



**NATHAN PAIGE**  
**DIRECTOR OF REVENUE**

**TODD H. STROGER, PRESIDENT**  
**COOK COUNTY BOARD OF COMMISSIONERS**

**Cook County Department of Revenue**  
**Application to Conduct a Raffle in Unincorporated Cook County**

For the year ending November 30, 20 \_\_\_\_\_

Application is hereby made on behalf of \_\_\_\_\_  
Organization

For a license to conduct raffles in Cook County at: \_\_\_\_\_  
Address

Type(s) of organization applied by:

- Religious
- Charitable
- Labor
- Fraternal
- Educational
- Veterans
- Other

General Information:

1. Name of applicant's organization \_\_\_\_\_

2. Address \_\_\_\_\_

3. Mailing Address \_\_\_\_\_

4. Describe the area within Cook County in which the raffle chances will be sold or issued. \_\_\_\_\_

5. State the time period during which raffle chances will be sold or issued (skip if the answer to 5(a) is yes). \_\_\_\_\_

(a) Is the applicant a continuous operation housed in a permanent facility? \_\_\_\_ Yes or \_\_\_\_ No

6. Describe the location where determining or ascertaining the winning chances \_\_\_\_\_

7. Pursuant to Sec. 54-365 of the Cook County Code of Ordinances, no raffle license shall be issued to:

- (a) Any person who has been convicted of a felony; and
- (b) Any person who is or has been a professional gambler or gambling promoter; and
- (c) Any person who is not of good moral character.

Do any persons described in (a), (b) or (c), above, have any proprietary, equitable or credit interest in applicant's organization or are otherwise active or employed in applicant's organization? \_\_\_\_\_

Are any persons described in (a), (b) or (c), above, officers, directors or employees (whether compensated or not) in applicant's organization? \_\_\_\_\_

Are any persons described in (a), (b) or (c), above, to participate in the management or operation of a raffle that will be conducted pursuant to a license that may be issued as a result of this application? \_\_\_\_\_

(CONTINUED ON REVERSE SIDE)

8. Please provide to the Cook County Department of Revenue the following:
  - a. A sworn statement attesting to the not for profit character of the licensee organization, signed by its Presiding officers and the Secretary of the organization;
  - b. Name, address, and social security numbers of the treasurer (or person handling collection of raffle monies and disbursement of winning prizes);
  - c. A copy of the applicant's articles of incorporation and charter; and
  - d. Evidence of the organization not for profit status: Federal and State tax exempt status certificate or acknowledgement.
9. List the names(s), address and social security numbers of the manager designated as supervisor for operation and conduct of raffles of the organization. Please attach a listing to this application.
10. Please provide us with the dollar amount that was collected by this raffle last year \_\_\_\_\_ Attached prior year financial statement.
11. The manager shall provide a fidelity bond to the Director of Revenue in the amount of \$ \_\_\_\_\_ (This amount should be calculated based on last year raffle (question 10) times 3. The terms of the bond shall require notice in writing to the Director of Revenue not less than thirty days prior to its cancellation.

State of Illinois  
 County of Cook County

\_\_\_\_\_, after having been duly sworn on oath state that I have investigated all statements contained in this application, and that I have personal knowledge that they are true and correct. I understand that any false statement, misrepresentation or omission of any fact requested in this application shall constitute sufficient cause for the Cook County Department of Revenue to deny this application and or immediately revoke any issued Raffle License.

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Notary

\_\_\_\_\_  
 Applicant's Signature (Owner, Partner or Officer)

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

**Please complete and mail in the application with the required documentation to: Cook County Department of Revenue  
 118 North Clark Street, Room 1160  
 Chicago, Illinois 60602  
 Attn: Tax Registration**

**Application fee is \$10,000.00 and check should be made payable to: Cook County Collector**

Note: A copy of this document may be filed by the Cook County Department of Revenue with the Illinois Attorney General's Office.