

# RAFFLE LICENSE APPLICATION

City of Harrisburg  
110 East Locust Street  
Harrisburg, Illinois 62946  
618-252-1937 / Fax: 618-252-1553  
[www.thecityofharrisburgil.com](http://www.thecityofharrisburgil.com)

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

1. Name of organization (applicant): \_\_\_\_\_  
Address of organization: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. In the case of a co-partnership, 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: \_\_\_\_\_

3. Applicant is one of the type organizations listed below and operate without profit to their members and has been in existence continuously for a period of five (5) years immediately before making application for this license:  Religious  Charitable  Labor  Business  Fraternal  Educational  Veterans'

4. 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 of charitable organization OR name, address and reason for hardship of individual(s) who will receive financial assistance: \_\_\_\_\_  
\_\_\_\_\_

5. Applicant requests a license to conduct (choose one):  
 one single raffle  
 more than one raffle, to be conducted during a time period not to exceed one year (a "recurring raffle").

The time period during which raffle chances will be sold or issued:  
Date: \_\_\_\_\_ through \_\_\_\_\_, between the hours of \_\_\_\_\_ and \_\_\_\_\_  
The location(s) at which raffle chances will be sold: \_\_\_\_\_

The date and time of determination of winning chances: \_\_\_\_\_  
The location(s) at which winning chances will be determined: \_\_\_\_\_

Applicant is making application for a raffle license for \_\_\_\_\_ raffle(s) to be conducted during the following time period: \_\_\_\_\_ through \_\_\_\_\_. (Note: specified period cannot exceed one year)

6. The name and address of the landlord if the premises are leased:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Whether landlord has a valid Harrisburg Raffle License (circle one):    Yes            No

7. The name, address and telephone number of the Raffles Manager:

Prior to the issuance of a raffle license, the Raffles Manager must post a bond in the amount of Five Hundred Dollars (\$500.00) in favor of the City of Harrisburg.

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If an application is made in behalf of a partnership, it shall be signed and verified by at least two partners; and if by a corporation, it shall be signed by the president and secretary and verified by the president of said corporation.

Individual Signature: \_\_\_\_\_

Partnership Signature: \_\_\_\_\_, a Partnership

By: \_\_\_\_\_, a Co-partner

\_\_\_\_\_, a Co-partner

Corporation Name: \_\_\_\_\_

By: \_\_\_\_\_, President

Attest: \_\_\_\_\_, Secretary

(We) do hereby certify that I (we) have read and know the contents of the above and foregoing application by me (us) and that the same are true and complete.

\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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**ATTESTATION STATEMENT (must be signed by both presiding officer and secretary of organization):**

The undersigned attest that the above named organization is organized not-for-profit under the law of the State of Illinois and has been in continuous existence for five years preceding the date of this application, and that during this entire five year period preceding the date of application, it has maintained a bona fide membership actively engaged in carrying out its objectives. The undersigned do 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 games 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 games in accordance with the provisions of the laws of the State of Illinois and this jurisdiction governing the conduct of such games.

President/Chairperson Signature: \_\_\_\_\_

Secretary Signature: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Dated: \_\_\_\_\_