

3. Presiding Officer

Address (Street, City, State) _____
Phone _____
E-Mail Address _____

Raffle Manager

Address _____
Phone _____
E-Mail Address _____
Relationship with organization _____

I (we), the undersigned person(s), certify that this organization is non-for-profit; it has been in existence continuously for at least the past five years; it has maintained a bona fide membership engaged in carrying out its objectives; its officers, operators, and workers at the raffle are bona fide members of the organization and are of good moral character. I further certify that all the information provided in this application is true, to the best of my knowledge. I further certify that I have read, understand, and agree to all terms and conditions set forth by Article III (Raffles) of the Adams County, IL., Code of Ordinances. I (we) further understand that any violations of Article III of the Adams County, IL., Code of Ordinances shall revoke all future raffle permitting applications submitted before the County of Adams, State of Illinois.

4. All Officers must sign below:

Presiding Officer Signature _____ Date _____
Printed Name _____

Additional Officer(s) _____ Date _____
Printed Name _____

Raffle Manager Signature _____ Date _____
Printed Name _____

*Form and Policy Adopted by the Adams County Board on May 9, 2023
Resolution 2023-05-001-014*

Return application to: **Adams County Clerk**
507 Vermont St.
Quincy, IL 62301
countyclerk@adamscountyil.gov

OFFICE USE ONLY BELOW

Date Reviewed: _____
Approved By: _____
Date Approved: _____