



# CITY OF HIGHLAND, ILLINOIS

## APPLICATION FOR RAFFLE PERMIT

(APPLICATION MUST BE COMPLETED IN ITS ENTIRETY)

- FOR OFFICE USE ONLY -

DATE OF APPLICATION: \_\_\_\_\_ FEE PAID AT TIME OF APPLICATION: \$ \_\_\_\_\_

POLICE CHECK COMPLETED: \_\_\_\_\_ DATE \_\_\_\_\_ BY: \_\_\_\_\_

APPROVED: \_\_\_\_\_, CITY MANAGER

ORGANIZATION'S NAME: \_\_\_\_\_ DATE/YEAR ORGANIZATION FORMED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE)

PRESIDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ (MONTH-DAY-YEAR)

ORGANIZATION'S OFFICER'S ADDRESS: \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE)

SECRETARY NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ (MONTH-DAY-YEAR)

ADDRESS: \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE)

TYPE OF ORGANIZATION: NON-PROFIT  LABOR  RELIGIOUS  CHARITABLE  FRATERNAL  BUSINESS  EDUCATIONAL  VETERANS'  OTHER (SPECIFY)

TOTAL VALUE OF ALL RAFFLE PRIZES: \$ \_\_\_\_\_ SPECIFIC DATES FOR SALE OF RAFFLE TICKETS: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

MAXIMUM RETAIL VALUE OF ANY SINGLE PRIZE: \$ \_\_\_\_\_ DATE OF RAFFLE DRAWING: \_\_\_\_\_

PRICE OF RAFFLE TICKET: \$ \_\_\_\_\_ LOCATION OF RAFFLE DRAWING: \_\_\_\_\_ OWNER OF PREMISES WHERE RAFFLE DRAWING WILL BE HELD: \_\_\_\_\_

PURPOSE FOR WHICH RAFFLE PROCEEDS WILL BE USED: \_\_\_\_\_

NAME OF RAFFLE MANAGER: \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE INITIAL) PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE)

### NAMES AND ADDRESSES OF PERSONS PARTICIPATING IN THE MANAGEMENT AND OPERATION OF THE RAFFLE (CONTINUE ON SEPARATE SHEET, IF NEEDED):

(LAST NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE INITIAL) \_\_\_\_\_ (DATE OF BIRTH) \_\_\_\_\_

(STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

(LAST NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE INITIAL) \_\_\_\_\_ (DATE OF BIRTH) \_\_\_\_\_

(STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

(LAST NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE INITIAL) \_\_\_\_\_ (DATE OF BIRTH) \_\_\_\_\_

(STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

I/WE SWEAR THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND THAT NO OFFICER, DIRECTOR OR EMPLOYEES OR ANYONE PARTICIPATING IN THE MANAGEMENT OR OPERATION OF THIS RAFFLE HAS EVER BEEN CONVICTED OF A FELONY OR IS A PROFESSIONAL GAMBLER OR GAMBLING PROMOTER. I/WE ARE FAMILIAR AND UNDERSTAND FULLY THE CITY ORDINANCE REGULATING THE SALE OF RAFFLE TICKETS.

I/WE UNDERSTAND THAT IF ALL OR ANY PART OF THIS STATEMENT IS FOUND TO BE FALSE, IT WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR, IF A PERMIT HAS BEEN ISSUED, IT WILL BE GROUNDS FOR PERMANENT REVOCATION OF SUCH PERMIT.

THE ABOVE IS A TRUE STATEMENT GIVEN BY ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

SIGNATURE OF APPLICANT \_\_\_\_\_