AS REQUIRED BY CITY ORDINANCE.

SIGNED: _____ **DATE:** _____

LICENSE #: _____ **AMOUNT PAID: \$** _____ **DATE PAID:** _____