VILLAGE OF WOODRIDGE APPLICATION TO CONDUCT A RAFFLE

Α.	NAME	OF APPLICANT			
	1.	If applicant is an in	ndividual:		
		Address	City, State, Zip	Date of Birt	 h
	2.	If applicant is a corporation or organization, provide name and address of duly authorized representative:			duly
		Name	Address	City, State, Z	 Zip
	3.	Date of Incorporati	on or Formation:		
	4.	Object for which the corporation or organization was formed: Provide names and addresses of officers and directors:			
	5.				
В.	LOCA	TION, DATE, TIME AI	ND VALUE		
		the Village of Woodridge sold or issued:	dge in which raffle	5.	Aggregate retail value of prizes: \$
2. Tin	ne period d	uring which raffle char	nces will be sold or issued.	6.	Retail value of any single prize: \$
3. Da	ate & time a	at which winning chand	ces will be determined.	7.	Price for each raffle chance:
4. Lo	cation(s) a	t which winning chanc	es will be determined.		
C.	NON-P	PROFIT CERTIFICAT	TION		
		ach to this application a notarized statement attesting to the not-for-profit character of the licensee organization, signe- he presiding officer and secretary of the organization.			
D.	LAW E	ENFORCEMENT			
	2. Is	the applicant disquali	n convicted of a felony?	ny matter or thing	g contained in this ordinance, other America?
E.	PREVI	OUS LICENSE HISTO	ORY		
		as applicant ever had a previous license issued by any state or municipality or by the Federal Government revoked? If yes, explain			
F.	LEGA	L CONFORMANCE C	CERTIFICATION		
	this Vil		to violate any of the laws of the State o the raffle, including Section 9-58 throug knowledges receipt.		
G.	GAMB	LING CERTIFICATION	ON		
	Applica	ant hereby agrees not	to allow gambling devices or gambling	on the premises	where the drawing will be held.
		ND SWORN to before r		Signature of	Applicant or Representative
	uu, oi			•	7 Applicant of Troprocontains
	NOTA	RY PUBLIC	Date		

Return application to: Office of the Village Clerk, Village of Woodridge, Five Plaza Drive, Woodridge, IL 60517.