

**APPLICATION FOR CITY OF COLLINSVILLE  
ONE TIME 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, not later than two weeks prior to the start of the raffle. All fees must be paid upon approval of the application.*

Name of Organization: \_\_\_\_\_

Mailing Address of Organization: \_\_\_\_\_

\_\_\_\_\_

Name, Address & Phone of Designated Raffle Manager: \_\_\_\_\_

\_\_\_\_\_

Brief Description of Type of Raffle to be Held and Method by Which Winning Chances Will be Determined: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Value of Prize(s) to be Awarded: \_\_\_\_\_

Price to be Charged for Each Chance: \_\_\_\_\_

Time Period Which Chances Will Be Sold: From \_\_\_\_\_ to \_\_\_\_\_

Time of Determination of Winning Chance(s): \_\_\_\_\_

Place of Determination of Winning Chance(s): \_\_\_\_\_

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, OR That the organization or group requesting this license is a not for profit fundraising authority organized for the sole purpose of providing financial assistance to an individual or group of individuals identified above suffering from extreme financial hardship as the result of an illness, disability, accident, or disaster, and that the entire net proceeds of this raffle will be exclusively devoted to that purpose. 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

-----FOR OFFICE USE ONLY-----

Permit No. \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Approved by: \_\_\_\_\_