

CITY OF MORRISON  
200 WEST MAIN STREET

APPLICATION FOR RAFFLE LICENSE

Fee: \$25

PART I (Please Print)

1. Name or Organization \_\_\_\_\_
2. Address \_\_\_\_\_
3. Type of Organization: (as defined in the ordinance of which a copy I have received)  
\_\_\_\_\_ Charitable \_\_\_\_\_ Fraternal \_\_\_\_\_ Religious  
\_\_\_\_\_ Educational \_\_\_\_\_ Labor \_\_\_\_\_ Veteran's Org.
4. Has your organization been in existence for 5 years? \_\_\_\_\_
5. Is your organization incorporated? \_\_\_\_\_
6. Date and state of incorporation \_\_\_\_\_

Presiding Officer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

7. Members responsible for the conduct and operation of raffle:  
Raffle Manager: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Raffle Manager: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Raffle Manager: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List name, address, telephone #, date of birth, and S.S # of any other members responsible for the conduct and operation of raffle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have any of you ever been convicted of a felony? \_\_\_\_\_
9. Have any of you been a professional gambler or gambling promoter? \_\_\_\_\_

PART II

10. Purpose of raffle: \_\_\_\_\_
11. Aggregate retail value of all prizes to be awarded \_\_\_\_\_
12. Maximum retail value of each prize to be awarded \_\_\_\_\_
13. Maximum price charges for each raffle chance to be issued or sold \_\_\_\_\_
14. Maximum number of raffle chances to be issued \_\_\_\_\_
15. Area or areas in which raffle chances will be sold or issued \_\_\_\_\_  
\_\_\_\_\_
16. Time period during which raffle chances will be sold or issued \_\_\_\_\_
17. Date, time, and location at which winning chances will be determined \_\_\_\_\_
18. Will anyone associated with the operation of conducting of this raffle profit or receive personal gain therefrom? \_\_\_\_\_ Yes \_\_\_\_\_ No

PART III

The organization applying for a raffle license is an organization that operates without profit to its members and which has been in existence continuously for a period of five years or more immediately before making this application for a license and which has had during that entire five year period a bona fide membership engaged in carrying out these objectives.

The applicant states that the organization has met all qualifications to conduct a raffle and authorizes the City Clerk or his/her agent to obtain any and all records to verify the statements in this application. Further, the applicant acknowledges that any false statements on the application shall result in the rejection of the application, and/or prosecution under the criminal laws of this City.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Presiding Officer

\_\_\_\_\_  
Secretary

\_\_\_\_\_, Presiding Officer, being duly sworn upon his/her oath, states that he/she has read the above foregoing application and also Chapter 6, Article VI of the City of Morrison Code of Ordinance regarding Raffles, and knows and attests to the contents thereof.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
\_\_\_\_\_

FOR CITY CLERK'S OFFICE USE ONLY

The recommendation and/or approval of this application is based solely upon the information contained herein and any false statements on the application shall result in the revocation of applicant's license and/or prosecution under the criminal laws of this state or ordinances of this City.

RECOMMENDATION: \_\_\_\_\_ Approval \_\_\_\_\_ Denial

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk