



**POKER RUN LICENSE APPLICATION**  
IN THE CITY OF CARLYLE, CLINTON COUNTY, ILLINOIS

**APPLICATION INFORMATION**

- Type of Organization:**
- |   |  |
|---|--|
| <input type="checkbox"/> <b>Business</b>    | <input type="checkbox"/> <b>Charitable</b> |
| <input type="checkbox"/> <b>Educational</b> | <input type="checkbox"/> <b>Labor</b>      |
| <input type="checkbox"/> <b>Non-profit</b>  | <input type="checkbox"/> <b>Veterans</b>   |
| <input type="checkbox"/> <b>Fraternal</b>   |  |
| <input type="checkbox"/> <b>Religious</b>   |  |

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Length of time organization has been in existence: \_\_\_\_\_

Place and date of organization's charter, if applicable:

Place: \_\_\_\_\_ Date: \_\_\_\_\_

**Items required (no later than 30 days prior to the start of all poker runs):**

- Application fee of \$25.00 *Date Paid:* \_\_\_\_\_
- Articles of Incorporation and/or Charter
- Organization's Poker Run Rules
- Organization's IRS Letter of Determination (if applicable, please provide a copy of your tax-exempt letter)
- Fidelity Bond (if waived, please provide a copy of your organizations minutes where it was voted on)

**OFFICER INFORMATION**

President/Chairperson's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Secretary's Name (if applicable): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Poker Run Manager's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**POKER RUN INFORMATION**

Date(s) of Poker Run Sales (must not exceed 365 days): \_\_\_\_\_ to \_\_\_\_\_

Poker Run Ticket Price: \_\_\_\_\_

Aggregate retail value of all prizes or merchandise awarded by licensee: \_\_\_\_\_

Maximum retail value of each prize or merchandise awarded by licensee: \_\_\_\_\_

Date(s) and time(s) of Poker Run: \_\_\_\_\_

The time of determination of winning chances and the location(s) at which winning chances will be determined: \_\_\_\_\_

## **POKER RUN INFORMATION**

Information for all locations at which the poker run will be conducted:

**Starting Point:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Stop #1:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Stop #2:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Stop #3:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Stop #4:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Stop #5:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Stop #6:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Stop #7:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Stop #8:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Stop #9:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Ending Point:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**BOND INFORMATION**

All operation of and the conduct of poker runs shall be under the supervision of a single poker run manager designated by the organization. **The poker run manager shall give a fidelity bond in the sum of the aggregate retail value of the prizes as set out on the application.** The bond shall be in favor of the organization conditioned upon the poker run manager's honesty in the performance of his duties. Terms of the bond shall provide that notice shall be given in writing to the City not less than thirty (30) days prior to its cancellation. The City Clerk, or his/her designee(s), may waive this bond requirement by including a waiver provision in the license.

**AFFIDAVIT**

The undersigned hereby attest that all statements made herein are true and correct to the best of our knowledge. The undersigned further certify that they have read Chapter 7, Article IV of the Code of Ordinances of the City of Carlyle and that the organization which they represent is qualified and eligible to obtain a raffle license in the City of Carlyle according to the requirements as set forth in 230 ILCS 15-0.01 et seq. (State of Illinois Raffles and Poker Runs Act) and the City of Carlyle Code of Ordinances, Chapter 7, Article IV, and further certify that we will abide by all rules and regulations as set forth by the State of Illinois and the City of Carlyle. ***Our Audit information will be returned no later than 30 business days from the conclusion of the raffle.***

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**President/Chairman**

\_\_\_\_\_  
**Secretary**

\_\_\_\_\_  
**Poker Run Manager**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)



**RAFFLE LICENSE APPLICATION**  
IN THE CITY OF CARLYLE, CLINTON COUNTY, ILLINOIS

**APPLICATION INFORMATION**

**Type of Organization:**

**Business**

**Charitable**

**Educational**

**Fraternal**

**Labor**

**Non-profit**

**Religious**

**Veterans**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Length of time organization has been in existence: \_\_\_\_\_

Place and date of organization's charter, if applicable:

Place: \_\_\_\_\_ Date: \_\_\_\_\_

**Items required (no later than 30 days prior to the start of all raffle sales):**

- Application fee of \$25.00 *Date Paid:* \_\_\_\_\_
- Articles of Incorporation and/or Charter
- Organization's Raffle Rules
- Organization's IRS Letter of Determination (if applicable, please provide a copy of your tax-exempt letter)
- Fidelity Bond (if waived, please provide a copy of your organizations minutes where it was voted on)

**OFFICER INFORMATION**

President/Chairperson's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Secretary's Name (if applicable): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Raffle Manager's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**RAFFLE INFORMATION**

**Ticket Sales:**                       **Traditional**                       **50/50**                       **Progressive**

Date(s) of Raffle Ticket Sales (must not exceed 365 days): \_\_\_\_\_ to \_\_\_\_\_

Area(s) where Raffle Tickets will be sold: \_\_\_\_\_

Raffle Ticket Price: \_\_\_\_\_

Aggregate retail value of all prizes or merchandise awarded by licensee: \_\_\_\_\_

Maximum retail value of each prize or merchandise awarded by licensee in a single raffle: \_\_\_\_\_

**Drawing(s):**

Date(s) and time(s) of raffle drawing: \_\_\_\_\_

Location of raffle drawing(s): \_\_\_\_\_

## **RAFFLE INFORMATION**

For Progressive Raffles, state the day(s) of the week and when winning chances will be determined:

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

List of Prizes and Retail Cost(s):

Prize	Retail Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**BOND INFORMATION**

All operation of and the conduct of raffles shall be under the supervision of a single raffle manager designated by the organization. **The raffle manager shall give a fidelity bond in the sum of the aggregate retail value of the prizes as set out on the application.** The bond shall be in favor of the organization conditioned upon the raffle manager's honesty in the performance of his duties. Terms of the bond shall provide that notice shall be given in writing to the City not less than thirty (30) days prior to its cancellation. The City Clerk, or his/her designee(s), may waive this bond requirement by including a waiver provision in the license.

**AFFIDAVIT**

The undersigned hereby attest that all statements made herein are true and correct to the best of our knowledge. The undersigned further certify that they have read Chapter 7, Article IV of the Code of Ordinances of the City of Carlyle and that the organization which they represent is qualified and eligible to obtain a raffle license in the City of Carlyle according to the requirements as set forth in 230 ILCS 15-0.01 et seq. (State of Illinois Raffles and Poker Runs Act) and the City of Carlyle Code of Ordinances, Chapter 7, Article IV, and further certify that we will abide by all rules and regulations as set forth by the State of Illinois and the City of Carlyle. ***Our Audit information will be returned no later than 30 business days from the conclusion of the raffle and then on the 5<sup>th</sup> of every month following if it is a progressive raffle.***

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**President/Chairman**

\_\_\_\_\_  
**Secretary**

\_\_\_\_\_  
**Raffle Manager**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)