DON GRAY SANGAMON COUNTY CLERK

For Office Use 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.countyclerk.sangamonil.gov

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-prof	it organization has been i	n existence (if applicable):		
Type of non-profit_organiz ("Non-profit" means an orgato anyone as a result of the o	anization organized and co			
Religious	Charitable	Labor	Business	
Fraternal	Educational	Veterans		
Other (brief description	.)			
Number of members that r	reside in Sangamon Coun	ity (if applicable):		
President/Chairman/Chief	Executive of organization	on (if applicable):		
Address:				
Str	reet	City	State	Zip
Presiding Officer's Teleph	one Number:			
Name of Manager:				
Address:				
Sta	reet	City	State	Zip
Manager's Telephone Nur	mber:			

Date(s) of Poker Run:			
	Date(s)		_
Time(s) of Poker Run:	Time(s)		•
	` '		
Key location of Poker Run (final stop) at w	hich (must be i	n Sangamon County):	
Street		City	Zip
Succe		City	2.1p
The undersigned hereby swear and affirm t	:hat		
	ľ	Name of Organization	
is organized as a non-profit or fundraising	-		-
run license as prescribed by law, and furthe	er, that the abov	e stated facts in this ap	oplication are true.
	Presiding Off	ficer	
	Secretary (if	applicable)	
Subscribed and sworn to before me this	day of		
Subscribed and sworm to before the this	day or		··
Notary Public		Count	y Clerk
1.00.002		0000	<i>y</i> 2.2
List the leasting of each store on the galesco			
List the location of each stop on the poker	run (<i>inciuae ine</i>	name and address of o	each establishment).
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