

CITY OF GRIGGSVILLE

APPLICATION FOR RAFFLE OR POKER RUN LICENSE

Organization Name: _____

Address: _____

Type of Organization: _____

Length of Existence of Organization: _____

If organization is incorporated, what is the date and state of incorporation?

Date: _____ State: _____

List the organization's presiding officer, secretary, raffle manager, and any other members responsible for the conduct and operation of the raffle.

PRESIDENT:

SECRETARY: _____ Birth Date: _____

Address: _____

Social Security No.: _____ Phone No.: _____

RAFFLE OR POKER RUN MANAGER: _____ Birth Date: _____

Address: _____

Social Security No.: _____ Phone No.: _____

List any other members responsible for the conduct and operation of the raffle on the back of this page. List name, date of birth, address, social security number, and phone number.

_____ This request is for a single raffle license.

_____ This request is for a multiple raffle license.

The aggregate retail value of all prizes to be awarded: \$ _____

Maximum retail value of each prize to be awarded in the raffle: \$ _____

The maximum price charged for each raffle chance issued: _____

The area or areas in which raffle chances will be sold or issued: _____

Time period during which raffle chances will be issued or sold: _____

The date, time and location at which winning chances will be determined: _____

Date: _____ Time: _____

Location: _____

If multiple raffles license is requested, list on a separate sheet, the date, time, and location for each raffle to be held within the one (1) year period of time from the date of the issuance of the license.

THE APPLICATION FEES ARE NONREFUNDABLE EVEN SHOULD THE APPLICATION BE REJECTED BY THE CITY COUNCIL.

CITY OF GRIGGSVILLE

APPLICATION FOR RAFFLE OR POKER RUN LICENSE

SWORN STATEMENT

The following officers attest to the not-for-profit character of the applicant organization.

(NAME OF ORGANIZATION)

Dated this _____ day of _____, _____.

PRESIDING OFFICER

SECRETARY

STATE OF ILLINOIS)
)
COUNTY OF PIKE) ss.

Signed and sworn to before me this _____ day of _____, _____.

PRESIDING OFFICER

SECRETARY

NOTARY PUBLIC

CITY OF GRIGGSVILLE

SINGLE RAFFLE OR POKER RUN LICENSE

License No.: _____

Organization Name: _____

Address: _____

Area or areas in which raffle chances may be sold or issued: _____

Period of time during which raffle chances may be sold: _____

Maximum price charged for each raffle chance issued or sold: \$_____

Date, time and location at which winning chance will be determined:

Date: _____ Time: _____

Location: _____

THIS LICENSE SHALL BE PROMINENTLY DISPLAYED AT THE TIME AND LOCATION OF THE DETERMINATION OF THE WINNING CHANCES.

WITNESS the hand of the Mayor of the City of Griggsville and the Corporate Seal thereof, this _____ day of _____, ____.

MAYOR
CITY OF GRIGGSVILLE

CITY CLERK
CITY OF GRIGGSVILLE

(SEAL)

CITY OF GRIGGSVILLE

MULTIPLE RAFFLE LICENSE

License No.: _____

Organization Name: _____

Address: _____

Area or areas in which raffle chances may be sold or issued: _____

Period of time during which raffle chances may be sold: _____

Maximum price charged for each raffle chance issued or sold: \$_____

This is a license for multiple raffles to be held within the maximum period of **one (1) year** from date of this license. The date, time and location of each raffle is as set forth on Exhibit 1, attached hereto and hereby incorporated by reference.

THIS LICENSE SHALL BE PROMINENTLY DISPLAYED AT THE TIME AND LOCATION OF THE DETERMINATION OF THE WINNING CHANCES.

WITNESS the hand of the Mayor of the City of Griggsville and the Corporate Seal thereof, this _____ day of _____, _____.

MAYOR
CITY OF GRIGGSVILLE

CITY CLERK
CITY OF GRIGGSVILLE

(SEAL)

APPLICANT/FIELD CHECK**INFORMATION CARD**

Name			Location		Date		Time
Residence Address			D.L.#				
Business Address Info			Vehicle	Color	Yr.	Body	License
Occupation			Vehicle Modifications:				
Social Security Number							
Race	Sex	Height	Action Leading to Check:				
Weight	Eyes	Hair					
Complexion	Date of Birth						
Unusual Features:							
			Comments:				
Hat	Coat		Associates:				
Cap	Jacket						
Blouse	Dress						
Shirt	Sweater						
Skirt	Trousers						