

**VILLAGE OF DURAND
RAFFLE LICENSE APPLICATION**

I	REQUESTING ORGANIZATION			
II	DATE OF SALE <i>(not to exceed 120 days)</i>	From:		
		To:		
III	PRIZES AWARDED	PRIZE	VALUE	
		1		
		2		
		3		
		4		
IV	COST OF RAFFLE CHANCE <i>(not to exceed \$100.00 each)</i>			
V	DATE RAFFLE WINNER DETERMINED			
VI	TIME RAFFLE WINNER DETERMINED			
VII	LOCATION RAFFLE WINNER DETERMINED			
VIII	RAFFLE MANAGER			
IX	BOND: (Indicate A or B) A. Amount of Bond Provided B. Waiver of Bond Requirement Requested by Unanimous Vote or applicant			

I hereby certify that the above information is correct and that this Raffle is operated solely by _____, which is a not for profit entity.
(Name of Sponsor/Organization)

(Authorized Signature)

(Date)

(Phone Number)

Mailing Address for Response Letter: _____

****NOTE: Applications must be submitted at least one (1) month BEFORE Raffle start date to the Village of Durand: Box 166, Durand, IL 61024, fax: 815-248-2032, or email: durandadmin@mchsi.com.**

*****For Office Use Only*****

REQUEST PRESENTED TO BOARD OF TRUSTEES ON DATE: _____

Vote: Yea _____ Nay _____ Absent _____. Raffle Request -- Approved ___ Denied ___