

APPLICATION FOR CONDUCTING A RAFFLE IN THE COUNTY OF ADAMS, STATE OF ILLINOIS www.adamscountyil.gov | 507 Vermont St. Quincy, IL. 62301 | (217) 277-2150

	(Street, City, State)				
Type of (Organization:	□ Fraternal	1	□ Labor	
		□ Fraternar			
				_ votoruno	
	Date w	nen this group was ord	anized:		
If chartere	ed, or incorporated, date ar	d place where papers	issued:		
	Purpos	e of the proceeds of th	e raffle:		
		ate(s) of prior request	s if any:		
2. Date wh	en raffle winners will be o		•	rawings, each date shall be listed – use addi sheet, if ne	
		I ocation:			
	Area or areas where tick	ets will be sold:			
				Ticket Price	
Date of tick	et sales	to	Т	icket Price	
*Pursuant to the	tet sales e Adams County Code of Ordinan to be awarded and retail v	to ces, no license shall be issu	Т	icket Price s a <u>calendar</u> quarter.	
Pursuant to the	ket sales e Adams County Code of Ordinan	toto ces, no license shall be issu ralue of each. Value of E	Ted that exceeds	icket Price s a <u>calendar</u> quarter. Total Value	
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3. Presiding Officer		
Address (Street, City, State		
Phon E-Mail Addres		
E-Mail Addres	5	
Raffle Manager		
Addres		
Phon E-Mail Addres		
Relationship with organizatio		
readenting war organization	n	
continuously for at least the passout its objectives; its officers, open and are of good moral characte to the best of my knowledge. conditions set forth by Article and understand that any violations	n(s), certify that this organization is non-for-profit, st five years; it has maintained a bona fide member erators, and workers at the raffle are bona fide meer. I further certify that all the information provided I further certify that I have read, understand, ar III (Raffles) of the Adams County, IL., Code of Of Article III of the Adams County, IL., Code of Of ons submitted before the County of Adams, State	ership engaged in carrying embers of the organization I in this application is true, and agree to all terms and Ordinances. I (we) further ordinances shall revoke all
4. All Officers must sign below	ow:	
Presiding Officer Signature		Data
Printed Name		Date
Additional Officer(s)		Data
Printed Name		Date
Raffle Manager Signature		
		Date
Trinted Name		
	Form and Policy Adopted by the Adam	s 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:		
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