

Date: _____

1. The name, address, e-mail address, and type of organization:

2. The length of existence of the organization and if applicable the date & state of incorporation:

3. The name, address, telephone number and date of birth of the organization's presiding officer, secretary, raffle manager and any other members responsible for the conduct and operation of the raffle:

4. The aggregate retail value of all prizes to be awarded in the raffle:

5. The maximum retail value of each prize to be awarded in the raffle:

6. The maximum price charged for each raffle chance issued or sold:

7. The maximum number of raffle chances to be issued:

8. The area or areas in which the raffle chances will be sold or issued:

9. The time period during which raffle chances will be issued or sold:

10. The date, time and location at which winning chances will be determined:

A fee, based on the aggregate prize value, shall be charged by the Village and paid to the Clerk at the time of application for a raffle license. The license fees are:

| <u>Aggregate Prize Value</u> | <u>Raffle License Fee *</u> |
|------------------------------|-----------------------------|
| Less than \$500 | None |
| \$501 to \$5,000 | \$5.00 |
| \$5001 and over | \$25.00 |

** Not-for-profit organizations shall be exempt from paying said license fee, so long as documentation confirming not-for-profit status is attached hereto.*

I, _____ do hereby attest to the fact that the above mentioned organization is a not-for-profit organization located within the Village of West Dundee, Illinois, and that all information contained in the attached raffle application is true and accurate, to the best of my ability.

Presiding Officer

For Office Use:

Date Received: _____

Approved: Yes No

By (signature): _____

Name/Title: _____