

VILLAGE OF ARLINGTON HEIGHTS
Department of Building & Life Safety
33 S. Arlington Heights Rd.
Arlington Heights, IL 60005
Phone (847) 368-5560
Fax (847) 368-5975
Website: Building@vah.com

Date Routed: _____

20 _____ RAFFLE LICENSE APPLICATION

SECTION #10-1001

Non-Profit Educational Fraternal Charitable Religious Labor Veterans

Name of Organization: _____ Phone #: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Presiding Officer: _____

(Last, First, Middle Initial)

Presiding Officer's Address: _____

City: _____ State: _____ Zip: _____

Presiding Officer's Home Phone: _____ Presiding Officer's Cell Phone: _____

Secretary: _____

(Last, First, Middle Initial)

Secretary's Address: _____

City: _____ State: _____ Zip: _____

Secretary's Home Phone: _____ Secretary's Cell Phone: _____

Raffle Manager: _____

(Last, First, Middle Initial)

Raffle Manager's Address: _____

City: _____ State: _____ Zip: _____

Raffle Manager's Home Phone: _____ Raffle Manager's Cell Phone: _____

Location where raffle tickets will be sold: _____

Date & Time when raffle tickets will be sold: _____ to _____

Time and Place winner will be determined: _____

Is raffle to be held on rented premises? Yes No If yes, list owner of property: Name: _____

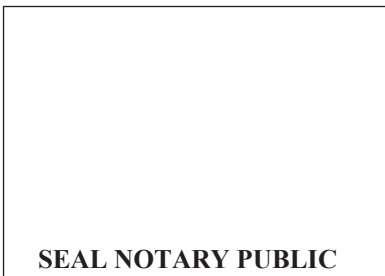
Address: _____ Phone: _____

Bonding Company Name: _____ Bonding Company Phone: _____

Bonding Company Address: _____

City: _____ State: _____ Zip: _____

Value of prizes: \$ _____ Letter requesting waiver of bond required. Letter must be submitted at time of application.



Subscribed and sworn before me this _____

day of _____ 20_____.

Notary Signature _____

I attest to the not-for-profit character of the raffle that is the subject of this application. I further certify and swear that all of the above questions have been answered truthfully and to the best of my knowledge and ability.

Signed by Raffle Manager or Presiding Officer: _____ Date: _____

FOR OFFICE USE ONLY

LICENSING DEPARTMENT: APPROVED DENIED Signature _____

VILLAGE MANAGER: APPROVED DENIED Signature _____

Return to License Department. Memo reasons for denial to license department. Control #: _____