

### 2024 CHARITABLE RAFFLE LICENSE APPLICATION

Office of the City Clerk - Business Services Office Use Only: 150 West Jefferson Street Date Received: \_\_\_\_\_ Joliet Illinois 60432 Date Issued: Office 815-724-3905 Fax 815-724-3904 Email: businessservices@joliet.gov Website: http://www.joliet.gov PLEASE COMPLETE THE ENTIRE FORM AND PRINT LEGIBLY. Incomplete forms will be returned. Complete application packets must be submitted no less than four (4) weeks before the event. **CONTACT INFORMATION** Organization Name: Organization Address: State: \_\_\_\_\_ Zip Code: \_\_\_\_ Organization Phone Number: \_\_\_\_\_ Raffle Manager Name: Raffle Manager Address: State: \_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ E-mail Address: Phone Number: RAFFLE INFORMATION Purpose of Raffle: Areas within the city in which raffle chances will be sold or issued: Time period during which the raffle chances will be sold or issued: Beginning: \_\_\_\_\_ Ending: \_\_\_\_ Location of drawing in City of Joliet (provide street address and business name):

Date and time of drawing:

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Price of raffle chance:	
Maximum number of chances availa	ble:
Aggregate retail value of all prizes to	be awarded:
Maximum retail value of each prize needed):	to be awarded in a single raffle (use additional sheets if
	raffle exclusively devoted to the lawful purposes of the eraffle? Yes: No:
Is the raffle manager a bona fide me Yes: No:	mber of the organization permitted to conduct the raffle?
Is any person receiving any remu operation of the raffle? Yes:	neration or profit for participating in the management or No:
	No: If yes, complete the following as it relates the computer servers providing hosting services:
Contact Name:	
Contact Street Address (no P.O. Box	(es):
City:	State: Zip Code:
Phone Number:	E-mail Address:
List the URL of all websites at which	the raffle chances may be purchased:
ORGANIZATION INFORMATION	
Check type of organization (All that a	apply and include copy of Bylaws or Constitution):
Chamber: Charitable	e: Educational: Fraternal:
Labor: Non-Prof	it: Religious: Veterans:
Date of incorporation:	Length of time in the City of Joliet:
Number of members residing within	the Joliet corporate limits:

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Type o	f license being requested (select one of four):
	Class 1 (Annual license fee \$10.00) Conducting multiple raffles by a single applicant during a calendar year Aggregate retail value of prizes of single raffle not to exceed \$5,000 Aggregate retail value of prizes during calendar year not to exceed \$50,000 Maximum retail value of any prize not to exceed \$2,500 Sales of chances in person or on-line and winners shall be determined by manual selection
	Class 2 (Annual license fee \$10.00) Single raffle with chances sold within one (1) year Prizes awarded on the date determined Aggregate retail value of all not to exceed \$50,000 Sales of chances in person or on-line and winners shall be determined by manual selection
	Class 3 (Annual license fee shall be 0.5% of aggregate retail value of prizes) Single raffle with chances sold within one (1) year Prizes awarded on the date determined Maximum raffle chance not to exceed \$1,000 Aggregate retail value of all prizes not to exceed \$250,000 Sales of chances in person or on-line and winners shall be determined by manual selection
	Class 4 (Annual license fee shall be 1.0% of aggregate retail value of prizes) Single raffle with chances sold within four hundred (400) days Prizes awarded on the date determined Maximum price of raffle chance shall not exceed \$1,000 Aggregate retail value of all prizes not to exceed \$250,000,000 Sales and purchase of chances on-line and winners shall be determined by manual or electronic selection
ADDIT	IONAL INFORMATION TO BE PROVIDED
☐ Cor☐ Fid	rrent copy of a state issued identification card for the Raffle Manager. impleted and signed "Affidavit". in or organization's Bylaws, Constitution or Incorporation. in elity Bond (twice the aggregate retail value of the prizes to be awarded) or completed equest for Waiver of Raffle Manager's Bond" form
	read, understand, agree and will fully comply with the Chapter 18 Licenses and Business ations Article XX Charitable Raffles of the Joliet Municipal Code.
Raffle	Manager (Print) Raffle Manager (Signature)
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# **AFFIDAVIT**

STATE OF ILLINOIS	) SS
COUNTY OF WILL OR KENDALL	)
We hereby swear that all of the forego knowledge and belief.	ing statements are true and correct to the best of our
•	the conduct of the said raffle will not violate any of the es of the State of Illinois or the Laws of the United States escribed herein.
	that we have read and understand fully all provisions as usiness Regulations Article XX Charitable Raffles of the same.
fraternal, labor, non-profit, religious or ve profit to its members and which has bee	anization is a bona fide chamber, charitable, educational, eterans organization as defined which operates without n in existence continuously for a period of five (5) years or a license and has had during that entire five (5) year n carrying out its objectives.
We also hereby swear that said Raffle Licen	se is not being requested to be issued to any of the following:
<ul> <li>interest, or in which such a person is ac</li> <li>(e) Any organization in which a person define compensated or not;</li> <li>(f) Any organization in which a person define operation of a raffle;</li> </ul>	esional gambler or gambling promoter; haracter; haracter
	firm or corporation found guilty of violating any provision fine not to exceed seven hundred fifty dollars (\$750.00).
Sworn to this day of	20
President	Secretary
Subscribed and sworn to before me this	day of 20
	Notary Public

# REQUEST FOR WAIVER OF RAFFLE MANAGER'S BOND

The		
(exact name of applicant organization) hereby	requests that the City of Joliet waive	the
requirement for the Raffle Manager's Bond in o	onnection with the raffle for which attac	hed
application is made. We, the undersigned, being	the Presiding Officer and the Secretary of	the
aforesaid organization, do hereby attest to the fact	nat on (meeting da	ıte),
by unanimous vote, the members of said organizat	on have requested and agreed to such wai	ver.
Presiding Officer (Print)	Secretary (Print)	
Presiding Officer (Signature)	Secretary (Signature)	
	,	
Date	Date	
Subscribed and sworn to before me this	day of 20	
	Notary Public	