



RAFFLE LICENSE APPLICATION

City of Columbia
208 S. Rapp Ave.
Columbia, IL 62236
618.281.7144

Instructions to applicant:

1. **The application must be completed in its entirety (pages 1 to 4).** The application, with appropriate pages being notarized, should then be returned to the City Clerk's Office along with the application fee.
2. **Fee:** The application fee is determined by the schedule below. **The application fee is non-refundable.**

Aggregate Retail Value of Prizes	Fee
Less than \$500.00 prize values	\$10.00
\$500.00 thru \$999.99 prize values	\$20.00
\$1,000.00 thru \$9,999.99 prize values	\$30.00
\$10,000.00 thru \$99,999.99 prize values	\$40.00
\$100,000.00 or more in prize values	\$60.00

3. **How long will it take to receive a raffle license?** The City Clerk's Office will notify applicant of license status within five (5) working days after submitting an application.
4. **Reporting receipts and distribution of proceeds:** If approval is made, according to Columbia's Raffle Ordinance, Section 5.36.100 Records, each licensee shall report within thirty (30) days after the conclusion of each raffle to its membership, and to the City Clerk's Office, its gross receipts, expenses and net proceeds for raffles, and the distribution of net proceeds itemized as required herein.

(PLEASE PRINT)

Organization Name: _____				
Address: _____				
#	Street	City	State	Zip Code
Type of Organization: _____				
Length of existence of organization: _____				
If organization is incorporated, what is the date and state of incorporation?				
Date: _____		State: _____		

List of organization's presiding officer, secretary, raffle manager, and any other members responsible for the conduct and operation of the raffle.

Presiding Officer: _____	Date of Birth: _____
Address: _____	
#	Street
City	State
Zip Code	
Phone #: _____	()

Secretary: _____	Date of Birth: _____
Address: _____	
#	Street
City	State
Zip Code	
Phone #: _____	()

Raffle Manager: _____	Date of Birth: _____
Address: _____	
#	Street
City	State
Zip Code	
Phone #: _____	()

List any other members responsible for the conduct and operation of the raffle on the back of this page. List name, date of birth, address, and phone number:

Aggregate retail value of all prizes to be awarded in the raffle * :	\$ _____
Maximum retail value of each prize to be awarded in the raffle * :	\$ _____
Maximum price charged for each raffle chance issued or sold ** :	\$ _____
Maximum number of raffle chances to be issued:	# _____
<p>* No cash prize in excess of one million dollars (\$1,000,000) may be awarded.</p> <p>** Shall not exceed one hundred dollars (\$100).</p>	

Area or areas in which raffle chances will be sold or issued:

Time period during which raffle chances will be issued or sold:	
Dates: _____	To: _____

Date, time, and location at which winning chances will be determined:				
Date: _____	Time: _____	AM / PM		
Location: _____				
#	Street	City	State	Zip Code

SWORN STATEMENT

The following officers attest to the not-for-profit character of the applicant organization,

(Name of organization)

Dated this _____ day of _____ 20 _____

(Presiding Officer) Signature

(Secretary) Signature

(To be completed by a Notary)

State of _____

County of _____

Signed and sworn to before me on _____
Date

by _____ and _____
(Presiding Officer) (Secretary)

(Seal)

Notary Public

Date my Commission Expires

CERTIFICATION

I, _____ of the _____
(Presiding Officer) (Organization)

do hereby certify that the information contained in this application is true and correct.

Dated this _____ day of _____ 20 _____

(Presiding Officer) Signature

(To be completed by a Notary)

State of _____

County of _____

Signed and sworn before me on _____
(Date)

by _____
(Presiding Officer)

(Seal)

Notary Public

Date my Commission Expires

(Office Use Only)		License #:	
Fee: \$	Date Paid:	Cash:	Check #:

The Application for Raffle License is hereby _____ (accepted or rejected) this
_____ day of _____, 20 _____ by the City of Columbia, Illinois.

City Clerk