

Raffle Application



CITY OF HOMETOWN

4331 SOUTHWEST HIGHWAY
HOMETOWN, ILLINOIS 60456

(708) 424-7500

FAX (708) 424-7589

cityofhometown.org

LIMITATIONS: The aggregate retail value of all prizes and merchandise awarded by a licensee in a single raffle shall not exceed one million dollars (\$1,000,000.00)

The maximum price that may be charged for a raffle chance shall not exceed two hundred dollars (\$200.00)

The maximum retail value of each prize awarded in a single raffle shall not exceed one million dollars (\$1,000,000.00)

The maximum period for which chances may be issued or sold shall not exceed fifty two (52) weeks.

APPLICANT

Organization Name: _____

Address: _____

Phone: _____ Email: _____

Type of Organization: (please check one)

Religious Charitable Labor Veterans Fraternal Educational

How long has this organization been in existence: _____

Place/Date of Incorporation: _____ / _____
(Attach Certificate of Good Standing & Articles of Incorporation)

Date(s) of Raffle Ticket Sales: _____ to _____

Location of ticket Sales: _____

Location of Determining Winners: _____

Manner of Determining Winners: _____

Date(s) of Determining Winners: _____

Organization Raffle Manager Name: _____

Address: _____

Phone: _____ Email: _____

Raffle Manager Bond (Check One):

A Fidelity bond in favor of the Organization, in the amount of 50% of the anticipated aggregate value of all raffle prizes awarded the license year.

or

This bond is waived because the members of the organization have requested the waiver of the fidelity bond by unanimous vote. (attach a copy of the minutes or a letter signed by all members)

As Applicant for a Raffle Application, I certify under penalty of perjury that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City Codes in any way that I must comply with all codes, ordinances, and regulations of the City of Hometown, Illinois.

I, _____ have read the attached ordinance and I understand and attest to abide by all provisions of said ordinance, I certify that all statements made on this application are true and accurate.

Applicant Signature

Date



CLERK'S OFFICE:

FIDELITY BOND FIDELITY BOND WAIVED

_____ APPROVED _____ DENIED _____ Date

If denied, the reason: _____

Date Issued: _____

By: _____