
Address Telephone

Social Security Number Date of Birth

11. Raffles Manager: _____
Name

Address Telephone

Social Security Number Date of Birth

12. Designate member(s) who will be responsible for conduct and operation of raffles (attach additional sheets if necessary):

Name

Address Telephone

Social Security Number Date of Birth

13. Date(s) for raffle ticket sales (include days of the week):

14. Location of Sales (include all applicable cities and villages; if sales are to be conducted in all parts of Knox County, insert "Knox County".)

15. Location for determining winners:

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:

"The undersigned do hereby state under penalties of perjury that all statements in the foregoing application are true and correct; and that the officers, operators and workers of the games are bona fide members of the sponsoring organization and are all of good moral character and have not been convicted of a felony; that if a license is granted hereunder, the undersigned will be responsible for the conduct of the games in accordance with the provisions of the laws of the State of Illinois and the County of Knox governing the conduct of such games."

Presiding Officer _____

Secretary _____

Signed in my presence this _____ day of _____, _____.

Notary Public