

CITY OF SPARTA
APPLICATION FOR RAFFLE LICENSE

Organization Name: _____

Address: _____

Type of Organization: _____

Length of Existence of Organization: _____

If organization is incorporated, what is the date and state of incorporation?

Date: _____ State: _____

List the organization's presiding officer, secretary, raffle manager, and any other members responsible for the conduct and operation of the raffle.

PRESIDENT: _____ Birth date: _____

Address: _____

Social Security No.: _____ Phone No.: _____

SECRETARY: _____ Birth date: _____

Address: _____

Social Security No.: _____ Phone No.: _____

RAFFLE MANAGER: _____ Birth date: _____

Address: _____

Social Security No.: _____ Phone No.: _____

List any other members responsible for the conduct and operation of the raffle on the back of this page. List name, date of birth, address, social security number and phone number.

The aggregate retail value of all prizes to be awarded: \$ _____

Maximum retail value of each prize to be awarded in the raffle: \$ _____

The maximum price charged for each raffle chance issued: \$ _____

The area or areas in which raffle chances will be sold or issued: _____

Time period during which raffle chances will be issued or sold: _____

The date, time and location at which winning chances will be determined:

Date: _____ Time: _____

Location: _____

**THE APPLICATION FEES ARE NONREFUNDABLE EVEN SHOULD
THE APPLICATION BE REJECTED BY THE CITY COUNCIL.**

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SWORN STATEMENT

The following officers attest to the not-for-profit character of the applicant organization.

(NAME OF ORGANIZATION)

Dated this ____ day of _____, _____.

PRESIDING OFFICER

SECRETARY

STATE OF ILLINOIS)
) ss.
COUNTY OF RANDOLPH)

Signed and sworn before me this ____ day of _____, _____.

PRESIDING OFFICER

SECRETARY

NOTARY PUBLIC