



Village of Fox Lake Raffle License Application

1. Name of Organization: _____

Address _____

2. Organization Representative: _____

3. Telephone Number of Representative: _____

4. Type of Organization

Religious _____ Charitable _____ Labor _____ Educational _____
 Business _____ Fraternal _____ Veterans _____ Non-Profit * _____

*Non-Profit must state Recipient and Cause of Hardship per ILCS 230 15/2 (b) below

5. Date and Location in which raffle chances will be sold and raffle drawing will occur

	<u>Raffle Date(s)</u>	<u>Raffle Location</u>	<u>Drawing Date(s)</u>	<u>Drawing Location</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

6. Please answer the following yes or no questions:

	Yes	No
a. Has the organization been in existence longer than 5 years?	_____	_____
b. Does the maximum cash prize awarded exceed \$250,000.00?	_____	_____
c. Does the aggregate value of all prizes exceed \$250,000.00?	_____	_____
d. Does the maximum retail value of each prize exceed \$100,000.00?	_____	_____
e. Will the maximum price of a raffle ticket exceed \$100	_____	_____
f. Is your charity a 501(c)3 ? 501(c)6?	_____	_____
g. Has a fidelity bond in an amount not less than the anticipated gross receipts been obtained?	_____	_____
h. Are you seeking a waiver of the raffle manager bond requirement?	_____	_____

The undersigned affirms that he/she is an authorized representative of the sponsor organization and that the statements made herein are true and correct to the best of his/her knowledge; and that he/she will be responsible for the conduct of the raffle in accordance with the provision of the laws of the State of Illinois and the Village of Fox Lake governing conduct of raffles.

Signature of Organization Officer

Date

Signature of Secretary

Date