



VILLAGE OF BOLINGBROOK



APPLICATION FOR RAFFLE LICENSE

*****15 Business Days Required for Approval*****

NAME OF ORGANIZATION: _____

DATE OF CHARTER: _____

TYPE OF ORGANIZATION: (CIRCLE ONE)

RELIGIOUS

FRATERNAL

VETERAN

LABOR

EDUCATIONAL

OTHER: _____

Name & Title: _____

Address: _____

Phone #: _____ Date of Birth: _____

Driver's License #: _____

Name & Title: _____

Address: _____

Phone #: _____ Date of Birth: _____

Driver's License #: _____

Name & Title: _____

Address: _____

Phone #: _____ Date of Birth: _____

Driver's License #: _____

Contact Name & Phone for License Pick-up: _____

Email address: _____

A. Type of Raffle _____

B. Purpose of Raffle _____

C. Areas within the Village where Raffle chances will be sold _____

D. Date(s) of Sale of Raffle Chances (Maximum – 364 days) _____

E. Place & Time Final Raffle Drawing will be Held: _____

F. Cost of each Ticket _____

G. List Prizes & Estimated Values _____

Therefore, I attest that the above statements are true and accurate to the best of my knowledge, and further I attest that the organization in which I am the presiding officer is in fact a not-for-profit organization, as designated by the Illinois State Statutes; and that the conducting of this raffle will not violate any provision of Article II of the Municipal Code. I also authorize the Village of Bolingbrook and the Bolingbrook Park District to obtain, prepare, use, or furnish information concerning my current and former credit, general reputation, and criminal history to process the raffle license application.

Date: _____ Presiding Officer: _____ Secretary: _____

Vice President: _____ Treasurer: _____

Submit a Fidelity Bond in the amount equal to the sum of the aggregate retail value of ALL prizes or merchandise along with this application.

PLEASE COMPLETE AND RETURN FORM TO:

VILLAGE OF BOLINGBROOK
VILLAGE CLERK'S OFFICE
375 W. BRIARCLIFF RD.
BOLINGBROOK, IL 60440 Phone: 630/226-8400



FOR VILLAGE USE ONLY

APPROVED BY:

Director of Finance

Date

Chief of Police

Date

FINAL APPROVAL: _____
MAYOR

DATE

I hereby waive the Fidelity Bond Yes _____ No _____

Initial: _____