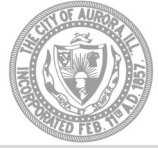


RLA**City of Aurora, Illinois
Raffle License Application**

Please submit applications no later than 30 days prior to the start of all raffle sales. Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Place, Aurora, IL 60507. Incomplete applications will not be accepted. One application MUST be submitted per raffle.

APPLICATION INFORMATION

Type of Organization: ☐ Other Not-For-Profit Business: _____

☐ Religious [501(c)(3)] ☐ Labor [501(c)(5)] ☐ Educational [501(c)(3)]

☐ Charitable [501(c)(3)] ☐ Fraternal [501(c)(8) or 501(c)(10)] ☐ Veterans [501(c)(19)]

Name of Organization: _____

Organization's Address: _____

Organization's Telephone #: _____

Raffle Manager's Name: _____ **Raffle Manager's Telephone #:** _____

Raffle Manager's Address: _____

Raffle Manager's Email Address: _____

Has the Raffle Manager ever been convicted of a felony as an adult that has NOT been sealed or expunged? ☐ Yes ☐ No If yes, please contact the City Clerk's Office at (630) 256-3070 for additional requirements upon completion of this application.

Length of time organization has been in existence: _____

(23 ILCS 15/1, Sec. 2 (b) (4) (ii))

Place and date of organization's charter, if applicable:

Place: _____ **Date:** _____

Applicant's checklist of items required to be attached to this application:

- ☐ **Application Fee (Checks Payable to: City of Aurora)**
 - No fee if aggregate prize value is \$500.00 and less
 - \$5.00 if aggregate prize value is between \$500.01 and \$5,000.00
 - \$25.00 if aggregate prize value is \$5,000.01 and over
- ☐ **Articles of Incorporation and/or Charter**
- ☐ **Organization's Raffle Rules**
- ☐ **Organization's IRS Letter of Determination**
- ☐ **Certificate of Insurance, Fidelity Bond OR Corporate Surety (see page 4 of application)**
- ☐ **Has the Organization been in existence for over 5 years?** _____

OFFICER INFORMATION

President/Chairperson's Name: _____

Home Address: _____ D.O.B: _____

Telephone #: _____ Email: _____

Secretary's Name: _____

Home Address: _____ D.O.B: _____

Telephone #: _____ Email: _____

Treasurer's Name: _____

Home Address: _____ D.O.B: _____

Telephone #: _____ Email: _____

Raffle Manager's Name: _____

Home Address: _____ D.O.B: _____

Telephone #: _____ Email: _____

RAFFLE INFORMATION

Raffle Name: _____

Raffle Type (check only one): ☐ Progressive ☐ 50/50 ☐ Traditional

Ticket Sales:

Date(s) of Raffle Ticket Sales: _____

Area(s) where Raffle Tickets will be sold: _____

Raffle Ticket Price(s): _____

Maximum number of tickets to be sold for this raffle: _____

Drawing Date(s) of raffle: _____ Drawing Time(s) of raffle : _____

Location & address of raffle drawing(s): _____

RAFFLE INFORMATION

Reminder: One application MUST be submitted per raffle.

For Progressive Raffles: State the day(s) of the week, frequency, when winning chances will be determined and the total maximum value of the progressive raffle:

For 50/50 Raffles: List the total maximum value of the raffle prize: _____

For Traditional Raffles: List All Prizes and Retail Cost: (attach separate sheet if more space is needed)

Prize	Retail Cost
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____
11. _____	\$ _____
12. _____	\$ _____

Total Aggregate Prize(s) : \$ _____

INSURANCE/BOND INFORMATION

All operation and conduct of raffles shall be under the supervision of a *single raffle manager* as designated on the license application.

Applicant must provide protection against dishonesty or theft as follows:

1. No Insurance, fidelity bond or corporate surety is required if the anticipated aggregate prize value is **less than \$500 AND** a majority of the members of the organization vote to waive the bond or, if there are no members of the organization, then a majority of the members of the governing board of the organization vote to waive the bond.
2. Insurance OR Fidelity Bond:
 - a. **Certificate of Insurance**, listing the "City of Aurora, 44 E. Downer Place, Aurora, IL 60507", as Certificate Holder, listing the raffle date, time & location of the raffle if the anticipated aggregate prize value is **greater than \$500 but less than \$15,000**.
 - b. **Fidelity bond**, (in favor of the organization/applicant conditioned upon the raffle manager's honesty in the performance of his/her duties) in the sum of the aggregate retail value of the prizes if the anticipated aggregate prize value is **greater than \$500 but less than \$15,000**.
3. **Corporate surety** is required if the anticipated aggregate prize value is **greater than \$15,000**.

AFFIDAVIT

The undersigned hereby attest that all statements made herein are true and correct to the best of our knowledge. The undersigned further certify that they have read Chapter 25, Sec. VIII of the City of Aurora Code, and that the organization which they represent is qualified and eligible to obtain a raffle license in the City of Aurora according to the requirements as set forth in 230 ILCS 15-0.01 et seq. (State of Illinois Raffles Act) and the City of Aurora Municipal Code Section 25-8, and further certify that we will abide by all rules and regulations as set forth by the State of Illinois and the City of Aurora. Our Audit Information will be returned to the City Clerk's Office no later than 30 business days from the conclusion of the raffle.

The undersigned also understands and agrees that failure to comply with any of the requirements of the Raffle Ordinance constitutes a violation, and that whoever violates any of the provisions of this article is guilty of a misdemeanor and may be punished as provided in Sec. 1-10 of the City of Aurora Code of Ordinances.

Raffle Manager (Signature & Date)

President/Chairman (Signature & Date)

Secretary (Signature & Date)

Subscribed and sworn to me this ____ day of _____, 20____.

(Notary Seal)

_____, Notary Public