

For Village of Wauconda Use Only:

License No. ____

Date _____

Approved: _____

**VILLAGE OF WAUCONDA
APPLICATION FOR LICENSE
TO CONDUCT RAFFLE**

1. Name of Organization _____

2. Address _____

Street

City/State

Zip Code

County

3. Mailing address if different from above _____

4. Address of place or area where chances are to be sold _____

5. Does applicant own or lease premises where raffle is being held? If leased:

Owner's Name _____

Owner's Address _____

6. What are the terms of rental? _____

7. Check type of organization: (Attach documentary evidence, if required)

Religious

Charitable

Labor

Fraternal

Educational

Veteran's Organization

Not-For-Profit Business Org.

8. Has this organization been in existence for at least 5 years? _____

9. Place and date of incorporation of organization _____

10. If not a corporation, state how and when organized _____

11. Number of members in good standing _____

12. President of organization _____
Name Address
Home Phone Business Phone

13. Secretary of organization _____
Name Address
Home Phone Business Phone

14. Designated member(s), hereinafter known as "Manager(s)" who will be responsible for conduct and operation of the drawing. _____
Name Address
Home Phone Business Phone

15. List of prizes and aggregate value of each and list maximum retail value.
(Use separate sheet if necessary.)

15a. Total aggregate value of all winnings. \$ _____

15b. Total maximum retail value of all winnings. \$ _____

16. The time span (dates) in which the chances will be sold _____
to _____

17. The location (s) at which the chances will be sold _____

18. The time and place of the drawing or other method to determine the winners of the raffle _____

19. The maximum amount charged for chances for the raffle \$ _____

20. A copy of the manager's fidelity bond is attached (if required) or
 Request to waive the required manager's fidelity bond (maximum of three per year)

State of Illinois)
) **SS**
County of Lake)

The undersigned, being duly sworn, on oath depose and state as follows: That the above named organization is organized "not-for-profit" under the laws of the State of Illinois and has been continuously in existence for 5 years preceding the date of this application, and that during the entire 5 year period preceding the date of this application it has maintained a bona fide membership actively engaged in carrying out its objectives, or to a non-profit fund raising organization organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardships as the result of an illness, disability, accident or disaster. The undersigned state that all statements in the foregoing application are true and correct; that the officers and operators are all of good moral character and have not been convicted of a felony nor have been a professional gambler or promoter of a gambling operation; that if a license is granted hereunder, the undersigned will be responsible for the conduct of the drawing in accordance with the provisions of the laws of the State of Illinois and the Village of Wauconda.

Name of Organization

License fee of \$25.00 must accompany application. (Cash or check payable to the Village of Wauconda.)

President

For Village of Wauconda use only:

Secretary

License fee \$ _____

Operator of Raffle

Payment received _____

Operator of Raffle

Date _____

VERIFICATION BY CERTIFICATION

The undersigned, states under penalties of perjury as provided by Section 1-109 of the Illinois Code of Civil procedure that he/she has read the statements set forth above and certifies that such statements are true and correct.

After completion of the raffle, the Raffle License Proceeds Report must be returned to the Village:

RAFFLE LICENSE PROCEEDS REPORT

Date of Raffle: _____ Date of Report: _____

Organization in Charge of Raffle: _____

Person Responsible for Raffle: _____

Location of Raffle Drawing: _____

Items Raffled and Cost of Items:

Total Number of Tickets Sold: _____ Cost per Ticket: _____

Gross Receipts of Raffle: _____

Expenses: _____

Net Proceeds: _____

Itemized Distribution of Net Proceeds: _____

Person Verifying Gross Receipts, Expenses, and Net Proceeds: _____

This form must be properly completed and returned to the Village of Wauconda within 30 days of your raffle drawing, or no future raffle licenses will be issued to your club or organization.

Please return to: Alise Homola, 101 N. Main Street, Wauconda, IL 60084 or by email: ahomola@wauconda-il.g

