

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: vitalrecords@co.sangamon.il.us
Website: www.sangamoncountyclerk.com

<i>For Office Use Only:</i>
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: _____

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

5.18.020 Eligibility for License. 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

Number of members that reside in Sangamon County: _____

Type of Raffle: _____ 50/50 or _____ Other Raffle _____
Raffle Name (Ex: Basket, Queen of Hearts, Bike)

President/Chairman/Chief Executive of organization: _____

Address: _____
Street City State Zip

Presiding Officer's Telephone Number: _____

Name of Raffle Manager: _____

Address: _____
Street City State Zip

Raffle Manager's Telephone Number: _____

Location(s) at which raffle chances will be sold or issued (must be within State of Illinois):

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(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 all prizes to be awarded in this raffle: _____

(If, at the time of application, the amount is unknown, write "undetermined" here.

Maximum prize amount cannot exceed \$2,000,000.)

Fee: \$25.00 or 1% of total retail value of all prizes awarded, whichever is greater.

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

Maximum price of each chance: _____

Please provide a detailed explanation of the raffle being conducted including a list of prizes to be awarded and their retail value, and the reason for conducting the raffle.

(Attach separate sheet if necessary)

Details & Reason for Raffle:

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 Presiding Officer of Organization this _____ day of _____, _____.

Notary Public

Secretary's Signature (must be notarized)

State of Illinois
County of Sangamon

Subscribed and sworn to before by Secretary of Organization 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.

The _____
Name of Organization

hereby requests that the County of Sangamon waive the requirement for the Raffle Manager’s Bond in connection with the raffle for which the attached application is made. I, the undersigned, being the Presiding Officer of the aforesaid organization, do hereby attest to the fact that, by affirmative vote of the members of the organization, we have requested and agree 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.