



915 16<sup>TH</sup> AVENUE, EAST MOLINE, IL 61244  
**RAFFLE LICENSE APPLICATION**

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.**