



CITY OF AURORA, ILLINOIS  
RAFFLE LICENSE APPLICATION

Organization Name \_\_\_\_\_

Organization Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Date of Raffle Drawing \_\_\_\_\_

Address of Location of Raffle Drawing \_\_\_\_\_

Price of Raffle Ticket \_\_\_\_\_

Type of Organization:

Religious \_\_\_\_\_

Fraternal \_\_\_\_\_

Charitable \_\_\_\_\_

Community Association \_\_\_\_\_

Educational \_\_\_\_\_

Labor \_\_\_\_\_

Veterans \_\_\_\_\_

Length of Time Organization has Been in Existence \_\_\_\_\_

Place and Date of Corporation's Charter, if Applicable:

Place \_\_\_\_\_

Date \_\_\_\_\_

President/Chairperson's Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Secretary's Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Raffle Manager's Name \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Raffle Tickets will be sold from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed 180 days)  
Date Date

Area(s) in which Raffle Tickets will be sold \_\_\_\_\_

Listing of Prizes and Retail Cost of Prizes to be Awarded:

<u>PRIZE</u>	<u>RETAIL COST</u>
_____	\$ _____
_____	_____
_____	_____
_____	_____
TOTAL	\$ _____

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Fee Schedule is as follows:

AGGREGATE PRIZE VALUE

Less than \$500.00 .....	None
\$501.00 to \$5,000.00 .....	\$ 5.00
\$5,001.00 to \$100,000.00 .....	\$25.00

The undersigned hereby attests that the above-named applicant is registered as a not-for-profit organization under the law of the State of Illinois and has been continuously in existence for five (5) years preceding this application and, that during this entire five (5) year period preceding date of application, it has maintained a bona fide membership actively engaged in carrying out its objectives. The undersigned does hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the officers, operators and workers of the raffle are bona fide members of the sponsoring organization and are all of good moral character and have not been convicted of a felony; that if a license is granted hereunder, the undersigned will be responsible for the conduct of the raffle in accordance with the provisions of the laws of the State of Illinois and this jurisdiction governing the conduct of such raffle.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
President/Chairman

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Raffle Manager

\_\_\_\_\_  
Date

\*\*\*\*\*  
FOR OFFICE USE ONLY

Time Period for the License (not to exceed 365 days):

From \_\_\_\_\_ To \_\_\_\_\_