

**APPLICATION FOR CITY OF COLLINSVILLE
ANNUAL RAFFLE LICENSE**

This application shall be completed by the Designated Raffle Manager and signed by the presiding officer and the secretary of the requesting organization. All fees must be paid upon approval of the application. It is the licensed organization's responsibility to reapply for annual raffle licenses upon expiration of the current license.

Name of Organization: _____

Mailing Address of Organization: _____

Name, Address & Phone of Designated Raffle Manager: _____

Brief Description of Type of Raffles to be Held and Method by Which Winning Chances Will be Determined: _____

Place of Determination of Winning Chance(s): _____

Recipient of Funds Raised: _____

As Presiding Officer of the requesting organization, I hereby certify the following: That I have read and understand the City of Collinsville's Raffle Ordinance. That the geographic area in which the raffle is to be conducted is within the City limits of the City of Collinsville. That the organization requesting this raffle license is a not for profit organization that has been in existence for at least 5 years prior to this application. That the entire net proceeds of this raffle will be exclusively devoted to the lawful purposes of the requesting organization. That only bona fide members of the requesting organization will participate in the management of the raffle. That no person shall receive any remuneration or profit from participating in the management of this raffle. That no person under the age of 18 will participate in the conduct or management of this raffle. That the raffle will in all respects be conducted in full compliance with the City of Collinsville's Raffle Ordinance and State of Illinois Laws.

Presiding Officer's Signature

Date

Secretary's Signature

Date