DON GRAY SANGAMON COUNTY CLERK

SANGAMON COUNTY COMPLEX 200 SOUTH NINTH STREET – ROOM 101 SPRINGFIELD, ILLINOIS 62701 TELEPHONE: 217-753-6700/FACSIMILE: 217-535-3233 Email: <u>vitalrecords@sangamonil.gov</u> Website: <u>www.countyclerk.sangamonil.gov</u> <u>For Office Use Only</u>: Date:______ License#:_____ Clerk_____ Amount \$_____ Bond ----Waived or ---Received Raffle Name_____

APPLICATION FOR SANGAMON COUNTY RAFFLE LICENSE

Raffle License Fee: \$25.00 or 1% of the total value of all prizes awarded if the total value of all prizes is determined at the time of application, whichever is higher. The County Clerk shall act on a license application within 30 days after the date of the application.

Organization applying:					
Address:					
	Street		City	State	Zip
Telephone Number: <u>-</u>					

Number of year's non-profit organization has been in existence:

5.18.020 <u>Eligibility for License</u>. Licenses shall be issued only to bona fide religious, charitable, labor, business, fraternal, educational, veterans', or other bona fide not-for-profit organizations that operate without profit to their members and which have been in existence continuously for a period of five years immediately before making application for a license and which have during that entire five-year period been engaged in carrying out their objectives, or to a non-profit fundraising organization that the County Clerk determines is organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardship as the result of an illness, disability, accident or disaster, or to any law enforcement agencies and statewide associations that represent law enforcement officials.

Type of non-profit organization: (Check one)

____Religious ____Charitable ____Labor ____Business Fraternal Educational Veterans Other

Acceptable documentation for proof of non-profit status include a signed Affidavit and 1 of the following:

- Secretary of State Certificate of Good Standing
- Incorporation Charter Number (Must provide documents from the State)
- Income Tax Returns for the past 5 years (Form 990)
- IRS Determination Letter of Non-Profit/Tax Exempt Status
- Constitution By-Laws of the organization which show their date established
- Other documentation approved by a supervisor

ype of Karne	50/50 or	Other Raffle			
		Raff	e Name (Ex: Ba	isket, Queen of	Hearts, Bike
resident/Chairma	an/Chief Executive	of organization:			
ddress:					
	Street		City	State	Zip
residing Officer's	Telephone Numbe	er:			
Name of Raffle Ma	anager:				
Address:					
	Street		City	State	Zip
		: ill be sold or issued (m			
ocation(s) at whic	ch raffle chances w	ill be sold or issued (m	ust be within S	itate of Illinois):	
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ocation(s) at whic	ch raffle chances w	ill be sold or issued (m	ust be within S	itate of Illinois):	
ocation(s) at whit	ch raffle chances w	ill be sold or issued (m hances: First day	ust be within S	itate of Illinois):	
ocation(s) at whit	ch raffle chances w	ill be sold or issued (m hances: First day Last day	ust be within S	State of Illinois):	
ocation(s) at whit	ch raffle chances w	ill be sold or issued (m hances: First day Last day	ust be within S	State of Illinois):	

Location(s) at which winning chance(s) will be determined: (Must include all satellite locations) (Attached separate sheet(s) if necessary)

Street	City	Zip
Street	City	Zip
Street	City	Zip
Street	City	Zip
Total retail value of <u>all</u> prizes to be awarded in this (If, at the time of application, the amount is unknow Maximum prize amount cannot exceed \$2,000,000. Fee: \$25.00 or 1% of total retail value of all prizes a	wn, write "undetermined" here. .)	
Maximum retail value of any <u>single</u> prize to be aw		
Maximum price of each chance:		
Please provide a <u>detailed explanation of the raffle awarded and their retail value, and the reason for</u> (Attach separate sheet if necessary) Details & Reason for Raffle:		<u>t of prizes to be</u>
List of Prizes and their Retail Value:		

AFFIDAVIT OF NON-PROFIT STATUS (Requires Presiding Officer and Secretary's Notarized Signatures)

The undersigned hereby swear and affirm that____

is organized as a **Non-Profit Organization**, organized and conducted on a not-for-profit basis with no personal profit inuring to anyone as a result of the operation, and have been in existence continuously for a period of 5 years immediately before making application for this raffle license. The undersigned also attests that all statements in the foregoing application are true and correct and that all officers, directors, employees, and managers of the organization are of good moral character, have not been convicted of a felony, and are not nor have ever been a professional gambler or professional gambling promoter.

Presiding Officer's Signature (must be notarized)

State of Illinois County of Sangamon

Subscribed and sworn to before me by <u>Presiding Officer of Organization</u> this______day of

Notary Public

Secretary's Signature (must be notarized)

_____·

State of Illinois County of Sangamon

Subscribed and sworn to before by <u>Secretary of Organization</u> this ______ day of

Notary Public

AFFIDAVIT OF NON-PROFIT FUNDRAISING ORGANIZATION

The undersigned hereby swear and affirm that we are a **Non-Profit Fundraising Organization**, organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardship as the result of an illness, disability, accident, or disaster.

Signature of Applicant

State of Illinois County of Sangamon

Subscribed and sworn to before me this _____ day of _____, ____,

Notary Public

AFFIDAVIT OF LAW ENFORCEMENT AGENCY OR STATEWIDE ASSOCIATION REPRESENTING LAW ENFORCEMENT OFFICIALS

The undersigned hereby swear and affirm that we are a **Law Enforcement Agency or Statewide Association that represents Law Enforcement Officials**.

Signature of Applicant

State of Illinois County of Sangamon

Subscribed and sworn to before me this _____ day of _____, ____, ____,

Notary Public

This application must include a copy of the bond or a signed waiver of the bond as mentioned in 5.18.060. (Waiver form below)

5.18.060 MANAGER-BOND

All management, operation and conduct of raffles shall be under the supervision of a single manager designated by the organization. At the time the application is submitted to the County Clerk the manager shall give a fidelity bond in the amount of the maximum dollar amount of all raffle chances to be sold, as stated on the application, in favor of the organization conditioned upon his honesty in the performance of his duties.

The above bond requirements may be waived by the affirmative vote of the requisite number of members of the licensed organization, or if the licensed organization does not have members, of members of the governing board of the organization, to constitute an affirmative action of the licensed organization.

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Name of Organization	
nereby requests that the County of Sangamon waive the requ	irement for the Raffle Manager's Bond in
connection with the raffle for which the attached application i	is made. I, the undersigned, being
the Presiding Officer of the aforesaid organization, do hereby	attest to the fact that, by affirmative vot
of the members of the organization, we have requested and a	gree to such waiver.
Presiding Officer's Signature	Date
Subscribed and sworn to before me by	this

_____ day of _____.

Notary Public

Licenses issued pursuant to the Sangamon County Raffle and Poker Run Code may be suspended or revoked for any violation of the Sangamon County Code.

IMPORTANT RAFFLE REPORTING INFORMATION

Each raffle license holder is required to file a report promptly with the Sangamon County Clerk and with their organization, once their raffle is concluded. You can complete the forms online at https://www.sangamoncountyclerk.com/Vital-Records/Raffle-Licenses/Default.aspx and email or mail them in, or the County Clerk's Office will provide you with the proper paperwork. Each report must include the following:

- Report of gross receipts generated as a result of conducting the raffle.
- An itemized list of expenses and net proceeds from the raffle including the payees' names, prizes awarded, amount of each prize awarded, and dates awarded.
- The person who accounts for gross receipts, expenses and net proceeds from the operation of raffles shall not be the same person who accounts for other revenues of the organization.