RAFFLE APPLICATION CITY OF MARION, ILLINOIS

1.	Name of Organization:	C/O		
2.	Mailing Address:			
3.	Check type of Organization:			
	ReligiousCharitable	Labor		
	FraternalEducational	Veteran		
4.	Tax Exempt Id Numbers:			
	*Federal:			
	*State:			
5.	How long has the Organization been in ex	xistence:		
6.	Place and date of corporation:			
7.	President/Chairperson:	Secretary:	Treasurer:	
8.	8. Raffle Manager (Cannot be your member serving as Treasurer and must sign fidelity bond attached)			
	Name:	Social Security No.		
	Date of Birth:	Address:		
	City/ST/ZIP:			
9.	9. Number of raffles to be conducted within one (1) year from issue date of this license?			
10. Time period during which raffle chances will be sold or issued:				
	Beginning	Enc	ling	
	1			
	2			
	3	<u> </u>		
	4			
	5			
11	. Date and location at which winning chanc	es will be determined:		
	1			
	2.			
	3.			
	4.			
	5			

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12. List each raffle prize to be awarded and its retail value:

Raffle 1:	
Raffle 2:	
Raffle 3:	
Raffle 4:	
Raffle 5:	

13. License Limitations:

- A. Raffle chances may be sold within the corporate limits of the City of Marion
- 14. Applicant understands that any license issued may be suspended or revoked for any violation of the enabling act.

SWORN STATEMENT

The undersigned attest 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 date of this application and that during this entire five (5) year period preceding date of application it has maintained a bona fide membership actively engaged in carrying out its objects. The undersigned do hereby state under penalties of perjury that all statements in the foregoing application are true and correct: that the officers, operators and workers of the games are bona fide members of the sponsoring organization and are all of good moral character and have not been convicted of a felony; that is a license is granted hereunder, the undersigned will be responsible for the conduct of the games in accordance with the provisions of the laws of the State of Illinois and this jurisdiction governing the conduct of such games.

Name of Organization

By: Presiding Officer/Manager

By: Secretary of Organization

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF

__, ___

NOTARY PUBLIC

FIDELITY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT

(Hereinafter called "Principal") as Principal,

(Principal-Raffles Manager/Director)

are held and firmly bound unto

_____, (hereinafter

(Organization)

called Organization") in the sum of \$1,000.00 to be paid to the said Organization, successors or assigns, firmly by these presents.

WHEREAS, the above "Principal" has accepted the position of Raffles Manager with the said "Organization" and by reason thereof will receive into his hand's moneys, goods, and other property of said organization.

NOW, the condition of this obligation is such that if the "Principal" shall upon request at any time and upon the expiration of his term as Raffles Manager, render a true account of all moneys, goods and other property of said "Organization" as have come into his hands as said Raffles Manager, and shall, when so required by the said "Organization", and at the expiration of his term, as Raffles Manager pay and deliver to the said "Organization" all such moneys, goods, and other property as shall be in his custody, charge, or possession, then this obligation shall be void; otherwise, to remain in full force.

IT IS A CONDITION OF THIS BOND THAT NOTICE IN WRITING SHALL BE GIVEN TO THE CITY OF MARION, ILLINOIS CITY CLERK, NO LESS THAN 30 DAYS PRIOR TO ITS CANCELLATION, OTHERWISE IT SHALL REMAIN IN FULL FORCE.

Executed this _____ day of _____, 20 ____ at Marion Illinois.

BY: RAFFLES MANAGER AS "PRINCIPAL"