For Office U	se Only:	
Date:		
License#:		
Employee	Amount	

JOE AIELLO SANGAMON COUNTY CLERK

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 applyin				
Address:				
Street		City	State	Zip
Telephone Number:_				
Number of years non	-profit organization has been	in existence (if applicable):		
• 1 -	ganization: (Only these type <i>in organization organized and c</i> <i>f the operation.</i>)	0	-	
Religious	Charitable	Labor	Business	
Fraternal	Educational	Veterans		
Other (brief desc	cription)			
Number of members	that reside in Sangamon Cou	nty (if applicable):		
President/Chairman/0	Chief Executive of organizati	On (if applicable):		
Address:				
	Street	City	State	Zip
Presiding Officer's T	elephone Number:			
Name of Manager:				
Address:				
	Street	City	State	Zip
Manager's Telephone	e Number:			

Date(s) of Poker Run:								
	Date(s)							
Time(s) of Poker Run: Time(s)								
Key location of Poker Run (final stop) at which (<i>must be in Sangamon County</i>):								
Street		City	Zip					
The undersigned hereby swear and affirm								
is organized as a non-profit or fundraising run license as prescribed by law, and furth	g organization and							
	Presiding Offi	cer						
	Secretary (if a	pplicable)						
Subscribed and sworn to before me this	day of		,					
Notary Public	County Clerk							
List the location of each stop on the poker	r run (<i>include the r</i>	name and address of	each establishment).					