

Village of Steeleville

107 West Broadway
Steeleville, IL 62288
618-965-3134
618-965-9479 fax

Raffle License Application

(Please submit application with the \$25.00 fee)

NAME OF ORGANIZATION: _____		
ADDRESS OF ORGANIZATION : _____		
	Number	Street
_____	_____	_____
City	State	Zip Code
MAILING ADDRESS : _____		
(if different from above)		
	Number	Street
_____	_____	_____
City	State	Zip Code

TYPE OF ORGANIZATION: (select one)

- | | | | |
|------------------------------------|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Religious | <input type="checkbox"/> Charitable | <input type="checkbox"/> Labor | <input type="checkbox"/> Non-Profit Business |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Educational | <input type="checkbox"/> Veterans | <input type="checkbox"/> Temporary Charity |

HOW LONG HAS THE ORGANIZATION BEEN IN EXISTENCE: _____

IS THE ORGANIZATION INCORPORATED: (select one) YES NO

IF YES, LIST THE DATE AND STATE OF INCORPORATION: _____
Date State of incorporation

PRESIDENT/CHAIRMAN/CHIEF EXECUTIVE OF ORGANIZATION: _____
Name

HOME ADDRESS: _____
Number Street

City State Zip Code

Phone Number Date of Birth

SECRETARY OF ORGANIZATION: _____
Name

HOME ADDRESS: _____
Number Street

City State Zip Code

Phone Number Date of Birth

RAFFLE MANAGER OF ORGANIZATION: _____
Name

HOME ADDRESS: _____
Number Street

City State Zip Code

Phone Number Date of Birth

DESIGNATE ANY OTHER MEMBER(S) WHO WILL BE RESPONSIBLE FOR CONDUCT AND OPERATION OF RAFFLES
OF ORGANIZATION (use reverse side if necessary): _____
Name

HOME ADDRESS: _____
Number Street

City State Zip Code

Phone Number Date of Birth

NAME OF THE RAFFLE OR EVENT: _____

MAXIMUM NUMBER OF RAFFLES TO BE HELD: _____

TOTAL RETAIL VALUE OF ALL PRIZES OR MERCHANDISE TO BE AWARDED IN THIS RAFFLE: _____

MAXIMUM RETAIL VALUE OF ANY SINGLE PRIZE TO BE AWARDED IN THE RAFFLE: _____

MAXIMUM PRICE CHARGED FOR EACH RAFFLE CHANCE SOLD OR ISSUED: _____

FIRST AND LAST DATE FOR SALES OF RAFFLE CHANCES: _____

First day

Last day

LOCATION AND TIME PERIOD AT WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED _____

Name

Address

Time

DATE AND TIME OF DETERMINATION OF WINNING CHANCE(S): _____

Date

Time

LOCATION AT WHICH WINNING CHANCE(S) WILL BE DETERMINED: _____

Name

Street

City

Zip Code

The undersigned hereby swear and affirm that _____
is organized as a not for profit organization and in no other way is ineligible to receive a raffle license as prescribed by law, and further, that the above stated facts in this application are true. It is the responsibility of the organization to comply with the State statutes, County and Local ordinances.

Presiding Officer

Secretary

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public or Village Clerk

Raffle Report to Village of Steeleville

Name of Organization: _____ License # _____

Name of Raffle: _____

Date of Raffle Sales: _____ Date of Naming Winner(s): _____

Names of Winner(s) and amount paid:	_____	_____
	_____	_____
	_____	_____
	_____	_____

Gross Receipts: _____

Total Paid Out to Winners: _____

Retained Receipts: _____

Net Proceeds: _____
(Gross receipts – total to winners – retained receipts = net proceeds)

Total expenses from Retained Receipts: _____

Distribution of Expenses:

<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>	<u>Date of Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Person Filing Report

(Additional pages may be used for names of winners and for distribution of expenses)