VILLAGE OF WOODRIDGE
APPLICATION TO CONDUCT A RAFFLE

A. NAME OF APPLICANT _____

1. If applicant is an individual:

_____ _____
Address City. State. Zip Date of Birth

2. If applicant is a corporation or organization, provide name and address of duly authorized representative:

_____
Name Address City, State, Zip

3. _____ _____
Phone Email

4. Date of Incorporation or Formation: _____

5. Object for which the corporation or organization was formed:
_____

6. Provide names and addresses of officers and directors:
_____
_____
_____

B. LOCATION, DATE, TIME AND VALUE

1. Area(s) within the Village of Woodridge in which raffle chances will be sold or issued: _____

2. Time period during which raffle chances will be sold or issued.

3. Date & time at which winning chances will be determined.

4. Location(s) at which winning chances will be determined.

5. Aggregate retail value of prizes:
$ _____

6. Retail value of any single prize:
$_____

7. Price for each raffle chance:
$ _____

C. NON-PROFIT CERTIFICATION

Attach to this application a notarized statement attesting to the not-for-profit character of the licensee organization, signed by the presiding officer and secretary of the organization.

D. LAW ENFORCEMENT

1. Has applicant ever been convicted of a felony? _____
2. Is the applicant disqualified to receive a license by reason of any matter or thing contained in this ordinance, other ordinance of the Village, laws of the State of Illinois, or of the United States of America. _____

E. PREVIOUS LICENSE HISTORY

Has applicant ever had a previous license issued by any state or municipality or by the Federal Government revoked? _____. If yes, explain: _____.

F. LEGAL CONFORMANCE CERTIFICATION

Applicant hereby agrees not to violate any of the laws of the State of Illinois or of the United States or any ordinance of this Village in the conduct of the raffle, including Section 9-58 through 9-67 of the Village Code covering licensing of raffles, of which applicant acknowledges receipt.

G. GAMBLING CERTIFICATION

Applicant hereby agrees not to allow gambling devices or gambling on the premises where the drawing will be held.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__.

_____
Signature of Applicant or Representative

_____
NOTARY PUBLIC

Date: _____

Return application to: Office of the Village Clerk, Village of Woodridge, Five Plaza Drive, Woodridge, IL 60517.