



# DeKalb County Raffle / Poker Run Application

Please print all information requested to apply for a raffle or poker run license for an event to be held outside the limits of a municipality or for an event within the corporate limits of a municipality that is party to an intergovernmental cooperation agreement with DeKalb County. Application must include payment and be submitted at least five (5) days prior to conducting a raffle or poker run and prior to selling chances for a raffle.

**Organization Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_  
*Street, City, State, Zip*

**Organization Type:** \_\_\_ Business \_\_\_ Charitable \_\_\_ Educational \_\_\_ Fraternal \_\_\_ Labor \_\_\_ Law Enforcement  
\_\_\_ Religious \_\_\_ Veterans \_\_\_ Hardship Situation \_\_\_ Other

*Please provide explanation for hardship or "other" situation:* \_\_\_\_\_

**Documentation Attached:** \_\_\_ Constitution / By-Laws \_\_\_ 501(c)(3) Letter Other: \_\_\_\_\_

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

**Name of raffle/poker run manager:** \_\_\_\_\_

**Manager Address:** \_\_\_\_\_  
*Street, City, State, Zip*

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**License type requested:** \_\_\_ Class A - General Raffle (\$10 Fee) All drawings must occur the same day and at the same location  
\_\_\_ Class B - Multiple Drawing (\$10 Fee) Up to 4 raffles can be conducted within a 12-month period  
\_\_\_ Class C - Hardship Raffle (\$10 Fee) Financial assistance due to injury, disability, accident or disaster  
\_\_\_ Class D - Twelve-Month License (\$50 Fee) 5 or more raffles within a 12-month period  
\_\_\_ Class E - Poker Run License (\$10 Fee)  
\_\_\_ Adding event/activity to unexpired Class B or Class D License #: \_\_\_\_\_

*\*Please refer to Section V of the DeKalb County Raffle and Poker Run Ordinance for prize value limitations.*

**Maximum price charged for each chance sold / entrance fee:** \$ \_\_\_\_\_ (Not to exceed \$250.00)

**Maximum number of raffle chances to be sold / number of participants:** \_\_\_\_\_ Check here if indefinite:

**Aggregate retail value of all prizes / merchandise awarded in a single raffle/poker run:** \$ \_\_\_\_\_

**Total retail value of all prizes / merchandise awarded during license period:** \$ \_\_\_\_\_

Maximum retail value of each prize awarded:

Item \_\_\_\_\_ Value \$ \_\_\_\_\_

Item \_\_\_\_\_ Value \$ \_\_\_\_\_

Item \_\_\_\_\_ Value \$ \_\_\_\_\_

If additional space is needed, please attach separate sheet and check this box:

**Additional Information Required for Raffle**

Key Location: \_\_\_\_\_  
(Address where winning chances are determined) Street, City, Zip

Raffle Description & Purpose: \_\_\_\_\_

Date(s) & Time of Ticket Sales: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm  
Date Date

Location(s) / City(s) in which tickets will be sold: \_\_\_\_\_

Date & Time of determination of winning chances: \_\_\_\_\_ am/pm, \_\_\_\_\_ am/pm, \_\_\_\_\_ am/pm  
Date

If there are multiple raffle dates or if additional space is needed, please attach separate sheet and check this box:

**Additional Information Required for Poker Run**

Run Date & Start Time: \_\_\_\_\_

Date & Time Winner(s) Determined : \_\_\_\_\_

Event Description & Purpose: \_\_\_\_\_

Stop #1: \_\_\_\_\_  
Location Name, Street, City, Zip

Stop #2: \_\_\_\_\_  
Location Name, Street, City, Zip

Stop #3: \_\_\_\_\_  
Location Name, Street, City, Zip

\*Stop #4: \_\_\_\_\_  
Location Name, Street, City, Zip

Key Location: \_\_\_\_\_  
(Address where run concludes and prizes are awarded) Street, City, Zip

\*All stops must be listed. If additional space is needed, please attach separate sheet and check this box:

**A Fidelity Bond** must be given by the raffle manager and the bond must be submitted with the Raffle Application. **A Corporate Surety Bond** is required if the total retail value of all prizes / merchandise awarded is **\$5,000** or more. Organizations may request a bond waiver, per the requirements outlined in the DeKalb County Raffle & Poker Run Ordinance.

**Bond Status:** \_\_\_ Completed Below \_\_\_ Attached \_\_\_ Requesting Waiver\*

\*Requires an affirmative vote in support of waiver by members of the organization or governing board conducting the raffle. Date of affirmative vote: \_\_\_\_\_

<b>Fidelity Bond for Raffle Manager</b> (To be used when the aggregate value of prizes is less than \$5,000)		
_____ being of legal age, has been appointed Raffle Manager for the raffle(s) to be conducted		
Raffle Manager		
on the following date(s): _____.		
I, _____	am held and bound to _____	
Raffle Manager	Organization Name	
in the sum of \$_____, which is equal to the aggregate retail value of all prizes to be awarded in the raffle(s) conducted on the above referenced date(s).		
The Raffle Manager agrees to pay said Organization the total sum of money equal to the aggregate retail value of all prizes in the event of a loss or theft. This bond shall remain in full force until the Raffle Manager has successfully performed and completed all the duties required of him/her as Raffle Manager. Notice shall be given in writing to the DeKalb County Clerk not less than 30 days prior to cancellation of the bond.		
_____	_____	_____
Raffle Manager Name – Print or Type	Raffle Manager Signature	Date
_____		
Raffle Manager Address – City, State, Zip		
<b>State of Illinois</b>		
<b>County of DeKalb</b>		
I, _____, a Notary Public in and for the State of Illinois, County of DeKalb, do hereby certify that the person whose name is subscribed to the foregoing instrument, appeared before me this _____ day of _____, in the year of _____, and that said person acknowledged that they have read and signed said instrument, and that each of the statements contained herein are true.		
(Notary Seal)	_____	
	Notary Public Signature	

**Attestation:**

The undersigned attest that the aforementioned organization operates without profit to their members and has been in existence continuously for a period of five (5) years or more as of the date of this application and has, during that entire five (5) year period, been engaged in carrying out their objectives and is considered not-for-profit under the laws of the State of Illinois or is an organization requesting approval for license by the DeKalb County Clerk that is organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardship as a result of an illness, disability, accident or disaster, or is a law enforcement agency or association that represents law enforcement officials and has met the requirements of an organization as set forth by the County Board of DeKalb County in Chapter 7 of the County's Ordinances to conduct a raffle or poker run within the corporate boundaries of DeKalb County.

The undersigned hereby state under penalty of perjury that all statements in the foregoing application are true and correct and that the officers, operators, and workers of the games and bona fide members of the sponsoring organization are all of good moral character, have not been convicted of a felony that would impair the person's ability to engage in the licensed position and meet the requirements as set forth by the State of Illinois and DeKalb County to the best of our understanding.

The undersigned also acknowledge that if a raffle / poker run license is granted, the undersigned will be responsible for the conduct of the games in accordance with the laws of the State of Illinois and the DeKalb County Raffle / Poker Run Ordinance.

\_\_\_\_\_  
**Presiding Officer** (Signature)                      **Date**                      **Presiding Officer** (Printed Name)

\_\_\_\_\_  
**Address – Street, City, State, Zip**

\_\_\_\_\_  
**Phone**    **E-mail**

\_\_\_\_\_  
**Secretary** (Signature)                      **Date**                      **Secretary** (Printed Name)

\_\_\_\_\_  
**Address – Street, City, State, Zip**

\_\_\_\_\_  
**Phone**    **E-mail**

**License will be sent to the organization's mailing address. If electronic mail or fax preferred, please provide email / fax number here:** \_\_\_\_\_

Organizations shall submit applications to the County Clerk's Office located at the County Administrative Building – 110 East Sycamore Street, Sycamore, IL 60178. Applications may be submitted by mail or by electronic mail to [countyclerk@dekalbcounty.org](mailto:countyclerk@dekalbcounty.org), or by facsimile to 815.895.7148.

Please note that it is the responsibility of the applicant to ensure proper transmission of this document.

Revised 6/2/2022

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FOR OFFICE USE ONLY

**DATE APPROVED:** \_\_\_\_\_ **Fee amt. received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Class:** \_\_\_\_\_

\_\_\_\_\_ **DENIED** Reason for denial: \_\_\_\_\_