



915 16TH AVENUE, EAST MOLINE, IL 61244
RAFFLE LICENSE APPLICATION
DEPOSIT TO: 30, 3006

DATE OF APPLICATION: _____

WE, THE UNDERSIGNED, DO HEREBY CERTIFY THAT _____ IS
A NON-PROFIT ORGANIZATION, LOCATED AT: _____,
AND HAS BEEN IN EXISTENCE FOR NO LESS THAN FIVE (5) YEARS.

AREAS WITHIN THE CITY THAT RAFFLE CHANCES ARE TO BE SOLD:

DATES OF RAFFLE

START: _____ END: _____

WHERE WILL WINNING CHANCES BE DETERMINED, AND WHEN?

LOCATION: _____

DATE: _____ TIME: _____

PRESIDENT OF ORGANIZATION: _____

SECRETARY OF ORGANIZATION: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE NUMBER: _____

APPLICANT'S SIGNATURE

APPROVED BY: _____

Wanda Roberts-Bontz, CITY CLERK

**\$1.00 FEE SHALL BE PAID TO THE FINANCE OFFICE OF EAST MOLINE, ILLINOIS, THIRTY (30) DAYS PRIOR TO
BEGINNING RAFFLE.**