Village of Maple Park

302 Willow Street ♦ P.O. Box 220 ♦ Maple Park, Illinois 60151

Village Hall: 815-827-3309
Fax: 815-827-4040
Website: http://www.villageofmaplepark.org

☐ **Approved**
☐ **Denied**
Raffle License #: _____

LICENSE FEE: $5.00

RAFFLE LICENSE APPLICATION

Please print or type

TYPE OF ORGANIZATION (check one):
☐ **CHARITABLE** ☐ **RELIGIOUS** ☐ **VETERAN** ☐ **SCHOOL** ☐ **SCOUTS**
☐ **4-H** ☐ **FRATERNAL** ☐ **OTHER (specify):** _____

Applicant Name:

Name of Organization:

Mailing Address:

City, State, Zip Code:

City State Zip Code

Contact Phone: ( )

Area Code Phone Number

Place of Incorporation: Year:

President of Organization: Date of Birth:

DESIGNATE THE PERSON(S) WHO WILL BE RESPONSIBLE FOR THE CONDUCT AND OPERATION OF THE RAFFLE:

Name: Date of Birth:

Name: Date of Birth:

Name: Date of Birth:

Number of Members in Good Standing:

Dates raffle tickets will begin to be sold:

Location for ticket sales:

Date of raffle drawing:

Location of Drawing:

Purpose of Raffle:

Total retail value of all prizes to be awarded:

Maximum price charged for each chance/ticket sold (limit $500):

Maximum retail value of each prize awarded (limit $50,000):

ATTESTATION:
"The undersigned attest(s) that the aforementioned Organization is registered as a Not-for-profit organization under the laws of the State of Illinois, and has been continuously in existence for a minimum of five (5) years, preceding the date of this application. And that during this entire five (5) year period preceding the application, the organization has maintained a bona fide membership actively engaged in carrying out its objectives. The undersigned do hereby State(s) under penalties of perjury, that all statements in the foregoing application are true and correct; that the officers, operators, and workers of the games are bona fide members of the sponsoring organization; and all are of good moral character, and have not been convicted of a felony; that if the Raffle Permit is granted hereunder, the undersigned will be responsible for the conduct of the games in accordance with the provisions of the laws of the State of Illinois, and this Jurisdiction, which governs the conduct of such games.

Signature of Applicant		**Date:**	
Signature of Organization President:		**Date:**	
Signature of Raffles Chairman:		**Date:**	

For Village Use Only:				
Approved by:		Date Approved:		
Amount Due:		Paid By:		
			Check #	Cash
		Staff Initials:		

Please complete and return this form to:
Village of Maple Park
P.O. Box 220
Maple Park, IL 60151

If you should have any questions please call (815) 827-3309.