

Raffle License Application Packet



**Raffle Permits must be approved by City Council.
Council meets on first and third Tuesdays of each month.
Submit completed application by noon on Wednesday prior to Council Meeting.**

Application Checklist

- Have you filled out the Application completely?**

- Have you attached a copy of a Fidelity Bond?**

- If not, have you filled out the Waiver?**

- Have you retained the Raffle Final Account Form?**

- Have you paid the \$10.00 Fee at the Water Department and included your receipt with your application?**

**NOTE: Raffle Final Account Form must be returned to:
City Clerk, 520 Jackson Avenue, Charleston, IL 61920
within 30 Days of Raffle Drawing.**

APPLICATION for RAFFLE LICENSE

1. **Applicant is:**

Not for Profit Organization

Charitable Organization

Educational Organization

Religious Organization

Fraternal Organization

Veterans Organization

Labor Organization

Name of Organization: _____

Date Organization Commenced Operating: _____

2. **Date** raffle chance sale **commences:** _____

Date raffle chance sale **terminates:** _____

Purpose of raffle (*describe in detail how the funds raised will be used*):

3. Area of City where chances will be sold: _____

4. **Date** and **time** of determination of winning chance or chances:

5. Location at which winning chances will be determined: _____

6.

A. Has applicant ever been convicted of a felony? _____

B. Has applicant ever been a professional gambler or gambling promoter? _____

C. Has applicant ever been convicted of a crime involving moral turpitude? _____

D. **Corporation-Applicant:** Is there anyone employed by applicant or with a proprietary, equitable, or credit interest, who would answer "Yes" to Questions 6A, 6B, or 6C? _____

E. **Organization-Applicant:** Is there anyone who is an officer, director or employee (whether compensated or not) who would answer "Yes" to Questions 6A, 6B, or 6C? _____

F. **Organization-Applicant:** Is there anyone participating in the management or operation of the raffle who would answer "Yes" to Questions 6A, 6B, or 6C? _____

7. **Name, address and phone number** of raffle manager: _____

8. A. ***A copy of Fidelity Bond is attached.**

***NOTE:** Per City Ordinance 3-7-4 (B): Conduct of Raffles: Bond Required: All operation of the conduct of raffles shall be under the supervision of a single raffles manager designated by the organization. The manager shall give a fidelity bond in favor of the organization applying for the license in accordance with the following schedule:

Bond Required

Aggregate Retail Value of all Prizes to be Awarded in Raffle

\$ 5,000.00
\$ 7,500.00
\$10,000.00
\$12,500.00
\$15,000.00
\$17,500.00
\$20,000.00
\$22,500.00

Up to \$ 30,000.00
Up to \$ 40,000.00
Up to \$ 50,000.00
Up to \$ 60,000.00
Up to \$ 70,000.00
Up to \$ 80,000.00
Up to \$ 90,000.00
Up to \$100,000.00

8. B. The requirement for this bond shall be waived if requested by members of the organization.

Does organization desire to waive the fidelity bond? _____

* If so, attach waiver signed by **all** directors.

9. **Name, address and phone number** of person making this application: _____

Applicant's Signature

Approved by Council:

Date

Date

WAIVER

We, the undersigned, request that the fidelity bond requirement be waived for a raffle to be conducted by:

Name of Organization

NOTE: EACH OFFICER OR MEMBER OF THE BOARD OF DIRECTORS MUST SIGN.

Title

Printed Name

Signature

Date

RAFFLE FINAL ACCOUNT

NOTE: Return this form within 30 Days of Raffle Drawing to:

City Clerk
520 Jackson Avenue, Charleston, Illinois 61920.

Name of Organization: _____

1. **Gross receipts:** _____

2. **Expenses:** _____

3. **Winner(s) (Note: If more than one, attach list.)**

Name: _____

Address: _____

Date: _____

Raffle Manager: _____

(Signature)