



APPLICATION #: _____
Assigned by City Clerk's office

CITY OF EARLVILLE

Application for Raffles or Poker Runs

License

Organization Information

Name _____ Address _____

Name of Presiding Officer of the Organization (first, middle initial, last) _____
Phone Number _____

Address _____ DOB _____

_____ Email address _____

Name of Secretary of the Organization (first, middle initial, last) _____
Phone Number _____

Address _____ DOB _____

_____ Email address _____

Name of Raffle/Poker Run Manager (first, middle initial, last) _____
Phone Number _____

Address _____ DOB _____

_____ Email address _____

Year organization was established: _____

If incorporated, date & state of incorporation: _____

Type of not-for-profit organization

Charitable _____ Educational _____ Fraternal _____ Business _____
Labor _____ Religious _____ Veterans _____ Other _____

If "Other", specify type of not-for-profit organization & purpose of the raffle/poker run:

Raffle / Poker Run details This application is for a Raffle License _____ Poker Run License _____

Aggregate retail value of all prizes to be awarded (shall not exceed \$500,000.00, neither as an individual prize or cumulatively): _____

Maximum retail value of each prize to be awarded (shall not exceed \$500,000.00): _____

Price of chances (not to exceed \$100.00): _____

Number of raffle/poker run chances to be sold, if known: _____

Location(s) at which raffle/poker run chances will be sold or issued, if a specific location(s) is set:

Raffle/poker run chances will be sold from _____ to _____
(Not to exceed the calendar year for which the license is issued)

Date, time and location to determine winning chances or where poker run concludes & prizes awarded:

Attach a copy of the required fidelity bond to the application.

If no bond, what date did the unanimous vote of the members of the organization occur determining to waive said bond? _____

Provide a list of all members, other than the presiding officer, secretary and raffle/poker run manager listed on the first page, responsible for the conduct and operation of the raffle/poker run. Be sure to include their name, address, phone number, date of birth and email address.

ALL ANSWERS ON THIS APPLICATION ARE UNDER OATH AND ARE SUBJECT TO THE PENALTIES FOR PERJURY.

- ❖ Organization and/or all members of said organization shall hold harmless the city and its officers and employees, and shall indemnify the city, its officers and employees for any claims for damage to property or injury to persons which may be occasioned by any activity carried on under the terms of the license.
- ❖ By signing this application, you are authorizing the City of Earlville to perform background checks.

I, _____ (Presiding Officer) being duly sworn under oath, state that the above named organization is of a not-for-profit character and is not otherwise ineligible to receive a raffle/poker run license as prescribed by city ordinance and state statute. Further, I swear and affirm that, if no fidelity bond is being provided to the City, that a unanimous vote of the members of the organization occurred determining to waive said bond.

Signature of Presiding Officer - to be done in front of a Notary Public – see following page

State of Illinois)
) SS
County of LaSalle)

I, _____ a Notary Public in and for the
aforesaid County and State, do hereby certify that _____ whose
name is subscribed to the foregoing instrument, appeared before me this day in person and
acknowledged that they signed the said instrument as their free and voluntary act.

Given under my hand and seal this ____ day of _____, _____.

(Seal)

Notary Public

**Completed Application for License and all supporting documentation shall be turned into the
City Clerk’s Office at 210 W. Railroad St., Earlville, IL 60518, no less than thirty (30) days prior
to license issuance.**

**Nonrefundable License fee, as listed on the City Fee/Rate Schedule – Licenses, is due with
application.**

All incomplete applications will be denied.

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FOR OFFICE USE ONLY:

Application Received By: _____ on _____

Application fee of \$ _____ Payment Type: Cash _____ Check _____ Debit/Credit Card _____

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____ Backgrounds done by Police Department on _____ By: _____

____ All sections of application filled out

____ Fidelity bond attached or waiver of bond indicated

____ List of additional members responsible for the conduct and operation of raffle/poker run

License Approved on: _____ License Denied on: _____ By: _____

Notification of Approval/Denial given by: Phone _____ Mail _____ In Person _____, on _____

By: _____
(signature)

BACKGROUND CHECK WAIVER FORM

The facts set forth in the application for a:

Raffle License____ Poker Run License____

Are true and complete to the best of my knowledge, and I understand that any misrepresentation, falsification or willful omission shall be sufficient reason for denial of the license.

I hereby authorize investigation of all statements contained in my recent application and/or original application with your firm regarding my personal history, financial and credit record, employment, education, criminal history, if any, or driving history through any investigative agencies of your choice.

I hereby state that I have not been convicted of a felony, any sex offense as defined in Chapter 720, Act 5, Article 11 of the Illinois Compiled Statutes, or any of the following crimes as defined in said Chapter 720: assault, deception, criminal damage to property, criminal possession of any dangerous or narcotic drug, or disorderly conduct. I certify the above to be true and correct to the best of my knowledge and that I shall not violate any state laws of the State of Illinois or the ordinances of the City of Earlville pursuant to the conducting of raffles and/or poker runs.

I hereby release from liability your company and all agents of your company of their acts performed in good faith and without malice in connection with evaluating my application, my credentials and qualifications. I hereby release from liability any and all individuals and organizations, any firm, institution or court, releasing data pertinent to the review of my application and information released in good faith and without malice concerning my professional competence, ethics, character and other qualifications.

Original Signature of the
Presiding Officer of the Organization

Printed name (first, middle initial, last)

Dated:_____

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FOR POLICE DEPARTMENT USE ONLY:

Date completed:_____

Background check passed:_____

Background check failed:_____ **Reason:**_____

Completed by (printed name)_____

Signature:_____

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Original Signature of the
Secretary of the Organization

Printed name (first, middle initial, last)

Dated:_____

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FOR POLICE DEPARTMENT USE ONLY:

Date completed:_____

Background check passed:_____

Background check failed:_____ **Reason:**_____

Completed by (printed name)_____

Signature:_____

BACKGROUND CHECK WAIVER FORM

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Raffle License____ Poker Run License____

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Original Signature of the
Raffle/Poker Run Manager of the Organization

Printed name (first, middle initial, last)

Dated:_____

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FOR POLICE DEPARTMENT USE ONLY:

Date completed:_____

Background check passed:_____

Background check failed:_____ **Reason:**_____

Completed by (printed name)_____

Signature:_____