



# 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.

<b>Presiding Officer:</b> _____	Date of Birth: _____			
Address: _____	# _____	Street _____	City _____	State _____ Zip Code _____
Phone #: (_____) _____				
<b>Secretary:</b> _____	Date of Birth: _____			
Address: _____	# _____	Street _____	City _____	State _____ Zip Code _____
Phone #: (_____) _____				
<b>Raffle Manager:</b> _____	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:

<b>Aggregate retail value of all prizes to be awarded in the raffle * :</b> \$ _____
<b>Maximum retail value of each prize to be awarded in the raffle * :</b> \$ _____
<b>Maximum price charged for each raffle chance issued or sold ** :</b> \$ _____
<b>Maximum number of raffle chances to be issued:</b> # _____

\* No cash prize in excess of one million dollars (\$1,000,000) may be awarded.  
\*\* Shall not exceed one hundred dollars (\$100).

<b>Area or areas in which raffle chances will be sold or issued:</b> _____ _____ _____
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<b>Time period during which raffle chances will be issued or sold:</b> Dates: _____ To: _____
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<b>Date, time, and location at which winning chances will be determined:</b> 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

## **C E R T I F I C A T I O N**

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

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(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

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