



10 S. Municipal Drive  
Sugar Grove, Illinois 60554  
P 630-391-7200 / F 630-391-7210  
www.sugargroveil.gov

## RAFFLE LICENSE APPLICATION

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

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

\_\_\_\_\_

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

\_\_\_\_\_

Type of Organization:

Religion <input type="checkbox"/>	Community Association <input type="checkbox"/>	Labor <input type="checkbox"/>
Educational <input type="checkbox"/>	Veterans <input type="checkbox"/>	Non-profit Fund Raising <input type="checkbox"/>
Fraternal <input type="checkbox"/>	Charitable <input type="checkbox"/>	

Length of Time Organization has been in Existence: \_\_\_\_\_

Place and Date of Corporation's Charter: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

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

**Secretary Name:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**Raffle Managers Name:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_

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

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

Address/ Location of Raffle Drawing: \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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 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 (sign & date)

\_\_\_\_\_  
President/Chairman (sign & date)

\_\_\_\_\_  
Treasurer (sign & date)

\_\_\_\_\_  
Raffle Manager (sign & date)

Attest:

\_\_\_\_\_  
Secretary (sign & date)

