Application for License to Conduct Raffles Knox County, Illinois

Address Street City Zip Code County Mailing Address (if different from above): Street City Zip Code Address of Place for Raffle Drawing(s): Street City Zip Code Check Type of Organization (attach documentary evidence): Religious Charitable Labor Fraternal Educational Veterans Mow long has the organization been in existence? Place Date Journal Officer: Name Address Telephone Social Security Number Date of Birth			Date:		
Street City Zip Code County Mailing Address (if different from above): Street City Zip Code Address of Place for Raffle Drawing(s): Street City Zip Code Check Type of Organization (attach documentary evidence): Religious Charitable Labor Paternal Educational Veterans It was a considered by the construction of the c	Name of Organizatio	n			
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Religious Charitable Labor Fraternal Educational Veterans Now long has the organization been in existence? Place Date The second of the se	Street	City	Zip Code		
Fraternal Educational Veterans low long has the organization been in existence? Pate and Place of Incorporation: Place Date Jumber of Members in Good Standing: residing Officer: Name Address Telephone	Check Type of Organ	nization (attach do	ocumentary evidence	e):	
Place Date Tumber of Members in Good Standing: Name Address Telephone	_				
Place Date Tumber of Members in Good Standing: Place Date Name Name Address Telephone	How long has the org	anization been in	existence?		
residing Officer: Name Address Telephone	Date and Place of Inc	orporation:			
Address Telephone	Number of Members	in Good Standing			
Address Telephone	Presiding Officer:		Name		
<u>.</u>					
Social Security Number Date of Birth	Address		Telephone		
	Social Security	Number	Date of Bir	th	
ecretary:Name	Secretary:	Name			

Address	Telephone
Social Security Number	Date of Birth
affles Manager:Name	
Address	Telephone
Social Security Number	Date of Birth
esignate member(s) who will be respettach additional sheets if necessary):	onsible for conduct and operation of raffles
Name	
Address	Telephone
Social Security Number	Date of Birth
ate(s) for raffle ticket sales (include o	lays of the week):
ocation of Sales (include all applicable onducted in all parts of Knox County,	le cities and villages; if sales are to be insert "Knox County".)

16.	Date(s) for determining winners (include days of the week; if weekly, include "weekly"; if monthly, indicate months):
17.	Total retail value of all prizes awarded in a single raffle\$
18.	Maximum retail value of each prize awarded in a single raffle\$
19.	Annual aggregate retail value of all prizes awarded\$
20.	Maximum price charged for each chance sold\$
21.	Fee\$
22.	Time Period for a license
23.	Must show proof of insurance (bond or certificate of insurance; please attach)
24.	Attestation:
men felor in ac	"The undersigned do hereby state under penalties of perjury that all statements in the foregoing ication are true and correct; and that the officers, operators and workers of the games are bona fide of the sponsoring organization and are all of good moral character and have not been convicted of a character is granted hereunder, the undersigned will be responsible for the conduct of the games occordance with the provisions of the laws of the State of Illinois and the County of Knox governing the duct of such games."
	Presiding Officer
	Secretary
	Signed in my presence this day of,
	Notary Public