



Village of South Chicago Heights Raffle License Application

CONTACT INFORMATION

Name of Organization: _____

Address: _____ Zip _____

Phone Number: _____ Email _____

Applicant's Name: _____

Address: _____ Zip _____

Phone Number: _____ Email _____

Raffle Manager Name:

Address: _____ Zip _____

Phone Number: _____ Email _____

ORGANIZATION INFORMATION

Check type of organization (all that applies & include a copy of Articles of Incorporation and/or Charter). Organization must be incorporated for 5 years or more prior to application.

Chamber _____ Charitable _____ Educational _____ Fraternal _____

Non- _____

Labor _____ Profit _____ Religious _____ Veterans _____

RAFFLE INFORMATION

Purpose of raffle: _____

Start date of raffle: _____ End date of raffle: _____

Price of raffle chance: _____ number of tickets sold: _____

Where raffle tickets are sold: _____

Date, Time & Location of drawing: _____

Aggregate retail value of prize to be awarded: _____

Are the entire net proceeds of the raffle exclusively devoted to the lawful purpose of the organization permitted to conduct the raffle? Yes _____ No _____

Any person receiving any remuneration or profit for participating in the management or operation of the raffle? Yes _____ No _____

SIGNATURE & DATE

I, THE UNDERSIGNED APPLICANT, SWEAR (OR AFFIRM) THAT I WILL NOT VIOLATE ANY OF THE ORDINANCES OF THE VILLAGE OF SOUTH CHICAGO HEIGHTS, OR OF THE LAWS OF THE UNITED STATES OF AMERICA, AND THE STATE OF ILLINOIS, AND THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____

Date: _____

FOR OFFICE USE ONLY

VILLAGE CLERK SIGNATURE: _____

DATE: _____

AFFIDAVIT

STATE OF ILLINOIS, }
 } ss.
COOK COUNTY }

I, the undersigned applicant, swear (or affirm) that I will not violate any of the ordinances of the Village of South Chicago Heights, or of the laws of the United States of America, and the state of Illinois, and that the statements contained in this application are true and correct to the best of my knowledge and belief.

I hereby swear that the applicant organization is a bona fide chamber, charitable, educational, fraternal, labor, non-profit, religious, or veterans organization as defined, which operates without profit to its members and which has been in existence continuously for a period of five (5) years.

I hereby swear that said Raffle License is not being requested to be issued to any of the following:

1. Any person who has been convicted of a felony;
2. Any person who is or has been a professional gambler or gambling promoter;
3. Any person who is not of good moral character;
4. Any firm or corporation in which a person defined in subsection (E)1, (E)2, or (E)3 of this section has a proprietary, equitable or credit interest, or in which such a person is active or employed;
5. Any organization in which a person defined in subsection (E)1, (E)2, or (E)3 of this section is an officer, director, or employee, whether compensated or not;
6. Any organization in which a person defined in subsection (E)1, (E)2, or (E)3 of this section is to participate in the management or operation of a "raffle" as defined in this Article.

Presiding Officer (Print)

Secretary (Print)

Presiding Officer (Signature)

Secretary (Signature)

Date

Date

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

SEAL

Notary Public