



Administration Department  
600 Main St. NW  
Bourbonnais, IL 60914  
815-937-3570 • Fax: 815-937-3467  
bourbonnais@villageofbourbonnais.com  
[villageofbourbonnais.com](http://villageofbourbonnais.com)

**APPLICATION FOR RAFFLE LICENSE**  
**(Pursuant to Chapter 18 Article IV of the Code of Ordinances)**

A license fee of \$25.00 shall be paid prior to any license issuing.

Please type or print in ink all required information.

1. Name and address of Licensee (the not-for-profit organization with the following characters: religious, charitable, labor, business, fraternal, educational or veterans organization) (Please state the character of the organization):

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2. Name and address of officers of the organization:

- a. Chairman or Presiding Officer:

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- b. Secretary:

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name and address of the "Raffles Manager" (individual (s) responsible for the conduct of the raffle):

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4. First and last dates for sale of raffle chances:

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5. Location (s) at which raffle chances will be sold or issued:

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6. Number of raffles to be held: \_\_\_\_\_

7. Date (s) of determination of winning chance (s):

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

\_\_\_\_\_  
\_\_\_\_\_

9. Cost of tickets: \_\_\_\_\_

10. Quantity of Tickets to be sold: \_\_\_\_\_

11. What will the funds raised be used for: \_\_\_\_\_

12. Briefly describe the prize(s) and value(s) of prizes:

\_\_\_\_\_  
\_\_\_\_\_

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The undersigned hereby swear and affirm that:

\_\_\_\_\_ (insert name of religious, charitable, labor, business, fraternal, educational or veteran’s organization requesting license) is a not-for-profit organization, organized under the laws of the State of Illinois, and the organization and persons herein are eligible to receive a raffle license as prescribed by the Ordinances Chapter 18 Article IV and agree to comply with all provisions included therein. We understand that failure to abide by the Village Code shall void any license granted.

Signature of Chairman

\_\_\_\_\_

Print name: \_\_\_\_\_

Signature of Secretary

\_\_\_\_\_

Print name: \_\_\_\_\_

Subscribed and sworn to me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public Signature