



CITY OF GIBSON | 101 E 8TH STREET, PO BOX 545, GIBSON CITY, IL 60936
PHONE 217-784-5872 | FAX 217-784-5930

ORDINANCE RAFFLE LICENSE APPLICATION

Organization Name _____

Applicant Name _____

Address _____

Purpose of Raffle _____

Area within City where raffle is to be conducted _____

Dates From ____ / ____ / ____ To ____ / ____ / ____

Application must include sworn statement attesting to not-for-profit character of the prospective licensee organization and signed by the presiding officer and secretary of the organization.

Date, Time & Location where winning chances will be determined

____ / ____ / ____ : ____ AM / PM _____

Aggregate retail value of all prizes to be awarded \$ _____

Maximum retail value of each prize if more than one

\$ _____ \$ _____ \$ _____ etc.

Maximum to be charged for each raffled chance \$ _____

Names and address(es) of the operator of the raffle if not an officer or member of the applicant organization

Approved by _____

Date ____ / ____ / ____