



Village of Algonquin

CHARITABLE RAFFLE LICENSE APPLICATION

(Complete all information and submit to Deputy Village Clerk.)

NAME OF ORGANIZATION: _____

ADDRESS: _____

TYPE OF ORGANIZATION *(Applicant must fall under one of the following categories to qualify for a raffle license, per state statute and village code.):*

- religious:** Any church, congregation, society or organization founded for the purpose of religious worship.
- charitable:** An organization or institution organized and operated to benefit an indefinite member of the public. The service rendered to those eligible for benefits must also confer some benefit on the public.
- labor:** An organization composed of workers organized with the objective of betterment of the conditions of those engaged in such pursuit and the development of a higher degree of efficiency in their respective occupations.
- fraternal:** An organization of persons having a common interest, the primary interest of which is to both promote the welfare of its members and to provide assistance to the general public in such a way as to lessen the burdens of government by caring for those that otherwise would be cared for by the government.
- educational:** An organization or institution organized and operated to provide systematic instruction in useful branches of learning by methods common to schools and institutions of learning which compare favorably in their scope and intensity with the course of study presented in tax-supported schools.
- veterans:** An organization or association comprised of members of which substantially all are individuals who are veterans or spouses, widows, or widowers of veterans, the primary purpose of which is to promote the welfare of its members and to provide assistance to the general public in such a way as to confer a public benefit.

LENGTH OF EXISTENCE OF ORGANIZATION *(must be at least five years):* _____

DATE AND STATE OF INCORPORATION (if applicable): _____

LIST OF OFFICERS

Presiding Officer

Name: _____

Address: _____

Daytime Telephone: _____

Date of Birth: _____

Secretary

Name: _____

Address: _____

Daytime Telephone: _____

Date of Birth: _____

Raffle Manager

Name: _____

Address: _____

Daytime Telephone: _____

Date of Birth: _____

Treasurer

Name: _____

Address: _____

Daytime Telephone: _____

Date of Birth: _____

Aggregate Retail Value of **All Prizes** to be Awarded: _____

Maximum Retail Value of **Each** Prize (*attach separate sheet if necessary*): _____

Maximum Price of Each Chance: _____

Maximum Number of Chances to be Sold: _____

Area or Areas Chances will be Sold: _____

Time Period in which Chances will be Sold: From: _____

To: _____

Date of Drawing: _____

Time of Drawing: _____

Location of Drawing: _____

I hereby attest and/or certify that the _____ (name of organization) is not-for-profit under the terms of the Village of Algonquin’s raffle ordinance, and that all information presented on this application is true and correct. By signing below, I also certify that I have received and read a copy of Chapter 31, Section 31.07, of the Algonquin Municipal Code, entitled “Raffles.”

In addition, I hereby attest that the organization and officers listed on page one of this document meet all of the licensee qualifications outlined in Chapter 31, Section 31.07 - D, “Licensee Qualifications,” of the Algonquin Municipal Code, as well as the qualifications imposed by Illinois State law.

Signatures: _____
(Presiding Officer)

(Secretary)

FIDELITY BOND ATTACHED?: yes

NOTE: Licensee shall report within 30 days after the conclusion of each raffle to its membership and to the Algonquin Village Clerk: its gross receipts, expenses and net proceeds for raffles, and the distribution of net proceeds itemized as required herein. (Algonquin Municipal Code, 31.07 H)