



100 Parkers Mill, Oswego, IL 60543  
630-554-3259  
registration@oswegoil.org  
Website: <http://www.oswegoil.org>

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## VILLAGE OF OSWEGO RAFFLE LICENSE APPLICATION

### Application Information

- If the organization is located within a municipality, they do not need a Kendall County raffle permit
- Political organizations wanting to hold a raffle must contact the State Board of Elections

Type of Organization:

- Business     Charitable     Community Assoc.     Educational  
 Fraternal     Labor     Non-Profit     Religious  
 Veterans     Voluntary Organization

Organization Name: \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_

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

Length of time organization has been in existence: \_\_\_\_\_

Place and date of organization's charter, if applicable:

Place: \_\_\_\_\_ Date: \_\_\_\_\_

(Poker Run applicants only: If incorporated or formed less than 5 years ago and your organization is affiliated with and chartered by a national or state organization, please identify the name of that organization and its date of incorporation or formation)

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Items required (no later than 30 days prior to start of all raffle sales):

- Application fee
    - If aggregate prize value is less than \$500.00- No license required; no organization is automatically licensed without applying
    - Class A: if aggregate prize value is \$501.00 to \$5,000.00= \$5.00
    - Class B: if aggregate prize value is \$5001.00 and over= \$25.00
    - Class C: Progressive raffle license= \$25.00
  - Articles of Incorporation and/or Charter
  - Organization's raffle rules
  - Organization's IRS Letter of Determination (if applicable)
  - Fidelity Bond
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**Officer Information**

President/Chairperson's Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Secretary's Name (if applicable): \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Raffle Manager's Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Raffle Information**

Traditional       50/50       Progressive       Poker Run

Name of the Raffle: \_\_\_\_\_

Purpose of raffle/poker run: \_\_\_\_\_

**Ticket Sales:**

Date(s) of raffle ticket sales (must not exceed 365 days): \_\_\_\_\_ to \_\_\_\_\_  
(Raffle drawing must take place on or before the 365<sup>th</sup> day)

Area(s) where raffle tickets will be sold: \_\_\_\_\_

Area(s) within the Village where a poker run will be conducted: \_\_\_\_\_

Raffle ticket price: \_\_\_\_\_

Max. number of tickets to be sold: \_\_\_\_\_

**Drawing(s):**

Date(s) and time(s) of raffle drawing: \_\_\_\_\_

Location of raffle drawing(s): \_\_\_\_\_

**Progressive Raffles:**

Which day(s) of the week will the raffles be held:

Sunday     Monday     Tuesday     Wednesday     Thursday

Friday     Saturday

When will winning chances be determined: \_\_\_\_\_

\_\_\_\_\_

List of prizes to be awarded and retail value of each:

PRIZE	RETAIL VALUE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL AGGREGATE VALUE OF ALL PRIZES \$ \_\_\_\_\_

**Bond Information**

All operation of and the conduct of raffles shall be under the supervision of a single raffle manager designated by the organization. The raffle manager shall give a **fidelity bond** in the sum of the aggregate retail value of the prizes as set out on the application. The bond shall be in favor of the organization conditioned upon the raffle manager’s honesty in the performance of his duties. Terms of the bond shall provide that notice shall be given in writing to the licensing authority not less than thirty (30) days prior to its cancellation. If the retail value of the prizes exceeds fifteen thousand dollars (\$15,000), the bond shall be a **corporate surety**. The Village Clerk or designee(s) may waive this bond requirement by including a waiver provision in the license.

**Affidavit**

The undersigned does hereby attest under penalties of perjury that all statements in the foregoing application are true and correct to the best of our knowledge; that the officers, operators and workers of the raffle are bona fine members of the sponsoring organization and are all of good moral character and have not been convicted of a felony; that if a license is granted hereunder, the undersigned will be responsible for the conduct of the raffle in accordance with the provisions of the laws of the State of Illinois and the Village of Oswego. The undersigned further certify that they have read Title 3 Chapter 4 of the Village of Oswego Code, and that the organization which they represent is qualified and eligible to obtain a raffle license in the Village of Oswego according to the requirements as set forth in the State of Illinois Raffles Act and the Village of Oswego Code Title 3 Chapter 4. The audit information and Raffle Report will be returned no later than 30 business days from the conclusion of the raffle.

The undersigned also understands and agrees that failure to comply with any of the requirements of the Raffle Ordinance constitutes a violation, and that whoever violates any section of the provisions of this article is guilty of a misdemeanor and may be punished as provided in Section 3-4-7 of the Village of Oswego Code of Ordinances.

All officers must sign below:

\_\_\_\_\_

Applicant

\_\_\_\_\_

President/Chairman

\_\_\_\_\_

Secretary

\_\_\_\_\_

Raffle Manager

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

\_\_\_\_\_

\_\_\_\_\_

(Village Signature)

\_\_\_\_\_

(Date License Granted)

**Please allow 7-10 business days for processing and approval of the submitted application.**



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## VILLAGE OF OSWEGO RAFFLE REPORT

Organization Name: \_\_\_\_\_

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

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Raffle Drawing: \_\_\_\_\_

Gross Receipts	\$	
Expenses	-	\$
Net Proceeds	=	\$

Distribution of Net Proceeds		
Winner / Payee name and address	Distribution Date	Item / Amount

Treasurer's Name: \_\_\_\_\_

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

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

I declare the raffle report has been examined by me, and to the best of my knowledge, is a true, correct and complete report as required by 230 ILCS 15/8.1 of the State of Illinois Raffles Act.

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Date

**Please return** Raffle Report form within 30 business days from conclusion of raffle to:  
 Village of Oswego, Attn: Village Clerk, 100 Parkers Mill, Oswego, IL 60543

