

**APPLICATION FOR LICENSE TO CONDUCT RAFFLE**



**1. Name of applicant organization:** \_\_\_\_\_

**2. Address:** \_\_\_\_\_  
Street City/State Zip Code

**3. Mailing Address:** \_\_\_\_\_  
Street City/State Zip Code

**4. Check type of bona fide nonprofit organization:**

\_\_\_\_\_ Business      \_\_\_\_\_ Charitable      \_\_\_\_\_ Fraternal      \_\_\_\_\_ Veterans'  
\_\_\_\_\_ Religious      \_\_\_\_\_ Labor      \_\_\_\_\_ Educational

\_\_\_\_\_ Nonprofit fundraising organization organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme hardship as a result of illness, disability, accident or disorder.

**5. Has this organization been in existence continuously for a period of five (5) years immediately before making this application for a license?** \_\_\_\_\_ Yes      \_\_\_\_\_ No

**6. Has the organization had a bona fide membership engaged in carrying out its objectives for a period of five (5) years immediately before making this application for a license?** \_\_\_\_\_ Yes      \_\_\_\_\_ No

**7. Location and date of incorporation of organization:**

\_\_\_\_\_

**8. If not a corporation, state how and when the organization was organized:**

\_\_\_\_\_

\_\_\_\_\_

**9. Number of members of the organization currently in good standing:** \_\_\_\_\_

**10. President of organization:** \_\_\_\_\_

**11. President's address:** \_\_\_\_\_

**12. President's telephone number:** \_\_\_\_\_

**APPLICATION FOR LICENSE TO CONDUCT RAFFLE  
IN THE VILLAGE OF BARRINGTON HILLS**

**13.** Secretary of organization: \_\_\_\_\_

**14.** Secretary's address: \_\_\_\_\_

**15.** Secretary's telephone number: \_\_\_\_\_

**16.** Designated member of the organization who will act as Manager and be responsible for the conduct and operation of the raffle: \_\_\_\_\_

**17.** Manager's address: \_\_\_\_\_

**18.** Manager's telephone number: \_\_\_\_\_

**19.** Description of the area within the Village in which the raffle chances will be sold and issued:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**20.** Time period during which raffle chances will be sold or issued (not to exceed 180 days):

\_\_\_\_\_

**21.** Description of the date, time, manner and locations of determining the winning changes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**22.** Copy of the organization's articles of incorporation or charter been attached as an exhibit to this license application?     Yes     No

**23.** Does the organization own or lease the premises where the raffle drawing is being held?

Yes     No

If leased, name of Lessor: \_\_\_\_\_

If leased, has the Lessor also completed a license application in connection with the organization's raffle?     Yes     No

**24.** Maximum amount to be charged for each raffle chance issued or sold (not to exceed \$200.00):

\$ \_\_\_\_\_

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**25.** Aggregate retail value of all prizes and merchandise to be awarded at the raffle (not to exceed

\$200,000.00): \$ \_\_\_\_\_

**26.** Maximum retail value of each prize to be awarded at the raffle (not to exceed \$50,000.00):

\$ \_\_\_\_\_

**27.** Fidelity Bond:

\_\_\_\_\_ A copy of the Manager's fidelity bond is attached.

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The undersigned, being duly sworn, on oath depose and state as follows: That the above named organization is organized not-for-profit under the law of the State of Illinois and has been continuously in existence for five (5) years preceding the date of this application, and that during the entire five (5) year period preceding the date of this application it has maintained a bona fide membership actively engaged in carrying out its objectives, or to a non-profit fund raising organization organized for the sole purpose of providing assistance to an identified individual or group of individuals suffering extreme hardship as a result of an illness, disability, accident or disorder.

The undersigned states that all statements in the foregoing application are true and correct; that the officers and operators are all of good moral character and have not been convicted of a felony or have been a professional gambler or promoter of a gambling operation; that if a license is granted hereunder, the undersigned will be responsible for the conduct of the drawing in accordance with the provisions of the Illinois Raffles Act and the Barrington Hills Raffles Ordinance.

The undersigned acknowledges and understands that any license which may be approved shall be valid for only one (1) raffle and shall be valid for one hundred eighty (180) days after issuance, and that no chances may be sold upon expiration of the license.

**NAME OF ORGANIZATION:**

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: President

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: Secretary

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: Raffle Manager

**FOR VILLAGE USE ONLY:**

License Fee: \$10.00

Amount Received: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Application for License is:

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_  
Village President

ATTEST:

\_\_\_\_\_  
Village Clerk

This application may be filed in person, or by mail at the Village of Barrington Hills, 112 Algonquin Road, Barrington Hills, Illinois 60010-5199. Preferably applications may also be emailed to clerk@vbhil.gov. A License Fee of \$10.00 must be paid prior to issuance of a license. Payment, in check, cash or money order, shall be made payable to the Village of Barrington Hills.

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**ACKNOWLEDGEMENT**

State of Illinois,                    )  
  ) ss.  
County of \_\_\_\_\_)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that \_\_\_\_\_,  
personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

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**EXHIBIT A**

**Articles of Incorporation/Charter**