VILLAGE OF ARLINGTON HEIGHTS
DEPARTMENT OF BUILDING & HEALTH SERVICES
33 S. Arlington Heights Rd.
Arlington Heights, IL 60005
Phone (847) 368-5560
Fax (847) 368-5975
Website: www.vah.com

Date Routed:_____

20___ RAFFLE LICENSE APPLICATION

SECTION #10-901

☐ **Non-Profit** ☐ **Educational** ☐ **Fraternal** ☐ **Charitable** ☐ **Religious** ☐ **Labor** ☐ **Veterans**

Name of Organization: _____ **Phone #:** _____

Organization Address: _____

City: _____ **State:** _____ **Zip:** _____

Presiding Officer: _____
(Last, First, Middle Initial)

Presiding Officer's Address: _____

City: _____ **State:** _____ **Zip:** _____

Presiding Officer's Home Phone: _____ **Presiding Officer's Cell Phone:** _____

Secretary: _____
(Last, First, Middle Initial)

Secretary's Address: _____

City: _____ **State:** _____ **Zip:** _____

Secretary's Home Phone: _____ **Secretary's Cell Phone:** _____

Raffle Manager: _____
(Last, First, Middle Initial)

Raffle Manager's Address: _____

City: _____ **State:** _____ **Zip:** _____

Raffle Manager's Home Phone: _____ **Raffle Manager's Cell Phone:** _____

Location where raffle tickets will be sold: _____

Date & Time when raffle tckets will be sold: _____ **to** _____

Time and Place winner will be determined: _____

Is raffle to be held on rented premises? ☐ **Yes** ☐ **No** **If yes, list owner of property: Name:** _____

Address: _____ **Phone:** _____

Bonding Company Name: _____ **Bonding Company Phone:** _____

Bonding Company Address: _____

City: _____ **State:** _____ **Zip:** _____

Value of prizes: $ _____ **Letter requesting waiver of bond required. Letter must be submitted at time of application.**

Subscribed and sworn before me this_____

day of _____ **20**_____.

Notary Signature _____

SEAL NOTARY PUBLIC

I attest to the not-for-profit character of the raffle that is the subject of this application. I further certify and swear that all of the above questions have been answered truthfully and to the best of my knowledge and ability.

Signed by Raffle Manager or Presiding Officer: _____ **Date:** _____

FOR OFFICE USE ONLY

LICENSING DEPARTMENT: ☐ **APPROVED** ☐ **DENIED** Signature_____

VILLAGE MANAGER: ☐ **APPROVED** ☐ **DENIED** Signature_____

Return to License Department. Memo reasons for denial to license department. **Control #:**_____