



APPLICATION FOR RAFFLE LICENSE

DATE: _____

NAME OF APPLICANT: _____
(Name of non-profit organization seeking license)

LOCATION WHERE RAFFLE CHANCES WILL BE SOLD: _____
Dated/Time Period

TIME AND DATE OF DETERMINATION AND LOCATION AT WHICH WINNING CHANCES WILL BE DETERMINED: _____
Time/Date Location

RAFFLE MANAGER: _____
Name and Address Telephone

Presiding Officer

Secretary

STATE OF ILLINOIS)
) SS
COUNTY OF DEKALB)

_____ and _____,
upon oath, state that they are the presiding officer and secretary, respectively, of the _____; that as such they hereby certify that the applicant named herein is a not-for-profit organization as defined in public act 81-1365 of the laws of the State of Illinois.

Subscribed and sworn to
before me this _____ day
of _____ 20_____

NOTARY PUBLIC