



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

LICENSE FEE: Annual \$115  
 Individual: Based on prize value  
 \$25 for up to first \$1000  
 \$10 for each additional \$1000  
 Maximum Fee: \$115  
 Background Ck: \$40/per person on  
 application  
 Updated: 4/3/24

**RAFFLE LICENSE APPLICATION**

**Application must be submitted no fewer than 15 business days before the intended sale of raffle chances.**

Organization Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_  
Street City County State Zip Code

Mailing Address \_\_\_\_\_  
Street City County State Zip Code

Check Type of Organization:  
 Fraternal \_\_\_\_\_ Educational \_\_\_\_\_ Veterans \_\_\_\_\_ Religious \_\_\_\_\_  
 Charitable \_\_\_\_\_ Labor \_\_\_\_\_ Other/Give Description: \_\_\_\_\_

Does the organization have a membership? \_\_\_\_\_ *(Please provide membership list & governing board)*

How long has this organization been in existence? \_\_\_\_\_

Place and Date of Incorporation *(Please attach copy of the Articles of Incorporation.)*

Place Date

Time Period of Raffle Ticket Sales: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Date(s) for Determining Winners \_\_\_\_\_

Location for Determining Winners \_\_\_\_\_

Manner for Determining Winners \_\_\_\_\_

Maximum Retail Value of Each Prize Awarded in a Single Raffle \$ \_\_\_\_\_

Maximum Price Charged for Each Chance Sold \$ \_\_\_\_\_

**Individual Raffles:** Total Retail Value of All Prizes Awarded: \$ \_\_\_\_\_

**Annual Raffles:** Number of Raffles\* \_\_\_\_\_ Total Retail Value of all Prizes\$ \_\_\_\_\_

\*list required

<b>TO BE COMPLETED BY FINANCE DEPT.</b>		Individual _____ Annual _____
_____		Amount Paid \$ _____
_____		Date Paid _____
Chief of Police or Designee	Date	License Number _____
_____		License Expires _____
_____		License Issued _____
City Manager or Designee	Date	

**Please attach photo IDs for all listed on application.**

Presiding Officer:

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
                    First                    MI                    Last

Address \_\_\_\_\_  
                    Street  City  State            Zip Code

Last 4 of Social Security # XXX-XX-\_\_\_\_\_ IL Driver's License # \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth \_\_\_\_\_

Raffles Manager:

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
                    First                    MI                    Last

Address \_\_\_\_\_  
                    Street  City  State            Zip Code

Last 4 of Social Security # XXX-XX-\_\_\_\_\_ IL Driver's License # \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth \_\_\_\_\_

List names of members who will be responsible for conduct and operation of raffles (use additional page if needed): Number of members responsible: \_\_\_\_\_ **ATTACH PHOTO IDs FOR EACH LISTED**

NAME (First, MI, Last) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME (First, MI, Last) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME (First, MI, Last) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PHONE# \_\_\_\_\_

**THE UNDERSIGNED ATTEST THAT:**

*(Please initial after each)*

1. The above-named organization is organized not-for-profit under the law of the State of Illinois and has been in continuous existence for 5 years, preceding date of this application, and that during this entire 5-year period preceding date of application, it has maintained a bona fide membership actively engaged in carrying out its objects. \_\_\_\_\_
2. Applicant has received a copy of City Code Chapter 62 and agrees to abide by its provisions.
3. That the above-named organization, officers, operators and workers of the games are not ineligible for the license according to Section 6 of Chapter 62 and that said officers, operators and workers of the games are bona fide members of the sponsoring organization. \_\_\_\_\_
4. That if a license is granted hereunder, the undersigned will be responsible for the conduct of the games in accordance with the provisions of the laws of the State of Illinois and this jurisdiction governing the conduct of such games (Section 7 of Chapter 62). \_\_\_\_\_
5. Does hereby state under penalties of perjury that all statements in the foregoing application are true and correct. \_\_\_\_\_

Presiding Officer's Signature \_\_\_\_\_

Secretary's Signature \_\_\_\_\_

Name of Organization \_\_\_\_\_

Today's Date \_\_\_\_\_

**NOTES:**

1. **Bond required in amount equal to double the total prize value per City Code Chapter 62, Section 11.**
2. **Prompt reporting of gross receipts, expenses and net proceeds for each raffle to the City Finance Department per City Code Chapter 62, Section 8(c).**
3. **List of the governing board required. If organization has a membership, a list of members is also required.**

**What does the City of Decatur do with your Social Security Number?**

Statement of Purpose for Collection of Social Security Numbers  
Identity-Protection Policy

The Identity Protection Act, 5 ILCS 179/1 *et seq.*, requires each local and State government agency to draft, approve and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security number (SSN). This statement of purpose is being provided to you because you have been asked by the City to provide your SSN or because you requested a copy of this statement.

**Why do we collect your Social Security number?**

You are being asked for your SSN for one or more of the following reasons:

- Complaint, mediation or investigation;
- Crime victim compensation;
- Vendor services, such as executing contracts and/or billing;
- Law Enforcement verification;
- Internal verification;
- Administrative services; and/or,
- Other: \_\_\_\_\_

**What do we do with your Social Security number?**

We will only use your SSN for the purpose for which it was collected.

We will not:

- Sell, lease, loan, trade or rent your SSN to a third party for any purpose;
- Publicly post or publicly display your SSN;
- Print your SSN on any card required for you to access our services;
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or,
- Print your SSN on any materials that are mailed to you, unless State or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

**Questions or Complaints about this Statement of Purpose?**

Write to the: City of Decatur, #1 Gary K. Anderson Plaza, Decatur, IL 62523