



City of Sycamore  
308 W. State Street Sycamore, IL 60178  
Phone 815-895-4515 Fax 815-899-2054

**Application for Raffle Permit**

(must be turned in to the Mayor ten days prior to any ticket sales)

A. Name, address, and phone number of organization seeking to conduct such Raffle:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

B. Name, address, and phone number of Chairperson for such Raffle:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

C. Ticket sales date(s)from/to: \_\_\_\_\_

D. Maximum price for each Raffle ticket: \_\_\_\_\_

E. Maximum number of tickets to be sold: \_\_\_\_\_

F. Description of area for ticket sales: \_\_\_\_\_

G. Drawing: date \_\_\_\_\_ time \_\_\_\_\_ place \_\_\_\_\_

H. Approximate value of all prizes to be awarded: \_\_\_\_\_

I. Approximate value of largest prize to be awarded: \_\_\_\_\_

J. Name of company and amount of fidelity bond (if needed): \_\_\_\_\_

K. A statement of not-for-profit character of the organization also must be included.

Applicant's Signature \_\_\_\_\_