**CITY OF OLNEY**
**300 S. Whittle Ave., Olney, Illinois 62450**
**618-395-7302 / FAX 618-395-7304**

# RAFFLE LICENSE APPLICATION

Name of applicant: _____

Address of applicant: _____

Name of organization: _____

Address of organization: _____

Number of members that reside within the City of Olney: _____

Year organization was established: _____

Type of organization (circle one):

Religious Charitable Labor Veterans

Business Fraternal Educational

If not one of the organizations listed above, specify purpose of raffle: _____

_____

Name of raffle manager: _____

Address of raffle manager: _____

Locations at which raffle chances will be sold: _____

_____

_____

Raffle chances will be sold from _____ to _____
**(Not to exceed 90 days)**

Number of raffle chances to be sold: _____

Price of chances: $_____

Aggregate retail value of all prizes to be awarded: $_____

List of prizes to be awarded: _____

Date, time and location to determine winning chances: _____

_____

_____

Name and address of company providing fidelity bond: _____

_____

I, _____ and _____
(Presiding Officer) (Secretary)

being duly sworn under oath, state that the above named organization is of a not-for-profit character and is not otherwise ineligible to receive a raffle license as prescribed by city ordinance.

_____
Signature of Presiding Officer

_____
Signature of Secretary

State of Illinois )
) SS
County of Richland )

I, _____, a Notary Public in and for the aforesaid County and State, do hereby certify that _____ whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/she signed the said instrument as his/her free and voluntary act.

Given under my hand and seal this _____ day of _____, _____.

_____
Notary Public

Fee $ _____ Receipt # _____ Date Paid _____

Date presented to the City Council: _____

Action taken by the City Council: _____