

**Please Return to:**  
**City of Dixon**  
**City Clerk's Office**  
**121 W. 2<sup>nd</sup> Street**  
**Dixon, IL 61021**

## **CITY OF DIXON**

# **RAFFLE LICENSE APPLICATION**

**Must Submit with Application** (NO LATER THAT 10 BUSINESS DAYS PRIOR TO THE START OF ALL RAFFLE SALES):

- **Application Fee (\$25.00)**
- **Articles of Incorporation and/or Charter**
- **Organization's IRS Letter of Determination**

Date of Application: \_\_\_\_\_

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

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

**Type of Organization:**

Religious [501(c)(3)]       Labor [501(c)(5)]       Educational [501(c)(3)]

Charitable [501(c)(3)]       Fraternal [501(c)(8) or 501(c)(10)]       Veteran's [501(c)(19)]

Length of Time Organization has been in Existence: \_\_\_\_\_  
[No Less than 5 Years]

Place and Date of Corporation's Charter, if Applicable:

Place: \_\_\_\_\_

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

President/Chairperson's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Secretary's Name (if applicable) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Raffle Manager's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ E-Mail \_\_\_\_\_

## **Raffle Information**

### **Type of Raffle:**

Traditional

50/50

Progressive

### **Ticket Sales Information:**

Date(s) of Raffle Tickets Sale (must not exceed 90 days) – From: \_\_\_\_\_ To: \_\_\_\_\_

Area(s) where Raffle Tickets will be Sold: \_\_\_\_\_

Raffle Ticket Price: \_\_\_\_\_ Maximum Number of Tickets to be Sold: \_\_\_\_\_  
(if applicable)

### **Winner(s) Determination:**

Date(s) and Time(s) of Raffle Drawing(s): \_\_\_\_\_

\_\_\_\_\_

For Progressive raffles, state the day(s) of the week when winning chances will be determined: \_\_\_\_\_

\_\_\_\_\_

Location of Raffle Drawing(s): \_\_\_\_\_

\_\_\_\_\_

**List of Prizes and Retail Cost of Prizes to be Awarded:**

(if additional space is needed, you may attach a separate prize list to this application)

<u>Prize</u>	<u>Retail Cost</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL \$ _____</b>	

All operation and conduct of raffles shall be under the supervision of a single raffle manager as designated on the license application.

At the time the application is submitted, a manager shall give a **fidelity bond** in the sum of the aggregate retail value of the prizes as set out on the application. The bond shall be in favor of the organization conditioned upon the raffle manager’s honesty in the performance of his duties. The bond shall provide that notice shall be given in writing to the City not less than thirty (30) days prior to its cancellation period.

- The members of the applicant have unanimously approved the waiver of the necessity of a fidelity bond.

**The undersigned hereby attest that all statements made herein are true and correct to the best of our knowledge. The undersigned further certify that they have read Title V, Chapter 23 of the City of Dixon Code, and that the organization which they represent is qualified and eligible to obtain a raffle license in the City of Dixon according to the requirements as set forth in 230 ILCS 15-0.01 et seq. (State of Illinois Raffles Act) and the City of Dixon City Code, and further certify that we will abide by all rules and regulations as set forth by the State of Illinois and the City of Dixon. Our Audit Information will be returned no later than 30 business days from the conclusion of the raffle.**

**The undersigned also understands and agrees that failure to comply with any of the requirements of the Raffle Ordinance constitutes a violation, and that whoever violates any of the provisions of this article is guilty of a misdemeanor and may be punished as provided in Sec. 1-4-1 of the City of Dixon City Code.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
President/Chairman

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Raffle Manager

(SEAL)

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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## **Audit Information**

The information below is required and must be filed with the City Clerk no later than 30 business days upon completion of Raffle.

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

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Raffle: \_\_\_\_\_

Gross Receipts: \$ \_\_\_\_\_

Net Proceeds: \$ \_\_\_\_\_

**Please attach the following:**

- Itemized List of Operating Expenses
- Itemized List of Distribution of the Net Proceeds
- List of Prize Winners

Treasurer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Treasurer's Signature

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)