DON GRAY SANGAMON COUNTY CLERK

For Office Us	se Only:	
Date:		
License#:		
Employee	Amount	
	<u> </u>	

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:				
Address:				
Street		City	State	Zip
Telephone Number:		<u> </u>		
Number of years non-profit of	organization has been in	n existence (if applicable):		
Type of non-profit_organizati ("Non-profit" means an organi to anyone as a result of the ope	zation organized and cor			
Religious	Charitable	Labor	Business	
Fraternal	Educational	Veterans		
Other (brief description)_				
Number of members that resi	ide in Sangamon Coun	ty (if applicable):		
President/Chairman/Chief Ex	xecutive of organization	n (if applicable):		
Address:				
Stree	t	City	State	Zip
Presiding Officer's Telephon	e Number:			
Name of Manager:				
Address:				
Stree	t	City	State	Zip
Manager's Telephone Numb	er:			

Date(s) of Poker Run:			
Date	e(s)		
Time(s) of Poker Run: Tim	ne(s)		
11111	ic(s)		
		~ \	
Key location of Poker Run (final stop) at which (must be in Sangan	non County):	:
Street		City	Zip
The undersigned hereby swear and affirm that			
		Organization	1' '11 '
is organized as a non-profit or fundraising organi run license as prescribed by law, and further, that		•	-
run needse as presenteed by law, and further, that	t the above stated i	acts in tins ap	opineation are true.
Pre	siding Officer		
Sec	cretary (if applicabl	e)	
Subscribed and sworn to before me this	_day of		·
Notary Public		Count	ty Clerk
List the location of each stop on the poker run (in	nclude the name an	d address of	each establishment).
		v	