

Vermilion County, Illinois Poker Run / Raffle Application

TYPE OF NON-PROFIT ORGANIZATION

Religious Labor Veterans Charitable Business (Business must be NFP)
Fraternal Educational
Other (explain) _____

NAME OF GROUP / ORGANIZATION _____

Street Address _____

Mailing Address _____

City, State, Zip _____ Phone _____

YEARS ORGANIZATION HAS BEEN IN EXISTENCE _____ (*Must be 5 years or more)

Type(s) & number of events to be held _____

Area in City / County where chances are sold _____

Aggregate retail value of all prizes in single event _____ (not to exceed \$200,000)

Maximum retail value of each prize in single event _____ (not to exceed \$100,000)

Maximum price for each chance sold _____ (not to exceed \$200)

Maximum number of days single event chances may be sold _____ (not to exceed 90 days)

Date(s) Drawing(s) to be held _____

"Ye are the salt of the earth"

(not to exceed 1 year for multiple events)

Time and location winning chance is determined _____

Bond Amount: \$1,000.00 _____ or Waiver _____ (See attached sheet)

Name of Event Manager _____

Home Address _____

(Street Address, City, State, Zip)

Daytime Phone Number _____ E-Mail _____

MANAGER, please answer the following questions:

- 1) Have you ever been convicted of a felony? Yes No
If yes, When? _____ Where? _____
- 2) Are you currently or have you been in the past a professional gambler or gambling promoter?
Yes No When? _____
- 3) I prefer the Raffle License to be: Mailed Picked Up

If Mailed, Contact Information

Name _____

Address _____

(Street Address, City, State, Zip)

Daytime Phone Number _____ E-Mail _____

EVENT Manager's Signature

Date

- ▶ The Membership has unanimously waived the event manager's bond requirement of 230 ILCS 15/5 (strike if not applicable). *Note: Secretary's certificate required.*
- ▶ The Organization is aware of the records requirements of 230 ILCS 15/6 and hereby confirms its obligation to comply.
- ▶ The undersigned presiding officer and secretary of the Applicant hereby swear or affirm that the foregoing information is true.

Presiding Officer

Date

Secretary

Date

SUBSCRIBED AND SWORN TO
before me this _____ day
of _____, _____

Notary Public



(Notary Seal)

SECRETARY'S CERTIFICATE
Waiving Bonding Requirement for Event Manager

The Membership of _____ hereby
Name of Organization

unanimously waives the EVENT Manager's Bond Requirement of 230 ILCS 15/5.

Secretary's Signature

Date

RAFFLE LICENSE INFORMATION:

- ▶ Please return completed applications to:
County Board Office
6 N Vermilion
Danville, IL 61832
- ▶ The Event License Fee is \$10.00 per application and must be submitted with the completed application.
- ▶ Event License Applications are approved at County Board meetings, which are typically the second Tuesday of each month.
- ▶ If any questions, please contact the County Board Office at 217-554-6000.

OFFICE USE ONLY

License Fee: _____ Date Paid / Received: _____

Approval: _____

License #: _____ By: _____