

**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 and APPROVED, BEFORE Raffle start date, to the Village of Durand: Box 166, Durand, IL 61024, fax: 815-248-2032, or email: admin@villageofdurand.com. Please call 1-815-248-2606 with any questions.**

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

REQUEST PRESENTED TO BOARD OF TRUSTEES ON DATE: \_\_\_\_\_

Vote: Yea \_\_\_\_\_ Nay \_\_\_\_\_ Absent \_\_\_\_\_ Raffle Request -- Approved \_\_\_\_\_ Denied \_\_\_\_\_