

Raffle License Application

Village of Shorewood
One Towne Center Blvd.
Shorewood, IL 60404
Phone (815) 207-4631 Fax (815)741-7715



The following must be submitted no later than 15 business days prior to the start of all raffle sales:

- Application**
- Bond** – The applicant’s raffle manager shall provide a fidelity bond in the sum of the aggregate retail value of all prizes or merchandise to be awarded by the raffle, or submit a request for waiver of bond as found on page 3 of this application.
- Fee** – \$10.00

Raffle Information

Date, Price and Location of Ticket Sales:

Date from: _____ to _____ Price of Ticket: _____
(Not to exceed one year; raffle drawing on or before the 364th day)

Location of Ticket Sales (within the Village of Shorewood) _____

Date and Location of Raffle Drawing:

Date: _____ Location: _____

Prizes to be awarded and retail value of each:

PRIZE	RETAIL VALUE
	\$
	\$
	\$
	\$
	\$
Total Value of All Prizes (cannot exceed \$150,000)	\$

Organization Information

Name: _____ Address: _____

Mailing Address (if different from above): _____

Type of Organization

- Religious
- Fraternal
- Charitable
- Educational
- Labor
- Veterans

Length of Time Organization has been in existence: _____
(Minimum of five years to be eligible to hold a raffle)

Date and Location of Organization’s Charter, if Applicable:

Date: _____ Location: _____

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Organization Contact Information:

President/Chairperson _____ Phone Number: _____

Address: _____ Date of Birth _____

Secretary _____ Phone Number: _____

Address: _____ Date of Birth _____

Raffle Manager _____ Phone Number: _____

Address: _____ Date of Birth _____

Disclosure

At the time of application submittal, the organization shall supply a fidelity bond in the sum of the aggregate retail value of the prizes as established in this application. The bond shall be in favor of the organization conditioned up on the raffle manager's honesty in the performance of their 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. Alternately, the organization may submit the Request for Waiver of Bond, as found on the following page of this application and approved upon unanimously by the organization.

The undersigned hereby attests under penalties of perjury:

- The above-named applicant is registered as a not-for-profit organization under as identified in the Illinois Compiled Statutes and has been continuously in existence for five (5) years preceding this application and that during this time has maintained a bona fide membership actively engaged in carrying out its objectives.
- 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.
- That the Raffle Report (p 3 of this application) will be returned within 30 days from the conclusion of the raffle.

Applicant

Date

President/Chairman

Date

Secretary

Date

Raffle Manager

Date

For Office Use Only

Approved Bond or Waiver

Raffle License Number: _____

Not Approved Final Report

Date of Issuance: _____

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REQUEST FOR WAIVER OF RAFFLE MANAGER’S BOND

The undersigned, being duly sworn, deposes and says that he/she is the _____
(President/Secretary)

representing _____
(Organization)

and further states that the aforementioned members of the organization have voted unanimously to waive the raffle manager’s bond.

President

Date

Secretary

Date

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public

Mayor Approval

Date

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Organization Name: _____

Address: _____

Phone: _____ Raffle Drawing Date: _____

Record of Receipts

Gross Receipts	\$	
Expenses	-	\$
Net Proceeds	=	\$

Record of Distributions

Winner Name	Winner Address	Item	Value	Distribution Date

Treasurer Name: _____ Phone Number _____

Address: _____

I declare this raffle report has been examined by me, and to the best of my knowledge, is a true, correct and complete report as required by 230 ILCS 15/8.1 of the State of Illinois Raffles Act

 Treasurer

 Date

Please return this form within 30 days of the conclusion of the raffle to:

Village of Shorewood attn.: Finance Director
 One Towne Center Blvd
 Shorewood, IL 60404