JOE AIELLO SANGAMON COUNTY CLERK

For Office Use Only:	
Date:	
License#:	
EmployeeAmount	
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SANGAMON COUNTY COMPLEX 200 SOUTH NINTH STREET - ROOM 101

SPRINGFIELD, ILLINOIS 62701

TELEPHONE: 217-753-6700/FACSIMILE: 217-535-3233 WEBSITE: www.sangamoncountyclerk.com

APPLICATION FOR SANGAMON COUNTY POKER RUN LICENSE

Each application for a poker run license shall be accompanied by payment of a fee of \$25.

Organization applying	g:			
Address:				
Street		City	State	Zip
Telephone Number:_		_		
Number of years non-	-profit organization has been in	existence (if applicable):		
	ganization: (Only these types of organization organized and condition of the operation.)			
Religious	Charitable	Labor	Business	
Fraternal	Educational	Veterans		
Other (brief desc	ription)			
Number of members	that reside in Sangamon County	(if applicable):		
President/Chairman/C	Chief Executive of organization	(if applicable):		
Address:				
	Street	City	State	Zip
Presiding Officer's To	elephone Number:			
Name of Manager:				
Address:				
	Street	City	State	Zip
Manager's Telephone	Number:			

Date(s) of Poker Run:			
	ate(s)		
Time(s) of Poker Run:			
111	me(s)		
		_	
Key location of Poker Run (final stop) at which	(must be in Sang	amon County):
Street		City	Zip
The undersigned hereby swear and affirm that_			
The undersigned hereby swear and arritin that_		f Organization	<u> </u>
is organized as a non-profit or fundraising organ		-	
run license as prescribed by law, and further, the			
Pr	residing Officer		
Se	ecretary (if applica	ıble)	
Subscribed and sworn to before me this	day of		·
Notary Public		Cour	nty Clerk
List the location of each stop on the poker run (include the name	and address of	f each establishment).
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