

Rock Island County
Raffle License Application Packet

Applicants please take note:

1. The sale or issuance of raffle chances may be conducted within the following territory of Rock Island County, Illinois

“All unincorporated areas of Rock Island County.”

Please list the specific area(s) in which raffle chances will be sold, or issued, under OPERATION OF RAFFLE on Page 1 of the Application Form.

2. No Class B, C or D licenses will be issued until the applying organization's raffle manager has first obtained a fidelity bond pursuant to Section 1-21-7 of the Ordinance.
3. Be advised that on June 15, 2010, the Rock Island County Board established the following fees:

1-21-5.5 **Filing Fees for Class A** licenses shall be

- A. FREE if the aggregate retail value of all prizes or merchandise to be awarded does not exceed \$100.00;
- B. \$10.00 if the aggregate retail value of all prizes or merchandise to be awarded is \$101.00 but does not exceed \$1,000.00.

1-21-5.6 **Filing Fees for Class B** licenses shall be

- A. \$25.00 if the aggregate retail value of all prizes or merchandise to be awarded is \$1,001.00 but does not exceed \$20,000.00.

1-21-5.7 **Filing Fees for Class C** licenses shall be

- A. \$50.00 if the aggregate retail value of all prizes or merchandise to be awarded is \$20,001.00 but does not exceed \$50,000.00;
- B. \$100.00 if the aggregate retail value of all prizes or merchandise to be awarded is \$50,001.00 but does not exceed \$100,000.00;
- C. \$150.00 if the aggregate retail value of all prizes or merchandise to be awarded is \$100,001.00 but does not exceed \$150,000.00;
- D. \$200.00 if the aggregate retail value of all prizes or merchandise to be awarded is \$150,001.00 but does not exceed \$200,000.00

1-21-5.8 **Filing Fees for Class D** licenses shall be \$500.00

4. Be advised that all applications for Class C and Class D raffle licenses must be approved by a Rock Island County Board Committee that meets only once a month. It is recommended that your application be submitted to the County Board Office at least thirty (30) days in advance of your raffle, so that it may be timely placed on the Committee agenda. **Checks or Money Orders should be made out to the Rock Island County Treasurer.** If you have any questions, please call the County Board Office at 309-558-3605.

5. Please return the completed raffle license application to:

Rock Island County Board Office
1504 Third Avenue
Rock Island, IL 61201

RAFFLE LICENSES MUST BE SUBMITTED 10 BUSINESS DAYS PRIOR TO RAFFLE DATE

FILE STAMP

FEE:

APPLICATION FOR A LICENSE TO OPERATE A RAFFLE ROCK ISLAND COUNTY

Application is hereby made to operate a raffle under the regulations of the Rock Island County Ordinance to License and Regulate Raffles.

License Requested:

- ☐ **Class A**
- ☐ **Class B**
- ☐ **Class C**
- ☐ **Class D**

APPLICANT

Name of Organization: _____

Mailing Address: _____

Telephone Number: _____

This organization was established _____ and has been in existence continuously since that time with a bonafide membership engaged in carrying out its objectives.
(Section 1-21-4.5)

DESIGNATED RAFFLE MANAGER

Name: _____

Mailing Address: _____

Telephone Number: _____

RAFFLE MANAGER'S BOND (Check One)

- ☐ Fidelity Bond in the amount of \$_____ attached as required in Section 1-21-7.1
- ☐ Waiver of Bond requested. **(Class A Raffles Only!** Attach sworn statement attesting to the unanimous vote of the members as required in Section 1-21-7.2)

OPERATION OF RAFFLE

The area in which raffle chances will be sold or issued within the territory of Rock Island County which is under the jurisdiction of the Ordinance as of this date will be:

(List the unincorporated areas of Rock Island County and/or the name of any incorporated city, town or village in which raffle chances are proposed to be sold or issued. Separate license may be needed to sell raffle in incorporated city, town or village.)

The time period during which raffle chances will be sold or issued will be:

From _____, 20____ through _____, 20____, both inclusive.
(One year maximum.)

The determination of the winning chances will be held on _____,
20____, at _____

_____.

LIST OF ALL PRIZES OR MERCHANDISE TO BE AWARDED

Prize or Merchandise	Retail Value
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Aggregate Retail Value or All Prizes or Merchandise (Attach separate page if necessary to list all prizes or merchandise)	\$

We, _____ the presiding officer

And _____ the secretary of the

_____, being duly sworn, hereby

(Exact name of applicant Organization)

attest that the aforesaid organization is a non-profit (Check one only; see Sections 1-21-2 and 1-21-4.5 of Ordinance for definitions.)

☐ Charitable

☐ Religious

☐ Veterans

☐ Business

☐ Educational

☐ Fraternal

☐ Labor

☐ Hardship

Organization as defined in the Rock Island County Ordinance to License and Regulate Raffles; that we have received a copy of such Ordinance and that the raffle for which this application is made will be operated in accordance with all the provisions thereof; and that the organization is eligible for a license under Section 1-21-4.7 of said Ordinance. We further attest that all statements and answers to questions in the foregoing application are made in full and are true and correct in every respect.

Date _____

Signature, Presiding Officer

Date _____

Signature, Secretary

Subscribed and sworn to before me, this _____ day of _____, 20 _____

Notary Public

This application is to be filed with the Rock Island County Board Office, accompanied by the appropriate license fee and bond, if any, as set forth in Sections 1-21-5 and 1-21-7 of the Ordinance. Checks should be made payable to the **Rock Island County Treasurer.**

(Attachment to **CLASS A** Raffle License Application Only)

REQUEST FOR WAIVER OF RAFFLE MANAGER'S BOND

The _____, hereby
(Exact Name of Applicant Organization)

requests that the County of Rock Island waive the requirement for the Raffle Manager's Bond in connection with the raffle for which the attached application is made. We, the undersigned, being the Presiding Officer and the Secretary of the aforesaid organization, do hereby attest to the fact that, by unanimous vote, the members of said organization have requested and agreed to such waiver.

Presiding Officer

Date _____

Secretary

Date _____

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

Note: Bonds for Class B, Class C and Class D raffles cannot be waived.

FIDELITY BOND

KNOW ALL MEN BY THESE PRESENTS, that we _____, the Raffle Manager as Principal and _____ and _____ as sureties, held and firmly bound to _____ (organization conducting raffle) in the sum of \$_____, lawful money of the United States, a sum equal to the aggregate retail value of all prizes or merchandise to be awarded in said raffle, for the payment of which, well and truly to be made, we do bind ourselves, and each of us, our heirs, executors and administrators, and each of them, jointly, severally, and firmly by these presents.

Signed with our hands and sealed with our seals, this _____ day of _____, A.D., 20_____.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT, whereas, the said principal, _____, has been duly designated as Raffle Manager by _____, (organization conducting raffle), in the County of Rock Island, State of Illinois.

NOW, THEREFORE, IF _____, the said principal and Raffle Manager, abides by the condition of this Fidelity Bond, honestly performs the duties of raffle manager, and faithfully observes the provisions of the Rock Island County Ordinance to License and Regulate Raffles, section 1-21-1 et seq., and all laws of the State of Illinois and the United States of America applying to raffles to the best of his skill and ability, then this obligation shall be null and void; otherwise it shall remain in full force and effect. Notice shall be given in writing to the County of Rock Island not less than thirty (30) days prior to the cancelation of this bond.

(OVER)

In witness, the principal and sureties have executed this instrument on this _____ day of _____, 20____.

By: _____ Raffle Manager

By: _____ Surety

By: _____ Surety

STATE OF ILLINOIS)

)

COUNTY OF ROCK ISLAND)

I, _____, Notary Public in and for the
County and State, do hereby certify that _____
(name of Raffle Manager) and

(name of the two sureties) who are each personally known to me to be the
same persons whose names are subscribed to in the foregoing document,
appeared before me this day in person and acknowledged that they signed,
sealed and delivered said instrument as their free and voluntary act, for the uses
and purposes as therein set forth.

Given under my hand and seal, this _____ day of
_____, A.D., 20_____.

Notary Public