

BOONE COUNTY ILLINOIS

Raffle License Application

Adopted January 9, 2008

1. Each application is *valid* for one raffle *type only*. For example, if you wish to regularly conduct a 50/50 raffle at your monthly membership meeting and have an annual fundraising raffle you will need to fill out two (2) raffle license applications.
2. A raffle license shall only be issued to a religious, charitable, labor, non-profit business, fraternal, educational, veterans organization which operate without profit and have been existence continuously for five years, or to a non-profit fundraising organization that the licensing authority (County Board) determines is organized for the sole purpose of providing financial assistance to an individual or group suffering extreme financial hardship as the result of an illness, disability, accident, or disaster. The five-year rule mentioned above does not apply under these circumstances.
3. All raffles require approval of the County Board. The deadline to submit a raffle application is the date of the Administrative and Legislative Committee each month and those dated in 2008 are as follows:

January 7	May 5	August 25
February 4	June 2	September 29
March 3	June 30	November 3
March 31	August 4	December 1

Raffle applications submitted after the above dates will be reviewed at the next respective meeting. Applications should be delivered to the office of the Boone County Clerk, 601 North Main Street, Suite 202, Belvidere.

4. A Fidelity Bond, with the seal of a notary public, must accompany each raffle application.
5. A fee of \$20.00 shall be collected from the applicant, with checks payable to the Boone County Treasurer.
6. Each individual license shall be valid for *no longer than* one (1) year from *the date of* approval by the Boone County Board.

BOONE COUNTY ILLINOIS
Office of the Boone County Clerk
601 North Main Street Suite 202
Belvidere, IL 61008

APPLICATION FOR LICENSE TO CONDUCT A RAFFLE

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

	Number	Street	
<hr/>			
City	State		Zip Code

MAILING ADDRESS: _____

if different from above

	Number	Street	
<hr/>			
City	State		Zip Code

TYPE OF ORGANIZATION: circle only one

- | | | | |
|-----------|-------------|----------|---------------------|
| Religious | Charitable | Labor | Non-Profit Business |
| Fraternal | Educational | Veterans | Temporary Charity |

HOW LONG HAS THE ORGANIZATION BEEN IN EXISTENCE? _____

Organization must be in existence for greater than five (5) years in order to conduct a raffle.

Exception: a non-profit fundraising organization that the licensing authority determines is organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardship as a result of an illness, disability, accident or disaster shall be classified as a temporary charity for within this document.

EXPLAIN THE ACTIVITIES AND PURPOSE OF THE ORGANIZATION: _____

DEFINE THE TYPE OF RAFFLE:

Check One:

- | | |
|---|---|
| <input type="checkbox"/> ONE TIME- cash prize (GOOD FOR ONE RAFFLE) | <input type="checkbox"/> ONE TIME- item prize (GOOD FOR ONE RAFFLE) |
| <input type="checkbox"/> ONE TIME- 50/50 (GOOD FOR ONE RAFFLE) | <input type="checkbox"/> RECURRING- 50/50 (GOOD FOR ONE YEAR) |

DATE/DATES THAT RAFFLE CHANCES WILL BE SOLD:

GEOGRAPHIC AREA/AREAS WHERE RAFFLE CHANCES WILL BE SOLD:

DATE, TIME AND LOCATION FOR DETERMINING WINNER(S):

_____/_____/_____
(DATE) (TIME) (LOCATION)

_____/_____/_____
(DATE) (TIME) (LOCATION)

_____/_____/_____
(DATE) (TIME) (LOCATION)

_____/_____/_____
(DATE) (TIME) (LOCATION)

_____/_____/_____
(DATE) (TIME) (LOCATION)

ITEMIZE THE MAXIMUM RETAIL VALUE OF EACH PRIZE: \$ _____

\$ _____

\$ _____

\$ _____

WHAT IS THE TOTAL RETAIL VALUE OF ALL THE PRIZES AWARDED: \$ _____

NOTE: If any single prize is equal to or exceeds \$10,001 or if the aggregate of all prizes is equal to or exceeds \$25,001, the applicant must appear before the Administrative & Legislative Committee. REFERENCE ORDINANCE NUMBER 94-18

MAXIMUM PRICE CHARGED FOR EACH RAFFLE CHANCE SOLD \$ _____

MAXIMUM NUMBER OF RAFFLE CHANCES ISSUED _____

TIME PERIOD REQUESTED IF LONGER THAN 30 DAYS: _____

REASON FOR REQUEST OF EXTENDED TIME PERIOD: _____

ATTESTATION-

“The undersigned attest that the above named organization is organized not-for-profit under the laws of the State of Illinois. The undersigned do hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the officers, operators and workers of the games are bona fide members of the sponsoring organization and are all of good moral character and have not been convicted of a felony; 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)

/

(Secretary)

FIDELITY BOND

_____, _____ and we
(Officer) (Officer)

as Officers of _____
(Name of Organization)

as sureties, all of the County of Boone and State of Illinois are held firmly bound unto the People of the State of Illinois, in the penal sum of _____ Dollars, which amount is equal to the aggregate retail value of all prizes to be awarded.

The condition of this obligation is such that, whereas, the said undersigned have been duly elected Officers in and for _____,
(Name of Organization)
in the County of Boone.

NOW, THEREFORE, if said Officers shall justly and fairly account for and pay over all monies and/or prizes that may come into their hands, by virtue of their said office, and shall well and truly perform all and every act and duty enjoined upon him by the laws of this State, to the best of their skill and ability, then this obligation is to be void, otherwise to remain in full force and virtue.

Officer

Officer

Officer

STATE OF ILLINOIS)

COUNTY OF BOONE) SS.

Subscribed and sworn to before me on this the _____ day of _____, _____

Signature _____

Printed name _____

Notary Public, State of Illinois, County of _____

My commission expires _____