

**APPLICATION FOR A LICENSE TO
OPERATE A RAFFLE**

Application is hereby made to operate a raffle under the regulations of the McLean County Ordinance to License and Regulate Raffles.

FILE STAMP

FEE:

LICENSE REQUESTED

- Class A
- Class B
- Class C
- Class D

APPLICANT

NAME OF ORGANIZATION _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____

This organization was established _____ and has been in existence
(date)
continuously since that time with a bonafide membership engaged in carrying out its objectives.
(Section 24.64-5)

DESIGNATED RAFFLE MANAGER

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

RAFFLE MANAGER'S BOND (Check one)

- Fidelity Bond in the amount of \$_____ attached as required in Section 4.67-1.
- Waiver of bond requested. (**Class A Raffles Only!** Attach sworn statement attesting to the unanimous vote of the members as required in Section 24.67-2.)

OPERATION OF RAFFLE

The area in which raffle chances will be sold or issued within the territory of McLean County which is under the jurisdiction of the Ordinance as of this date will be:

(List the unincorporated areas of McLean County and/or the name of any incorporated city, town, or village in which raffle chances are proposed to be sold or issued.)

The time period during which raffle chances will be sold or issued will be from _____, 202__, through _____, 202__, both (date) (date)

inclusive. (One year maximum.)

The determination of the winning chances will be held on _____, 202__, at _____ (exact location).

The price charged for each raffle chance sold or issued will be _____.

LIST OF ALL PRIZES OR MERCHANDISE TO BE AWARDED

PRIZE OR MERCHANDISE	RETAIL VALUE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
AGGREGATE RETAIL VALUE OF ALL PRIZES OR MERCHANDISE	\$ _____

Attach separate page if necessary to list all prizes or merchandise.

We, _____ the presiding officer
and _____ the secretary of the

(exact name of applicant organization)

being duly sworn, hereby attest that the aforesaid organization is a

non-profit *(Check one only; see Sections 24.62 and 24.64-5 of Ordinance for definitions.)*

- | | | | |
|--------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Religious | <input type="checkbox"/> Veterans | <input type="checkbox"/> Business |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Fraternal | <input type="checkbox"/> Labor | <input type="checkbox"/> Hardship |

organization as defined in the McLean County Ordinance to License and Regulate Raffles; that we have received a copy of such Ordinance and that the raffle for which this application is made will be operated in accordance with all the provisions thereof; and that the organization is eligible for a license under Section 24.64-7 of said Ordinance. We further attest that all statements and answers to questions in the foregoing application are made in full and are true and correct in every respect.

(signature, Presiding Officer) Date _____

(signature, Secretary) Date _____

Subscribed and sworn to before me this _____ day of _____ 202__.

Notary Public

This application is to be filed with the McLean County Board Office, accompanied by the appropriate license fee and bond, if any, as set forth in Sections 24.65 and 24.67 of the Ordinance. Checks should be made payable to the **McLean County Treasurer.**

(Attachment to **Class A** Raffle License Application only)

REQUEST FOR WAIVER OF RAFFLE MANAGER'S BOND

The _____
(exact name of applicant organization)

hereby requests that the County of McLean waive the requirement for the Raffle Manager's Bond in connection with the raffle for which the attached application is made.

We, the undersigned, being the Presiding Officer and the Secretary of the aforesaid organization, do hereby attest to the fact that, by unanimous vote, the members of said organization have requested and agreed to such waiver.

Presiding Officer

Date _____

Secretary

Date _____

Subscribed and sworn to before me this _____ day of _____ 202__.

Notary Public

NOTE: Bonds for Class B, Class C, and Class D raffles cannot be waived.

FIDELITY BOND

KNOW ALL PERSONS BY THESE PRESENTS, That we _____, the Raffle Manager as principal, and _____ and _____ as sureties, held and firmly bound to _____ **(organization conducting raffle)** in the sum of \$_____, lawful money of the United States, a sum equal to the aggregate retail value of all prizes or merchandise to be awarded in said raffle, for the payment of which, well and truly to be made, we do bind ourselves, and each of us, our heirs, executors and administrators, and each of them, jointly, severally, and firmly by these presents.

Signed with our hands and sealed with our seals, this _____ day of _____ A.D. 202_____.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT, whereas, the said principal, _____, has been duly designated as raffle manager by _____ **(organization conducting raffle)** in the County of McLean, State of Illinois

NOW, THEREFORE, If _____, the said principal and raffle manager, abides by the condition of this fidelity bond, honestly performs the duties of raffle manager, and faithfully observes the provisions of the McLean County Ordinance to License and Regulate Raffles, Section 24.61 et seq., and all laws of the State of Illinois and the United States of America applying to raffles to the best of their skill and ability, then this obligation shall be null and void; otherwise, it shall remain in full force and effect. Notice shall be given in writing to the County of McLean not less than thirty (30) days prior to the cancellation of this bond.

In witness, the principal and sureties have executed this instrument on this _____ day of _____, 202_____.

By:_____ (Raffle Manager)

By:_____ (Surety)

By:_____ (Surety)

STATE OF ILLINOIS)
)
COUNTY OF McLEAN)

I, _____ Notary Public in and for the County and State, do hereby certify that _____ **(raffle manager)**, _____ **(surety)** and _____ **(surety)** who are each personally known to me to be the same persons whose names are subscribed to in the foregoing document, appeared before me this day in person and acknowledged that they signed, sealed, and delivered said instrument as their free and voluntary act, for the uses and purposes as therein set forth.

GIVEN under my hand and _____ seal, this _____ day of _____ A.D. 202____.

Notary Public