

**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 and Address of organization:  
\_\_\_\_\_

Number of members that reside within the City of Olney: \_\_\_\_\_

Year organization was established: \_\_\_\_\_

Type of not-for-profit organization (circle one):

Religious	Charitable	Labor	Veterans
Business	Fraternal	Educational	Other

If "Other," specify type of not-for-profit organization & purpose of the raffle:  
\_\_\_\_\_

Name of raffle manager: \_\_\_\_\_

Address of raffle manager: \_\_\_\_\_

Locations at which raffle chances will be sold or issued, *if* a specific location is set:  
\_\_\_\_\_

Raffle chances will be sold from \_\_\_\_\_ to \_\_\_\_\_

**(Not to Exceed One Year)**

Number of raffle chances to be sold, *if* known: \_\_\_\_\_

Price of chances (not to exceed \$100): \$ \_\_\_\_\_

Aggregate retail value of all prizes to be awarded (shall not exceed \$1,000,000, neither as an individual prize nor cumulatively): \_\_\_\_\_

List of prizes to be awarded (attach additional page if necessary):  
\_\_\_\_\_

Will any firearms or weapons be awarded (if yes, please describe on additional page): \_\_\_\_\_

Date, time and location to determine winning chances or where poker run concludes & prizes awarded:

\_\_\_\_\_

Name and address of company providing fidelity bond: \_\_\_\_\_

\_\_\_\_\_

If no bond, what date did the affirmative vote of the members of the organization occur determining to waive said 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. Further, I swear and affirm that, if no fidelity bond is being provided to the City that a unanimous vote of the members of the organization occurred determining to waive said bond.

\_\_\_\_\_  
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 \$ \$10.00 Receipt # \_\_\_\_\_ Date Paid \_\_\_\_\_

Date presented to the City Council: \_\_\_\_\_

Action taken by the City Council: \_\_\_\_\_