



**VILLAGE OF LOMBARD
RAFFLE REGISTRATION APPLICATION
255 E. Wilson Ave., Lombard IL 60148**

1. Organization: _____
Address: _____
Telephone: _____ Email Address _____

2. Date Organization created: _____

3. Type of Organization operating the raffle: (check appropriate box)

- Charitable Fraternal Religious
 Educational Labor Veterans

Other (please provide a brief description of the purpose of the organization, the name of the individual(s) that the organization is assisting and the illness, disability, accident or disaster causing an extreme financial hardship for said individuals)

4.* Location at which the sale of raffle tickets will take place: _____

5. Where will the winning chance or chances be determined: _____

6. Is the premises set forth in 5. above owned by the organization conducting the raffle: _____ Yes _____ No

7. If the answer to 6. above is "No", has the organization conducting the raffle paid for the use of the premises on which the winning chance or chances will be determined, with said payment specifically being stated as a payment for the use of the premises: _____ Yes _____ No

8. If the answer to 7. above is "Yes", does the organization which owns/controls the premises on which the winning chance or chances will be determined also have a valid raffle license: _____ Yes _____ No

9.* Dates during which raffle tickets will be sold (Note: the time period may not Exceed 180 days): _____

10.* Date winning chances will be determined: _____

12.* List the proposed prizes: _____

13. Has the organization, any employee of the organization; any person actively involved with the organization; any person acting as an officer or director of the organization; or any person owning a proprietary, equitable or credit interest in the organization ever been convicted of a felony? _____ Yes _____ No

14. Is any employee of the organization; any person actively involved with the organization; any person acting as an officer or director of the organization; or any person owning a proprietary or equitable interest in the organization formerly or currently a professional gambler or gambling promoter? _____ Yes _____ No

* If this application is for multiple raffles, please attach a separate sheet to provide the requested information for each proposed raffle.

15. Has the organization; any employee of the organization; any person actively involved with the organization; any person owning a proprietary, equitable or credit interest in the organization; or any person acting as an officer or director of the organization, ever been convicted of a violation of Chapter 123 of the Lombard Village Code, or the ordinance of any other municipality regulating gambling? If so, please state the name of the individual, the date of the violation, and identify the municipality whose ordinance was violated.
_____ Yes _____ No

16. Name of Raffles Manager: _____
Address: _____
Telephone: _____

NOTICE

In accordance with Illinois Compiled Statutes, 230 ILCS 15/2(b), licenses shall be issued only to bona fide religious, charitable, labor, fraternal, education or veterans' organizations that operate without profit to their members and which have been in existence continuously for a period of five (5) years immediately before making application for a license and which had during that entire five (5) year period a bona fide membership engaged in carrying out their objects, or to a non-profit fundraising organization that the Village of Lombard 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 illness, disability, accident or disaster.

I/WE, DO HEREBY DECLARE, UNDER OATH, THAT THE ORGANIZATION NAMED IN THIS APPLICATION IS A NOT-FOR-PROFIT ORGANIZATION (AS DEFINED IN ILLINOIS COMPILED STATUTES, 230 ILCS 15/2(b), WHICH HAS BEEN IN EXISTENCE FOR A MINIMUM PERIOD OF FIVE YEARS. I/WE HEREBY STATE THAT I/WE HAVE READ CHAPTER 123 OF THE LOMBARD VILLAGE CODE AND ALL AMENDMENTS THERETO, AND WILL ABIDE BY THE RULES STATED THEREIN.

OR

I/WE, DO HEREBY DECLARE UNDER OATH, THAT THE ORGANIZATION NAMED IN THIS APPLICATION IS A NOT-FOR-PROFIT FUNDRAISING ORGANIZATION WITH THE SOLE PURPOSE OF PROVIDING FINANCIAL ASSISTANCE TO THE INDIVIDUAL OR GROUP OF INDIVIDUALS SET FORTH ABOVE, WHICH INDIVIDUAL OR GROUP OF INDIVIDUALS IS SUFFERING EXTREME FINANCIAL HARDSHIP AS A RESULT OF ILLNESS, DISABILITY, ACCIDENT OR DISASTER. I/WE HEREBY STATE THAT I/WE HAVE READ CHAPTER 123 OF THE LOMBARD VILLAGE CODE AND ALL AMENDMENTS THERETO, AND WILL ABIDE BY THE RULES STATED THEREIN.

Presiding Officer of Corporation/Organization

Print Name: _____

SWORN AND SUBSCRIBED TO BEFORE
me this _____ day of _____, 20__.

Notary Public

The raffles manager shall give a fidelity bond in an amount of two times the sum of prizes available in favor of the organization conditioned upon his/her honesty in the performance of his/her duties. Terms of the bond shall provide that notice shall be given in writing to the Village of Lombard not less than 30 days prior to its cancellation. The Village of Lombard may waive the bond requirements by including a waiver provision in the license issued to an organization under Chapter 123 of the Lombard Village Code, provided that a license containing such waiver provision shall be granted only by unanimous vote of the members of the licensed organization.

WAIVER

I, _____, Secretary of _____, certify that a vote was held on _____, and by unanimous decision by the members of _____, Section 123.05 of the Lombard Village Code, which requires a fidelity bond, is hereby waived.

Secretary of Corporation/Organization

SWORN AND SUBSCRIBED TO
Before me this ____ day of _____, 20__.

Notary Public



Approved: _____
Village Manager or Designee

FEE

- 1 to 3 raffles during a calendar year -- \$5.00 per raffle*
- 4 to 12 raffles during a calendar year -- \$25.00*
- More than 12 raffles during a calendar year -- \$50.00*

Number of raffles applied for: _____
Fee accompanying this application: \$ _____



VILLAGE OF LOMBARD
RAFFLES ORDINANCE
RECORD KEEPING COMPLIANCE REPORT

1. Organization: _____

2. Name of person completing this form: _____

3. Raffle License Number: _____

4. Date of Raffle: _____

5. Date of Report: _____

6. Gross receipts of Raffle: _____

7. Expenses of Raffle: _____

8. Provide a detailed itemization of all expenses and attach all supporting documents for all expenses (attach separate sheets if necessary):

9. Net proceeds of Raffle: \$ _____

10. Provide a detailed itemization of the manner of distribution of the net proceeds including the payee, purpose, amount and date of payment (attach separate sheets if necessary):

11. Location of records relating to operation of raffle and times for public inspection:

Signature

Date