

COUNTY OF BUREAU

Application for License to Operate a Poker Run in the County of Bureau

1) _____
(Name, Address, Type of Organization)

2) _____ 2A _____
(Date of Origin) (If Incorporated, date and State)

3) Responsible Members:

Presiding Officer: _____
Name/Address/Phone

_____ Birth Date _____
Secretary: _____
Name/Address/Phone

_____ Birth Date _____
Other Members: _____
Name/Address/Phone

_____ Birth Date _____
(attach additional names, etc., on separate sheet if needed)

4. Name, address, and phone number of all locations in which the poker run will be conducted:

5. Time period when poker run will be held: _____

6. Date/Times and locations winners will be determined: _____

CERTIFYING STATEMENT: I, _____, presiding officer of
(name)

_____, do certify that the applying organization is a not-for-
(organization)

profit organization and that the information contained in this application is true and correct. I further affirm that the operations of said poker run comply with State Statute and the County ordinance.

SIGNED: _____

NOTARY: _____

My Commission expires _____

Submitted for approval: _____

Date approved _____ **By** _____

License expires _____ **#** _____ **County Clerk** **Fee Paid** _____