

# APPLICATION FOR RAFFLE LICENSE

STATE OF ILLINOIS )  
)

COUNTY OF SALINE)

To The Mayor of the City of Harrisburg, Illinois.

The below-named applicant(s) hereby makes application under oath for a Raffle License from the City of Harrisburg, Illinois.

1. Applicant's name and mailing address:  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
2. The name and address of the applicant's business:  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_
3. In case of a copartnership, the date of the formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the State where it was incorporated and the date of its becoming qualified under the Illinois Business Corporation Act to transact business in the State of Illinois:  
Date: \_\_\_\_\_ State: \_\_\_\_\_
4. Applicant is one of the type organizations listed below and operate without profit to their members and has been in existence continuously a period of five (5) years immediately before making application for this license:  
religious ( ) charitable ( ) labor ( ) business ( ) fraternal ( ) educational ( ) veterans' ( )
5. Applicant is a non-profit fundraising organization organized for the sole purpose of providing financial assistance to an individual or group of individuals suffering extreme financial hardship as the result of an illness, disability, accident or disaster:  
name and address and reason for hardship of individual or individuals for who will receive financial assistance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. The legal description and street number of the premises for which the license is sought; and a copy of the instrument or instruments evidencing the applicant is either the beneficial owner of the premises for which the license is sought or is the lessee of said premises for the full period for which the license is to be issued:  
Legal Description: \_\_\_\_\_  
Street Number: \_\_\_\_\_  
The time period during which raffle chances will be sold or issued:  
Date: \_\_\_\_\_ through \_\_\_\_\_, between the hours of \_\_\_\_\_ and \_\_\_\_\_  
The date and time of determination of winning chances: \_\_\_\_\_  
The location or locations at which winning chances will be determined:  
\_\_\_\_\_  
Applicant is making application for raffle license for \_\_\_\_\_ raffle(s) to be conducted during the following time period \_\_\_\_\_ through \_\_\_\_\_. (Note: specified period cannot exceed one year)
7. The name and address of the landlord if the premises are leased:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Whether landlord has a valid Harrisburg Raffle License: (Yes or no) \_\_\_\_\_
8. The date of applicant's last application for a local Raffle License and the name of the municipality to which such application was made, whether same was granted, denied or withdrawn;  
Date: \_\_\_\_\_  
Municipality: \_\_\_\_\_  
Granted \_\_\_\_\_ Denied \_\_\_\_\_ Withdrawn \_\_\_\_\_  
Whether applicant has ever made an application for a Raffle License which has been denied, and if so, the reasons therefor:  
(Yes or no) \_\_\_\_\_