CITY OF DECATUR
FINANCE DEPARTMENT
#1 GARY K ANDERSON PLAZA
DECATUR IL 62523
LICENSING – (217) 424-2709

RAFFLE LICENSE REPORTING FORM

According to City Code Chapter 62 Section 8c

Organization Name_____

Address_____
Street City State Zip Code

Date of Raffle _____ Total value of all prizes awarded $_____

Gross Receipts $_____

Expenses $_____

Net Proceeds $_____

Distribution of Net Proceeds:

Date	Payee	Purpose	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____