

COUNTY OF BUREAU

Application for License to Operate a Raffle 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 _____
Raffle (s) Manager: _____
Name/Address/Phone

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

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

4. **Estimated aggregate retail value of all prizes:** _____

5. **Maximum retail value of each prize awarded:** _____

6. **Maximum price charged for each ticket:** _____

7. **Time period when tickets/chances will be sold:** _____

8. **General area of sales:** _____

9. **Maximum number of days for ticket sales:** _____

10. **Date/Times and locations winning ticket will be drawn:** _____

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

_____, do certify that the applying organization is a not-for-profit organization and that the information contained in this application is true and correct. I further affirm that the operations of said raffle 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** _____