

Application for Conducting a Raffle or Poker Run in Kendall County, IL

(Good for ONE raffle or poker run only)

Application for: Raffle Poker Run

<u>APPLICATION INFORMATION</u>	
Type of Organization:	<input type="checkbox"/> Business <input type="checkbox"/> Charitable <input type="checkbox"/> Educational <input type="checkbox"/> Fraternal <input type="checkbox"/> Labor <input type="checkbox"/> Non-profit <input type="checkbox"/> Religious <input type="checkbox"/> Veterans
Name of Organization:	_____
Address:	_____
Applicant's Name:	_____
Email Address:	_____ Phone: _____
Length of time organization has been in existence:	_____
If incorporated: Date of Incorporation:	_____ State of Incorporation: _____
Place and date of organization's charter, if applicable:	
Place:	_____ Date: _____

Items required (no later than 30 calendar days prior to the start of all sales):
<input type="checkbox"/> Fee <ul style="list-style-type: none"><input type="radio"/> If Aggregate Prize Value is less than \$500.00 - Fee \$ 0.00<input type="radio"/> If Aggregate Price Value is between \$501.00 to \$5,000.00 – Fee \$10.00
<input type="checkbox"/> Articles of Incorporation and/or Charter
<input type="checkbox"/> Fidelity Bond
<input type="checkbox"/> Waiver of Bond – Documentation of a unanimous vote of the members of the applicant organization
Mail to: Kendall County Clerk, 502 S. Main St, Yorkville IL 60560
Make checks payable to: Kendall County Clerk

APPLICANT INFORMATION

Presiding Officer: _____

Home Address: _____

Phone: _____ Date of Birth: _____

Secretary: _____

Home Address: _____

Phone: _____ Date of Birth: _____

Raffle or Poker Run Manager: _____

Home Address: _____

Phone: _____ Date of Birth: _____

RAFFLE/POKER RUN INFORMATION

Ticket Sales:

Date(s) of Ticket Sales (must not exceed (365 days): _____ to _____

Area(s) where Tickets will be sold: _____

Ticket price: _____

Maximum number of tickets to be sold: _____

Drawing(s):

Date(s) and time(s) of drawing: _____

Location(s) of drawing: _____

Prizes:

Prize	Retail Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total: _____

Poker Run

Cost of Entry: _____ **Cost of Each Poker Hand:** _____

Identify each location where poker hands will be distributed:

Location Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SWORN CERTIFICATION

By signing my name below, I certify that all of the information contained in this application is true and correct to the best of my knowledge. I further attest the not-for-profit character of the applicant set forth in this application is true and correct. I have read, understand and agree to comply with all requirements set forth in the Kendall County Raffle Ordinance, as amended. I understand that I can request a copy of the Kendall County Raffle Ordinance for the County Clerk and that it is available electronically on the Kendall County website, www.co.kendall.il.us.

Presiding Officer Signature: _____

Secretary Signature: _____

Raffle/Poker Run Manager Signature: _____

County Clerk's Office only

License # _____

Date: _____

- Fee Paid**
- Bond/Waiver Received**
- 5 year Requirement Waived (Poker Run only)**
- Final Report Received**