



DeKalb County Raffle / Poker Run Application

Application must be submitted at least five (5) days prior to conducting a raffle or poker run and prior to selling chances for a raffle. The fee for all license classes is \$0.

Application Date: _____ Event Type: ___ *Raffle* ___ *Poker Run*

Contact Name: _____ Email: _____

Organization Name: _____ Phone: _____

Organization Address: _____
Street, City, State, Zip

Organization Type: ___ Business ___ Religious ___ Charitable ___ Labor ___ Fraternal ___ Educational

___ Veterans ___ Hardship Situation (*please provide explanation*): _____

Documentation Attached: ___ Constitution ___ By-Laws ___ Other: _____

Length of time organization has been in existence: _____

Number of members in good standing: _____

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: \$ _____
(Same as above if only one raffle/poker run)

Maximum retail value of each prize awarded:

Item _____ Value \$ _____

Item _____ Value \$ _____

Item _____ Value \$ _____

Item _____ Value \$ _____

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

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 number of chances to be sold*

Additional Information Required for Raffle

Event Address (Raffle Drawing Location): _____
Street, City, State, Zip

Event Description: _____
(e.g. 50/50, Prize Drawing, etc.)

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

Please note: It is unlawful to sell, offer for sale, convey, issue or otherwise transfer for value, tickets or a chance on a raffle unless conducted pursuant to terms outlined on a raffle license issued by the County of DeKalb.

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

Date & Time of Raffle Drawing(s): _____ 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 : _____

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

Last Stop ("**Key Location**"): _____
Location Name, 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 obtained by an organization conducting a raffle or poker run and the bond must be submitted with each Raffle / Poker Run Application. A Personal Surety Bond may be obtained in lieu of a Fidelity Bond by an organization conducting a raffle or poker run in which the total retail value of all prizes / merchandise awarded is less than \$5,000. 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 unanimous vote in support of waiver by members of the organization conducting the raffle or poker run. Please provide date of unanimous vote: _____

<h3>Personal Surety Bond</h3> <p>(To be used when the aggregate value of prizes is less than \$5,000)</p>		
<p>_____ being of legal age, has been appointed Raffle / Poker Run Manager for the raffle / poker Raffle / Poker Run Manager</p>		
<p>run to be conducted on _____, 20_____.</p>		
<p>I, _____ am held and bound to _____ Raffle / Poker Run Manager Organization Name</p>		
<p>in the sum of \$_____, which is equal to the aggregate retail value of all prizes to be awarded in the raffle / poker run conducted on the above referenced date.</p>		
<p>The Raffle / Poker Run 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 / Poker Run Manager has successfully performed and completed all the duties required of him/her as Raffle / Poker Run Manager. Notice shall be given in writing to the DeKalb County Clerk not less than 30 days prior to cancellation of the bond.</p>		
<p>_____</p> <p>Raffle / Poker Run Manager Name – Print or Type</p>	<p>_____</p> <p>Raffle / Poker Run Manager Signature</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Raffle / Poker Run Manager Address – City, State, Zip</p>		
<p>State of Illinois County of DeKalb</p>		
<p>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 the _____ 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.</p>		
<p>(Notary Seal)</p>	<p>_____</p> <p>Notary Public Signature</p>	

Attestation:

The undersigned attest that the aforementioned organization is considered not-for-profit under the laws of the State of Illinois and has met the requirements of an organization as set forth by the State of Illinois and 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 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.

Raffle / Poker Run Manager (Signature)

Raffle / Poker Run Manager (Printed Name)

Address – Street, City, State, Zip

Telephone

E-mail

Applicant 2 / Officer (Signature)

Applicant 2 / Officer (Printed Name)

Applicant 2 / Officer - Title

Address – Street, City, State, Zip

Telephone

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, 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 10/20/2016

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FOR OFFICE USE ONLY

___ **APPROVED** License #: _____ Type: _____

___ **DENIED** Reason for denial: _____