

**FOR OFFICE USE ONLY:**

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

License No. \_\_\_\_\_

Fidelity Bond  Yes  No



VILLAGE OF OAK BROOK  
1200 Oak Brook Road  
Oak Brook, Illinois 60523-2255  
Charlotte K. Pruss, VILLAGE CLERK  
(630) 368-5036 kvonachen@oak-brook.org

**RAFFLE LICENSE APPLICATION**

**FEE: \$25.00**

Licenses shall be issued only to bona fide religious, charitable, labor, business, fraternal, educational or veteran's organizations that operate without profit to their members and which have been in existence continuously for a period of 5 years immediately before making application for a license and which have had during that entire 5-year period a bona fide membership engaged in carrying out their objects, or to a non-profit fund raising organization that the Village Manager, in consultation with the Village President and Board of Trustees, 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. (230 ILCS 15/0.01 et seq. Village of Oak Brook Code 4-7-3)

Application for a raffle license shall be made at least FOURTEEN CALENDAR DAYS prior to the sale of any raffle chances

APPLICANT NAME \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Fax # \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

DATE OF INCORPORATION: \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE :**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Street Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

RAFFLE MANAGER NAME: \_\_\_\_\_

Street Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

**NAMES AND ADDRESSES OF OFFICERS AND DIRECTORS:**

NAME \_\_\_\_\_ NAME \_\_\_\_\_

TITLE \_\_\_\_\_ TITLE \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

TITLE \_\_\_\_\_ TITLE \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Describe the area or areas within the Village in which raffle chances or tickets are to be sold or issued, or a map highlighting the areas may be attached.

Dates raffle chances will be sold or issued: from \_\_\_\_\_ to \_\_\_\_\_  
(Note: Period cannot exceed 180 days.)

The maximum price charged for each chance issued or sold: \_\_\_\_\_ (May not exceed \$250.00)

Location, date and time winners will be determined:

Location: \_\_\_\_\_

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

Time: \_\_\_\_\_

Aggregate retail value of all prizes and merchandise to be awarded in this raffle: \_\_\_\_\_

Anticipated gross receipts for this raffle: \_\_\_\_\_

License numbers of raffle licenses issued previously in Oak Brook this year: \_\_\_\_\_

Fidelity Bond for the raffle manager in an amount not less than the anticipated gross receipts – See section 4-7-8:

Fidelity Bond Attached

Per section 4-7-8 request for waiver of bonding requirement attached

The undersigned, does further state as follows:

- That the undersigned is empowered to prepare and sign this application on behalf of the applicant.
- That the undersigned has not been convicted of a felony
- That the undersigned has reviewed this application, and all attachments and submittals, and that the information contained herein is true and accurate.
- That the applicant is a not-for-profit organization existing under the laws of the State of Illinois
- That the applicant agrees to comply with all laws of the State of Illinois, the United States and the Village of Oak Brook in the conduct of the raffle for which this license is issued.
- That the applicant understands that this license, if issued, authorizes the applicant to conduct one raffle.

APPLICANT: \_\_\_\_\_

SIGNED BY \_\_\_\_\_ PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_