Village Of Durand
Class B Raffle Application

Requesting Organization _____ Date Established: _____
Raffle Start Date _____ End Date _____

Description of Raffle
Name of Raffle _____

Aggregate Value of Prizes $_____
Cost of Raffle Chance (not to exceed $1.00) $ _____
Day of Raffle _____
Time of Raffle _____
Location of Raffle _____
Raffle Manager _____
Bond Amount Provided $ _____
(Bond must match Aggregate Value)

I hereby certify that the above information is correct and this raffle is operated solely by _____, which is a not-for-profit entity.
(Name of charitable organization)

Authorized Signature _____ Date _____
Phone _____ Address _____

Note: Applications must be submitted at least one (1) month BEFORE Raffle start date to the Village of Durand: 308 W. Main Street, Durand, IL 61024 or email admin@villageofdurand.com and include a check payable to the Village of Durand for the $50 Raffle Fee and Bond Requirement Information. If the non-profit has existed for 1 year or less, by-laws and support documents are required.

********** ********** for office use only **********
Request Presented to Board of Trustees on Date _____
Vote: Yea _____ Nay ____ Absent _____
Raffle Request: Approved ___ Denied ___

Please attach a copy of the signed and executed Bond