

# **RAFFLE LICENSE APPLICATION**

## **CITY OF CUBA, ILLINOIS**

Incomplete applications will not be accepted.

Completed applications may be submitted to: City Hall at 403 E Jefferson St, Cuba IL, 61427. Telephone # 309-785-5093

Type of Organization:

- Religious [501(c)(3)]     Charitable [501(c)(3)]     Labor [501(c)(5)]  
 Educational [501(c)(3)]     Fraternal [501(c)(8) or 501(c)(10)]     Veterans [501(c)(19)]

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Length of time organization has been in existence: \_\_\_\_\_

Place and date of organization's charter, if applicable

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

Items Required:

> Application Fee

- No fee is required if the aggregate prize value is below \$500.00
- \$5.00 if the aggregate prize value is between \$500.00 and \$5,000.00
- \$25.00 if the aggregate prize value is more than \$5,000.00
- \$25.00 for progressive raffle license

> Articles of Incorporation and/ or Charter

> Organizations Raffle Rules

> Organizations IRS Letter of Determination (if applicable)

**President/ Chairperson's/ Comparable Officer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Secretary's Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Treasurer's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Raffle Manager's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Traditional       50/50       Progressive

**Ticket Sales:**

**Date(s) of Raffle Ticket Sales (must not exceed 180 days):** From \_\_\_\_\_ to \_\_\_\_\_

**Area(s) where Raffle Tickets will be sold:** \_\_\_\_\_

**Raffle Ticket Price:** \_\_\_\_\_

**Maximum number of tickets to be sold:** \_\_\_\_\_

**Drawing(s):**

**Date(s) and time(s) of raffle drawing:** \_\_\_\_\_

**Location of raffle drawing:** \_\_\_\_\_

**For Progressive Raffles state the day(s) of the week and when winning chances will be determined:**

**Sunday:** \_\_\_\_\_

**Monday:** \_\_\_\_\_

**Tuesday:** \_\_\_\_\_

**Wednesday:** \_\_\_\_\_

**Thursday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_

**Saturday:** \_\_\_\_\_

**List of Prizes and Retail Cost(s):**

<b>Prize</b>	<b>Retail Cost</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	<b>Total \$</b> _____

**All operations and conduct of raffles shall be under the supervision of a single raffle manager as designated on the license application.**

**At the time the application is submitted, a manager shall give a fidelity bond in the sum of the aggregate retail value of the prizes as set out in the application. The bond shall be in favor of the organization conditioned upon the raffle manager's honesty in the performance of duties.**

The bond shall provide that notice shall be given in writing to the licensing authority not less than thirty (30) days prior to its cancellation period. If the retail value of the prizes exceeds fifteen thousand (\$15,000), the bond shall be a corporate surety.

The undersigned hereby attest that all statements made herein are true and correct to the best of our knowledge. The undersigned further certify that they have read Chapter 3-9 of the City of Cuba Code, and that the organization which they represent is qualified and eligible to obtain a raffle license in the City of Cuba according to the requirements as set for 230 ILCS 15-0.01 st seq. (State of Illinois Raffle Act) and the City of Cuba Municipal Code section 25-8, and further certify that we will abide by all rules and regulations as set forth by the state of Illinois and the City of Cuba. Our Audit information will be returned no later than 30 business days from the conclusion of the raffle.

The undersigned also understands and agrees that failure to comply with any of the requirements of the Raffle Ordinance constitutes a violation, and that whoever violates any of the provisions of this article is guilty of a misdemeanor and may be punished as provided in 1-4 of the City of Cuba Code of Ordinances.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Secretary

President / Chairman/ Comparable Officer- Statement attesting that organization conducting the raffle is listed "Not for Profit" organization.

\_\_\_\_\_  
Raffle Manager

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public (Seal)

Approving Official: \_\_\_\_\_

Title: \_\_\_\_\_