



United City of Yorkville  
800 Game Farm Road  
Yorkville, Illinois, 60560  
Telephone: 630-553-4350  
Fax: 630-553-7575

Date of Issue: \_\_\_\_\_  
Issued by: \_\_\_\_\_  
License #: \_\_\_\_\_  
Fee Amount: \_\_\_\_\_

### RAFFLE LICENSE APPLICATION

(No application is required for Raffles with total prize values of less than \$500)

1. Name of applicant/organization \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Zip \_\_\_\_\_ Phone \_\_\_\_\_
2. Place & date of charter or incorporation of applicant \_\_\_\_\_  
\_\_\_\_\_
3. Tax exempt # \_\_\_\_\_
4. Name of presiding officer: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone # \_\_\_\_\_ SS# \_\_\_\_\_
5. Name of presiding secretary: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone # \_\_\_\_\_ SS# \_\_\_\_\_
6. Name of raffle manager: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone # \_\_\_\_\_ SS# \_\_\_\_\_
7. List the prizes and the retail price of each prize to be awarded: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Raffle ticket sales dates:  
 Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_
9. Area/Locations where raffle tickets are to be sold: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Price to be charged for each ticket sold: \_\_\_\_\_  
 \_\_\_\_\_
11. Winning chances will be determined:  
 Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_  
 Location(s): \_\_\_\_\_  
 \_\_\_\_\_

In witness whereof the following applicant(s) have submitted this application under oath, and swears that to the best of their knowledge its contents are true and correct, and that the prospective licensee is a not-for-profit organization and that applicant has read the attached ordinance and swears to operate said raffle in accordance with said rules and codes.

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 APPLICANT SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS  
 \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

NOTARY STAMP

**THIS APPLICATION MUST BE NOTARIZED**