



**Please Return To:**  
**City of Naperville**  
**City Clerk's Office**  
**400 S Eagle St**  
**Naperville, IL 60540**

# Naperville Raffle Application

**Must Submit with application: Articles of Incorporation and/or Charter and Fee: \$25.00**  
**NO LATER THAN 14 BUSINESS DAYS PRIOR TO THE START OF ALL RAFFLE SALES**

Incomplete applications will be rejected

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

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail \_\_\_\_\_

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

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
President (PLEASE PRINT) \_\_\_\_\_ Tel. No. \_\_\_\_\_

\_\_\_\_\_  
Secretary (PLEASE PRINT) \_\_\_\_\_ Tel. No. \_\_\_\_\_

Date(s) of Raffle Tickets Sale (must not exceed 180 days) From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Item(s) to be raffled off:  
\_\_\_\_\_  
\_\_\_\_\_

Where Tickets to Be Sold \_\_\_\_\_

Date, Time and Location of Winner Determination \_\_\_\_\_

Manner in Which Winner Will Be Determined \_\_\_\_\_

### ***CERTIFICATION***

I, \_\_\_\_\_, as the representative for \_\_\_\_\_, do hereby certify that all statements made herein are true and correct to the best of my knowledge and further certify that the organization which I represent is qualified and eligible to obtain a raffle license in the City of Naperville according to the requirements as set forth in 230 ILCS 15/0.01 et seq. (State of Illinois Raffles Act) and the Naperville Municipal Code Section 3-4D, and further certify that we will abide by all rules and regulations as set forth by the State of Illinois and the City of Naperville. Our Audit Information will be returned no later than 5 business days from the conclusion of the raffle.

Date \_\_\_\_\_ President \_\_\_\_\_ Secretary \_\_\_\_\_



**Please Return To:**  
**City of Naperville**  
**City Clerk's Office**  
**400 S Eagle St**  
**Naperville, IL 60540**

---

***Audit Information***

**The information below is required and must be filed with the City Clerk no later than 5 business days upon completion of the Raffle**

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

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Gross Receipts: \_\_\_\_\_ Expenses: \_\_\_\_\_

Treasurer: \_\_\_\_\_

**(Please attach an itemized distribution of net proceeds to this form)**