

Visitors' Business:
Raffle License Application:
(Electronic)



VILLAGE OF
LONG GROVE

Application for License to Conduct Raffles

1. Name of Organization: Long Grove Fire Dept.
Address: 1165 Old McHenry Rd
Long Grove IL 60047
2. Organization Representative: Marc Small
3. Telephone Number of Representative: 847-634-3143
4. Type of Organization
 Religious Charitable Labor Educational
 Business Fraternal Veterans Governmental

5. Date and location in which raffle chances will be sold and raffle drawing will occur:
- | | <u>Raffle Date</u> | <u>Raffle Location</u> | <u>Drawing Date</u> | <u>Drawing Location</u> |
|----|--------------------|-------------------------|---------------------|----------------------------|
| 1. | <u>4-10-10</u> | <u>1165 Old McHenry</u> | <u>4-10-10</u> | <u>1165 Old McHenry Rd</u> |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

6. Please answer the following yes or no questions:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| a. Has the organization been in existence longer than 5 years? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Does the aggregate retail value of prizes exceed \$100,000? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Does the maximum retail value of each prize exceed \$50,000? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Will the maximum price of a raffle ticket exceed \$500? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Will you be seeking a waiver of the \$25 license fee because all proceeds will go to charity? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other reasons explain: _____ | | |
| f. Is the person conducting the raffle bonded by a \$10,000 bond? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Are you seeking a waiver of the raffle manager bond requirement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

The undersigned affirms that he/she is an authorized representative of the sponsor organization, that the statements made herein are true and correct to the best of his/her knowledge; and that he/she will be responsible for the conduct of the raffle in accordance with the provisions of the laws of the State of Illinois and the Village of Long Grove governing the conduct of raffles.

[Signature] [Signature] 4-10-10 [Signature] [Signature] 4-10-10
 Signature of Organization Officer Date Signature of Secretary Date

Approved by the Village of Long Grove:

 Signature of Village President Date Signature of Village Clerk Date