

Application for Conducting a Raffle or Poker Run in Kendall County, IL

(Good for one raffle or poker run only)

Application for: (Check one) Raffle Poker Run

I. Background About The Applicant

Name of Organization: _____

Address: _____

Type of Organization: _____ Religious _____ Charitable _____ Fraternal _____ Business
_____ Educational _____ Labor _____ Veterans _____ Non-profit Fundraising¹

Has the applicant been in existence continuously for a period of at least five (5) years immediately before submitting this application? ___ Yes ___ No

If no, is the applicant affiliated with a national or state organization that has been in continuous existence for at least five (5) years prior to submitting this application? ___ Yes ___ No

If yes, please provide the name of the national or state organization and date of charter or incorporation: _____

Qualifying Questions:	Yes	No
a) Has the applicant been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is the applicant or has the applicant been a professional gambler or gambling promoter?	<input type="checkbox"/>	<input type="checkbox"/>
c) Is the applicant not of good moral character?	<input type="checkbox"/>	<input type="checkbox"/>
d) Is the applicant a firm or corporation in which a person defined in (a), (b), or (c) has a proprietary, equitable, or credit interest, or in which such a person is active or employed?	<input type="checkbox"/>	<input type="checkbox"/>
e) Is the applicant organization one in which a person defined in (a), (b), or (c) is to participate in the management or operation of a raffle or poker run as defined by State Law?	<input type="checkbox"/>	<input type="checkbox"/>
f) Is the applicant organization one in which a person defined in (a), (b), or (c) is an officer, director, or employee, whether compensated or not?	<input type="checkbox"/>	<input type="checkbox"/>

¹ Under the Raffle and Poker Run Act, 230 ILCS 15/2, this applies only to “non-profit fundraising organizations . . . organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardship as the result of an illness, disability, accident or disaster.” These organizations need not be in existence for five years to obtain a license.

II. Raffle or Poker Run Details

Identify when winners will be determined:

Date: _____ Time: _____

Location: _____

A. For Raffle Applicants Only:

Locations where tickets will be sold: _____

Date of ticket sales: _____ to _____

Price of each ticket _____

B. For Poker Run Applicants Only:

Identify each location where poker hands will be distributed:

Locations:	Name	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

Cost of Entry: _____ Cost of Each Poker Hand: _____

III. Fees.

The fee is determined by the aggregate prize value for the raffle or poker run. Payment must be submitted in full with the application.

Fee Schedule	
Aggregate Value	Fee
\$0- \$500	\$0.00
\$501 - \$5,000	\$10.00
\$5,001 and over	\$10.00

IV. Prizes

Please itemize every prize to be awarded and retail value of each:
(May be listed on separate sheet)

No.	Prize	Retail value of each	Total retail value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTAL AGGREGATE RETAIL VALUE OF PRIZES			\$ _____

V. Please provide the following information for the applicant:

Presiding Officer: _____

Home Address: _____

Phone: _____ Date of Birth: _____

Secretary: _____

Home Address: _____

Phone: _____ Date of Birth: _____

Raffle or Poker Run Manager: _____

Home Address: _____

Phone: _____ Date of Birth: _____

VI. Sworn Certification

By signing my name below, I certify that all of the information contained in this application is true and correct to the best of my knowledge. I further attest the not-for-profit character of the applicant set forth in this application is true and correct. I have read, understand and agree to comply with all requirements set forth in the Kendall County Raffle Ordinance, as amended. I understand that I can request a copy of the Kendall County Raffle Ordinance from the County Clerk and that it is available electronically on the Kendall County website, www.co.kendall.il.us.

Presiding Officer Signature: _____

Secretary Signature: _____

Raffle or Poker Run Manager Signature _____

Mail to: Kendall County Clerk, 111 W Fox St, Yorkville IL 60560

Make checks payable to: Kendall County Clerk

(County Clerk's office only)

License # _____

APPLICATION APPROVED:

Date

Debbie Gillette, Kendall County Clerk

Fee paid _____ Bond Rec'd _____ Final Report _____

Waiver of 5 year requirement (Poker Runs Only): Granted Denied

*Waiver of Bond: Granted Denied

*Bond will not be waived unless documentation of a unanimous vote of the members of the applicant organization to waive the bond is attached hereto.