

**APPLICATION FOR RAFFLE LICENSE**

**City of Beardstown, Illinois  
City Clerk's Office-Brian "Petie" Ruch, City Clerk  
105 West Third Street  
Beardstown, Illinois 62618  
Phone: (217) 323-3110/Fax (217) 323-4029**

**Date of Application:** \_\_\_\_\_

**Type of Raffle:**

- \_\_\_\_\_ Individual Benefit  
\_\_\_\_\_ Club (Charitable, Educational, Fraternal, Labor, Religious, Veteran)  
\_\_\_\_\_ Other

**Length of License (Official Use Only)**

- \_\_\_\_\_ 60 Days  
\_\_\_\_\_ 2 Year

**Name of Organization Sponsoring Raffle:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Incorporation or Establishment \_\_\_\_\_ Membership#: \_\_\_\_\_

**Raffle Manager:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_

**Raffle Chances to be sold in Beardstown in the following manner and by whom:**

Ticket Prices: \$ \_\_\_\_\_

Aggregate Retail Value of ALL prizes to be awarded: \_\_\_\_\_

Maximum Number of Raffle Chances to be Issued: \_\_\_\_\_

Winning Chances will be Determined at:

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**As raffle manager of the above listed organization, I hereby swear that said organization is a not-for-profit organization and that the information contained herein is true and correct**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **City Clerk**

**Date:** \_\_\_\_\_