



RAFFLE LICENSE APPLICATION

Name of applicant: _____

Address of applicant: _____

Name of organization: _____

Address of organization: _____

Number of members that reside within the City of Mt. Carmel: _____

Year organization was established: _____

Type of organization (circle one):

Religious

Charitable

Labor

Veterans

Business

Fraternal

Educational

If not one of the organizations listed above, specify purpose of raffle: _____

Name of raffle manager: _____

Address of raffle manager: _____

Locations at which raffle chances will be sold: _____

Raffle chances will be sold from _____ to _____
(not to exceed 1 year)

Number of raffle chances to be sold: _____



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Price of chances: \$ _____

Maximum retail value of each prize to be awarded: \$ _____

Aggregate retail value of all prizes to be awarded: \$ _____

The purpose of the raffle: _____

List of prizes to be awarded: _____

Date, time and location to determine winning chances: _____

Name and address of company providing fidelity bond: _____

I, _____ and _____,
(Presiding Officer) (Secretary)

being duly shown under oath, state that the above named organization is of a not-for-profit character and is not otherwise ineligible to receive a raffle as prescribed by City ordinances.

Signature of Presiding Officer

Signature of Secretary



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STATE OF ILLINOIS)
) SS:
COUNTY OF WABASH)

I, the undersigned, a Notary Public, in and for said County, in the State aforesaid, do hereby certify that _____ and _____, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act.

Witness my hand and seal this _____ day of _____, 2010.

Notary Public

Fee: \$ _____ Receipt # _____ Date Paid _____

Date presented to the City Council: _____

Action taken by the City Council: _____