



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 _____