

For Village of Wauconda Use Only:

License No. _____

Date _____

Approved: _____

**VILLAGE OF WAUCONDA
APPLICATION FOR LICENSE
TO CONDUCT RAFFLE**

(Please use typewriter or print with ballpoint pen)

1. Name of organization _____

2. Address _____

Street

City/State

Zip Code

County

3. Mailing address if different from above _____

4. Address of place or area where chances are to be sold _____

5. Does applicant own _____ or lease _____ premises where raffle is being held? If leased:

Owner's Name _____

Owner's Address _____

6. What are the terms of rental? _____

7. Check type of organization: (Attach documentary evidence, if required)

____ Religious ____ Charitable ____ Labor ____ Fraternal

____ Educational ____ Veteran's Organization ____ Not-For-Profit Business Org.

8. Has this organization been in existence for at least 5 years? _____

9. Place and date of incorporation of organization _____

10. If not a corporation, state how and when organized _____

11. Number of members in good standing _____

12. President of organization _____
Name Address
Home Phone Business Phone

13. Secretary of organization _____
Name Address
Home Phone Business Phone

14. Designated member(s), hereinafter known as "Manager(s)" who will be responsible for conduct and operation of the drawing. _____
Name Address
Home Phone Business Phone

15. List of prizes and aggregate value of each and list maximum retail value.
(Use separate sheet if necessary.)

15a. Total aggregate value of all winnings. \$ _____

15b. Total maximum retail value of all winnings. \$ _____

16. The time span in which the chances will be sold _____
to _____

17. The location (s) at which the chances will be sold _____

18. The time and place of the drawing or other method to determine the winners of the raffle _____
