

Village of Davis

Raffle Application

A or B

Requesting Organization: _____

Raffle Start Date: _____

End Date: _____

Description of Raffle: _____

Name of Raffle: _____

Aggregate Value of Prizes: _____

Cost of Raffle Chance (not to exceed \$100): _____

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.

Authorized Signature: _____ Date: _____

Phone: _____ Address: _____

Note: Applications must be submitted at least one (1) month BEFORE Raffle start date to the Village of Davis.

P.O. Box 366, Davis, IL 61024

Fax: 815-831-7519

Email: office@villageofdavis.com

***** FOR OFFICE USE ONLY *****			
Request Presented to	Board of Trustees on Date:		
Vote:	Yea ■	Nay ■	Absent ■
Raffle Request:	Approved ■	Denied ■	
Attested:	_____		