

Date: \_\_\_\_\_

1. The name, address, e-mail address, and type of organization:

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2. The length of existence of the organization and if applicable the date & state of incorporation:

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3. The name, address, telephone number and date of birth of the organization's presiding officer, secretary, raffle manager and any other members responsible for the conduct and operation of the raffle:

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4. The aggregate retail value of all prizes to be awarded in the raffle:

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5. The maximum retail value of each prize to be awarded in the raffle:

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6. The maximum price charged for each raffle chance issued or sold:

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7. The maximum number of raffle chances to be issued:

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8. The area or areas in which the raffle chances will be sold or issued:

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9. The time period during which raffle chances will be issued or sold:

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10. The date, time and location at which winning chances will be determined:

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A fee, based on the aggregate prize value, shall be charged by the Village and paid to the Clerk at the time of application for a raffle license. The license fees are:

<u>Aggregate Prize Value</u>	<u>Raffle License Fee *</u>
Less than \$500	None
\$501 to \$5,000	\$5.00
\$5001 and over	\$25.00

*\* Not-for-profit organizations shall be exempt from paying said license fee, so long as documentation confirming not-for-profit status is attached hereto.*

I, \_\_\_\_\_ do hereby attest to the fact that the above mentioned organization is a not-for-profit organization located within the Village of West Dundee, Illinois, and that all information contained in the attached raffle application is true and accurate, to the best of my ability.

\_\_\_\_\_  
Presiding Officer

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**For Office Use:**

Date Received: \_\_\_\_\_

Approved:     Yes     No

By (signature): \_\_\_\_\_

Name/Title: \_\_\_\_\_