County of McLean Raffle Application

File Stamp (for office use only)
Fee:

This application is hereby made to operate a raffle under the regulations of the McLean County Code and the Illinois Raffles Act.

This application is to be filed with the **Office of the County Administrator**, online or in-person at McLean County Government Center, 115 E. Washington St., Room 401, Bloomington, IL 61701. Applications must be accompanied by the appropriate license fee and the bond, if required. The licensing fee can be paid in the form of exact cash, check, money order, or credit/debit (Visa, American Express, Discover, or Mastercard). **Checks should be made payable to the McLean County Treasurer.**

Class A and B raffle applications should be submitted **at least 1 week prior to the sale of tickets**. **Class C and D** raffle applications should be submitted **at least 30 days prior to the sale of tickets**.

Applicant

Legal Name of Organization _____

Organization's Mailing Address _____

_____

Organization's Phone Number _____

Organization's Email (Optional) _____

This organization was established in _____
(Year)

Please select which box that describes your organization (Check one only)

☐ This organization
- operates without profit to their members; and
- has been in existence continuously for a period of (at least) 5 years immediately before making this application; and
- has had a bona fide membership engaged in carrying out their objectives during that entire 5-year period

Type of Organization (Check one only)

☐ Charitable ☐ Veterans

☐ Educational ☐ Labor

☐ Religious ☐ Business

☐ Fraternal

OR

☐ This organization
- is a non-profit fundraising organization; and
- is organized for the sole purpose of providing financial assistance to an identified individual or group of individuals suffering extreme financial hardship as the result of an illness, disability, accident or disaster

Reason for Providing Financial/Hardship Assistance (*Check one only*)

☐ Disability ☐ Accident

☐ Illness ☐ Disaster

Designated Raffle Manager

The raffle shall be operated and conducted under the supervision of a single raffle manager as designated by the organization.

Raffle Manager's Name _____

Mailing Address _____

_____

Phone Number _____

Email (Optional) _____

Please check the preferred method(s) for sending the license upon approval.

Digital copies can be sent to multiple parties. Printed copies can be sent to up to two different addresses.

☐ Organization Mailing Address ☐ Raffle Manager Address

☐ Organization Email ☐ Raffle Manager Email

☐ Other: _____

Sworn Statement Attesting to the Not-for-Profit Character of the Applicant

We, _____ the presiding officer
(Print Name, Presiding Officer)

and _____ the secretary of the
(Print Name, Secretary)

_____
(Exact name of the applicant organization)

hereby attest that the aforesaid organization is a non-profit organization as defined in the McLean County Code, that we are familiar with the McLean County and State of Illinois regulations regarding raffles for which this application is made and will be operated in accordance with all the provisions thereof, and that the organization is eligible for a license under the McLean County Code and State of Illinois law. We further attest that all statements and answers to questions in this application are made in full and are true and correct in every respect.

_____ Date _____
Signature of Presiding Officer

_____ Date _____
Signature of Secretary

Raffle Details

The price charged for each raffle ticket will be $ _____

The time period (one year maximum) during which raffle tickets will be sold will be

_____

(Date in the form of Month Day, Year – Month, Day, Year, both inclusive)

The drawing(s) for the winner(s) will be held on (must be within a year of the start of the sale of tickets, as listed above)

_____

(Date(s) in the form of Month, Day, Year)

at _____

(Exact Location of drawing(s))

List Value of All Prizes to Be Awarded

Note: 50/50 raffles should list the cash value that is anticipated to be given to the winner (may be a range or an approximate amount).

Prize	Retail Value
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
Total Retail Value of All Prizes:	$ _____

(Attach separate page if necessary to list all prizes.)

The area (cities, towns, online, etc.) in which raffle tickets will be sold in McLean County:

_____

_____

License Requested (check one)

Class	Retail Value of Prize(s) Limit	Maximum Ticket Price	Licensing Fee
☐ **Class A**	$0 - $100	$5	Free
☐ **Class A**	$101 - $1,000	$5	$10
☐ **Class B**	$1,001 - $20,000	$100	$25
☐ **Class C**	$20,001 - $50,000	$300	$50
☐ **Class C**	$50,001 - $100,000	$300	$100
☐ **Class C**	$100,001 - $150,000	$300	$150
☐ **Class C**	$150,001 - $200,000	$300	$200
☐ **Class D**	$200,001 - $300,000	$300 (# of chances cannot exceed 3000)	$500

Raffle Bond (check one)

☐ Fidelity Bond, **required for all Class B, C, and D, applications**, in the amount of $ _____ (equal or more than total prize value) attached as required in Section 257-32(A) of the McLean County Code.

☐ Waiver of bond requested. Available for **Class A Raffles Only!** (Fill out sworn statement attached, attesting to the unanimous vote of the members as required in Section 257-32(B) of the McLean County Code.)

Request for Waiver of Raffle Manager's Bond (Class A Raffles Only)

The _____

(Exact name of applicant organization)

hereby requests that the County of McLean waive the requirement for the Raffle Manager's Bond in connection with the raffle for which the attached application is made. We, the undersigned Presiding Officer and Secretary of the aforesaid organization, have requested such a waiver from our organization and we do hereby attest to the fact that, by unanimous vote the members of said organization have agreed to such waiver.

_____ Date _____

Signature of Presiding Officer

_____ Date _____

Signature of Secretary

Fidelity Bond

A Fidelity Bond is **required for all Class B, C, and D applications**.

Use this form or have a Raffle Bond issued by a licensed bond issuer. In either case, the Bond must be attached to the application upon submission.

We _____ , the Raffle Manager as principal, and
(Print Name, Raffle Manager)

_____ and _____ as sureties,
(Print Name, Surety 1) (Print Name, Surety 2)

are held and firmly bound to _____
(Organization Conducting Raffle)

in the sum of $ _____ , lawful money of the United States, a sum **equal to or more than**
(equal or greater than the total retail value of prizes)

the total retail value of all prizes to be awarded in said raffle and we bind ourselves, our heirs, executors, and administrators to pay said Organization the total sum of money in the event of loss or theft.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT, if _____ ,
(Print Name, Raffle Manager)

the principal/Raffle Manager as designated by _____ ,
(Organization Conducting Raffle)

honestly performs the duties of raffle manager, and faithfully observes the provisions of the McLean County Code and all laws of the State of Illinois and the United States of America applying to raffles to the best of their skill and ability, then the conditions of this bond shall be met and this obligation shall be null and void; otherwise it shall remain in full force and effect.

Notice shall be given in writing to the County of McLean not less than thirty (30) days prior in the event of a cancellation or revocation of this bond.

In witness, the principal and sureties have executed this instrument on this _____ day of

_____ , 20 _____ .

By: _____ (Raffle Manager Signature)

By: _____ (Surety Signature)

By: _____ (Surety Signature)