

# STEPHENSON COUNTY RAFFLE LICENSE APPLICATION

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APPLICATIONS **WILL NOT** BE ACCEPTED WITHOUT THE FOLLOWING:

1. A COPY OF THE MANAGER'S BOND OR A COPY OF YOUR ORGANIZATION'S MINUTES NOTING A UNANIMOUS VOTE OF THE MEMBERS TO WAIVE THE MANAGER'S BOND REQUIREMENT.
  2. A CHECK IN THE AMOUNT OF **\$60.00** MADE PAYABLE TO THE STEPHENSON COUNTY CLERK.
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YOUR APPLICATION WILL BE APPROVED WITHIN 20 DAYS AND YOUR LICENSE WILL BE MAILED TO YOUR RAFFLE MANAGER. NO SALES MAY BEGIN UNTIL YOUR APPLICATION HAS BEEN APPROVED.

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**NOTE:** A \$25.00 REFUND WILL BE ISSUED IF YOU FILE YOUR FINAL RAFFLE REPORT BEFORE THE EXPIRATION DATE ON YOUR RAFFLE LICENSE. THE REFUND CHECK WILL BE SENT TO YOUR RAFFLE MANAGER UNLESS YOU INSTRUCT US OTHERWISE.

**STEPHENSON COUNTY, ILLINOIS**

c/o Stephenson County Clerk  
50 W. Douglas St., Ste. 500  
Freeport, IL 61032  
(815)235-8289

**APPLICATION FOR LICENSE TO CONDUCT RAFFLE**

**Good for ONE Raffle ~ Fee \$60.00**

<b>FOR OFFICE USE ONLY:</b>		
Raffle #	Fee Check #	Transaction #

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street City ZIP

3. Mailing Address (if different from above):  
\_\_\_\_\_  
Street City ZIP

4. Address of Place for Raffle Drawing:  
\_\_\_\_\_  
Street City ZIP

5. Check type of Organization (attach documentary evidence)

\_\_\_\_\_ Religion      \_\_\_\_\_ Charitable      \_\_\_\_\_ Labor  
\_\_\_\_\_ Fraternal      \_\_\_\_\_ Educational      \_\_\_\_\_ Veterans

6. How long has organization been in existence? \_\_\_\_\_

7. Place & date of incorporation: \_\_\_\_\_  
Place Date

8. Number of members in good standing: \_\_\_\_\_

9. President/Chairperson: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street City State ZIP Telephone

\_\_\_\_\_  
Social Security Number (last four digits ONLY) Date of Birth

10. Raffle Manager: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street City State ZIP Telephone

\_\_\_\_\_  
Social Security Number (last four digits ONLY) Date of Birth

11. Date(s) for raffle ticket sale(s): (include days of the week – **MAXIMUM of 365 days**):

\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

12. Location of sales:

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

13. Location for determining winners:

\_\_\_\_\_

14. Date(s) for determining winners (include days of the week):

\_\_\_\_\_

15. Items to be raffled:

\_\_\_\_\_

16.	Total retail value of ALL prizes awarded in a single raffle..... (shall not exceed \$100,000.00)	\$ _____
17.	Maximum retail value of EACH prize awarded in a single raffle... (shall not exceed \$100,000.00)	\$ _____
18.	Maximum price charges for each chance sold..... (shall not exceed \$100.00)	\$ _____

19. Manager's Bond:

**Please attach a copy of the Manager's Bond or a copy of your Organization's minutes showing a unanimous vote of members waiving the Manager's Bond requirement.**

20. ATTESTATION:

"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 existence for 5 years, preceding date of this application, and that during this entire 5-year period preceding 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 organization has read and reviewed the rules and regulations of the Illinois Raffle Act; and 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."

\_\_\_\_\_  
*Name of Organization*

\_\_\_\_\_  
*President/Chairperson Signature*

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c/o Stephenson County Clerk  
50 W. Douglas St., Ste. 500  
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**FINAL RAFFLE REPORT**

<b>FOR OFFICE USE ONLY:</b>		
Refund? Y or N	Refund Date	Refund Check #

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

Raffle License Number: \_\_\_\_\_

Date: \_\_\_\_\_

**RECEIPTS:** (Ticket sales, donation of prizes, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**EXPENSES:** (Printing of tickets, cost of prizes, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**DISTRIBUTION OF NET PROCEEDS:**

_____	\$ _____
_____	\$ _____
_____	\$ _____

\_\_\_\_\_  
*Signature of Raffle Manager*