

*For Office Use Only:*  
*Date:* \_\_\_\_\_  
*License#:* \_\_\_\_\_  
*Employee* \_\_\_\_\_ *Amount* \_\_\_\_\_

**JOE AIELLO**  
SANGAMON COUNTY CLERK

SANGAMON COUNTY COMPLEX  
200 SOUTH NINTH STREET - ROOM 101  
SPRINGFIELD, ILLINOIS 62701  
TELEPHONE: 217-753-6700/FACSIMILE: 217-535-3233  
WEBSITE: [www.sangamoncountyclerk.com](http://www.sangamoncountyclerk.com)

**APPLICATION FOR  
SANGAMON COUNTY RAFFLE LICENSE**

Name of individual applying: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Organization applying: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City (if applicable) Zip

Contact telephone number: \_\_\_\_\_

How long has organization been in existence: \_\_\_\_\_

Type of non-for-profit organization: (select one)

- |           |             |            |       |
|-----------|-------------|------------|-------|
| Business  | Religious   | Charitable | Labor |
| Fraternal | Educational | Veterans   |       |

Number of members that reside in Sangamon County: \_\_\_\_\_

President/Chairman/Chief Executive of organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Name of Raffle Manager: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Locations at which raffle chances will be sold or issued: \_\_\_\_\_

First and last date for sales of raffle chances: \_\_\_\_\_

First day

\_\_\_\_\_

Last day

Maximum number of chances to be sold: \_\_\_\_\_

Date and time of determination of winning chance(s): \_\_\_\_\_

Date

\_\_\_\_\_

Time

Location at which winning chance(s) will be determined:

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

Zip

Total retail value of all prizes to be awarded in this raffle: \_\_\_\_\_

Maximum retail value of any single prize to be awarded in this raffle: \_\_\_\_\_

Maximum price of each chance: \_\_\_\_\_

The undersigned hereby swear and affirm that \_\_\_\_\_  
is organized as a not for profit organization and in no other way is ineligible to receive a raffle license as prescribed by law, and further, that the above stated facts in this application are true.

\_\_\_\_\_

Presiding Officer

\_\_\_\_\_

Secretary

Subscribed and sworn to before me this \_\_\_\_\_ day \_\_\_\_\_ of, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or County Clerk

Please provide a brief description of the type of raffle to be held.

---

---

---

---

---

---

---

---

---

---

**This application must include a waiver of the bond as mentioned in S.18.060. See below.**

S. 18.060 Raffle Manager - Bond.

All operation of, and the conduct of, raffles shall be under the supervision of a single raffle manager designated by the organization. At the time the application is submitted to the County (Agent) 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 unanimous vote of the members of the organization. The occurrence of said unanimous vote shall be by affidavit of the organization's presiding officer, filed with the County (Agent).

To the Sangamon County Clerk:

Our organization has voted unanimously to waive the fidelity bond required of our raffle manager.

Signed: \_\_\_\_\_  
Presiding Officer of organization

\_\_\_\_\_  
Name of organization

\_\_\_\_\_  
Date