

City of Highwood

Application for Raffle License

Fees: \$25 (subject to waiver)

Date(s) of Raffle:					
Name of Organization:					
Raffle Location:					
Non- Profit:		Yes		No	
Name of Applicant:					
Title of Applicant:					
Persons or Company Operating Raffle:					
Address of Organization:					
City:		State:		Zip:	
Phone:		Email (required):			
Does anyone associated with the raffle have a felony conviction?		Yes		No	
Is anyone associated with the raffle a professional gambler or gambling promoter?		Yes		No	
Auction (silent or other):		Yes		No	
Value of Raffle					
Total retail value of all prizes combined:				\$	
Maximum value of each raffle item:				\$	
Maximum price of each raffle chance:				\$	
Scope of raffle - describe distance raffle will reach, city-wide, members only, invitees etc.					
Date (s) raffle tickets will be sold:					
Type of Organization (check all that apply):					
Religious:		Labor:			
Charitable:		Business:			
Fraternal:		Education:			
Veterans		Other:			

We, the undersigned, being the presiding officer and secretary of the organization applying for a Highwood Raffle License, hereby attest to the truth and accuracy of the character of the applicant organization as specified herein.

 Presiding Officer/Applicant

 Date