



VILLAGE MANAGER'S OFFICE
 200 East Wood Street • Palatine, IL 60067-5339
 Telephone (847) 359-9050 • Fax (847) 359-9094
 www.palatine.il.us

**RAFFLE APPLICATION
& LICENSE**

Event information

Organization Name: _____ Phone Number: _____
 Organization Address: _____ City: _____ State: _____ Zip Code: _____
 President of Organization: _____

Applicant Information

Applicant Name: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Email Address: _____

A copy of the Articles of Incorporation and/or Charter must be supplied with this application. The \$10.00 application fee must be paid with submission of application. Please attach any flyers/advertising materials you plan on using for this event.

Item(s) to be raffled _____
 Purpose or Beneficiary of Raffle _____
 Dates raffle tickets will be sold _____ Date of raffle _____
 Location where tickets are sold _____
 Manner in which winner will be determined _____

Certification

I, _____ as the representative for _____

do hereby certify that all statements made herein are true and correct to the best of my knowledge and further certify that the organization which I represent is qualified and eligible to obtain a raffle license in the Village of Palatine according to the requirements as set forth in 230 ILCS 15/2 et.seq. (1994) of the Illinois Compiled Statutes, and the Village of Palatine Ordinance #O-70-95, and further certify that we will abide by all rules and regulations as set forth by the State of Illinois and the Village of Palatine.

Applicant Signature _____ Date _____

Authorization

The organization indicated above is hereby granted permission to conduct a raffle in the Village of Palatine under the conditions outlined above in accordance with the regulation of ordinance #O-70-95.

Village Manager Approval _____ Date _____