

# RLA

## City of Aurora, Illinois Raffle License Application



Incomplete applications will not be accepted.

Completed applications may be submitted to : City Clerk's Office, 44 E. Downer Place, Aurora, IL

### APPLICATION INFORMATION

**Type of Organization:**

- Religious [501(c)(3)]       Labor [501(c)(5)]       Educational [501(c)(3)]  
 Charitable [501(c)(3)]       Fraternal [501(c)(8) or 501(c)(10)]       Veterans [501(c)(19)]

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Length of time organization has been in existence:** \_\_\_\_\_

\*Organization must have been in existence continuously for a period of five (5) years before applying.

**Place and date of organization's charter, if applicable:**

**Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Checklist of items required (No later than 14 business days prior to the start of all raffle sales):**

- Application Fee (Checks Only - Payable to: City of Aurora)**
  - \$5.00 if aggregate prize value is between \$500.00 and \$5,000.00
  - \$25.00 if aggregate prize value is more than \$5,000.00
  - \$25.00 for progressive raffle license
- Articles of Incorporation and/or Charter**
- Organization's Raffle Rules**
- Organization's IRS Letter of Determination**
- Fidelity Bond OR Corporate Surety (see page 4 of application)**
- Has the Organization been in existence for over 5 years?**

## OFFICER INFORMATION

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

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

## RAFFLE INFORMATION

Raffle Name: \_\_\_\_\_

Raffle Type (check one):  Traditional  50/50  Progressive

### Ticket Sales:

Date(s) of Raffle Ticket Sales (must not exceed 180 days): \_\_\_\_\_ to \_\_\_\_\_

Area(s) where Raffle Tickets will be sold: \_\_\_\_\_

Raffle Ticket Price: \_\_\_\_\_

Maximum number of tickets to be sold: \_\_\_\_\_

Drawing(s): Date(s) and time(s) of raffle drawing: \_\_\_\_\_

Location of raffle drawing(s): \_\_\_\_\_

## RAFFLE INFORMATION

For Progressive Raffles, state the day(s) of the week and when winning chances will be determined:

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

### List of Prizes and Retail Cost(s):

Prize

Retail Cost

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total: \$ \_\_\_\_\_

## BOND INFORMATION

All operation and conduct of raffles shall be under the supervision of a single raffle manager as designated on the license application.

At the time the application is submitted, a manager shall give a **fidelity bond** in the sum of the aggregate retail value of the prizes as set out on the application. The bond shall be in favor of the organization conditioned upon the raffle manager's honesty in the performance of duties. The bond shall provide that notice shall be given in writing to the licensing authority not less than thirty (30) days prior to its cancellation period. If the retail value of the prizes exceeds fifteen thousand (\$15,000), the bond shall be a **corporate surety**.

## AFFIDAVIT

The undersigned hereby attest that all statements made herein are true and correct to the best of our knowledge. The undersigned further certify that they have read Chapter 25, Sec. VIII of the City of Aurora Code, and that the organization which they represent is qualified and eligible to obtain a raffle license in the City of Aurora according to the requirements as set for in 230 ILCS 15-0.01 et seq. (State of Illinois Raffles Act) and the City of Aurora Municipal Code Section 25-8, and further certify that we will abide by all rules and regulations as set forth by the State of Illinois and the City of Aurora. Our Audit Information will be returned no later than 30 business days from the conclusion of the raffle.

The undersigned also understands and agrees that failure to comply with any of the requirements of the Raffle Ordinance constitutes a violation, and that whoever violates any of the provisions of this article is guilty of a misdemeanor and may be punished as provided in Sec. 1-10 of the City of Aurora Code of Ordinances.

\_\_\_\_\_  
Applicant (Signature & Date)

\_\_\_\_\_  
President/Chairman (Signature & Date)

\_\_\_\_\_  
Secretary (Signature & Date)

\_\_\_\_\_  
Raffle Manager (Signature & Date)

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_, Notary Public

**RAI**

**City of Aurora, Illinois**

**Raffle Audit Form** (Due within 30 days of raffle drawing.)



ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN BLACK INK, PRINTED OR TYPED AND SUBMITTED TO THE CITY CLERK'S OFFICE, 44 E. DOWNER PLACE, AURORA, IL.

**AUDIT INFORMATION**

The information below is required and must be filed with the City Clerk's Office no later than 30 days upon completion of the Raffle.

Name of Organization: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Raffle Name: \_\_\_\_\_

Date of Raffle: \_\_\_\_\_

Gross Receipts: \$ \_\_\_\_\_ Net Proceeds: \$ \_\_\_\_\_

Please Attach the Following three (3) items when you submit this page to the City Clerk's Office:

- ◇ Itemized List of Operating Expenses
- ◇ Itemized List of the Distribution of the Net Proceeds
- ◇ List of Prize Winners

Treasurer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_

Subscribed and sworn to me before this \_\_\_ day of \_\_\_\_\_, 20\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public