



VILLAGE OF MT. ZION
1400 MT. ZION PARKWAY
MT. ZION, IL 62549
217-864-5424

RAFFLE LICENSE APPLICATION \$30.00

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE:

RAFFLE DRAWING HELD: _____
PLACE _____
STREET CITY ZIP CODE

VERIFY TYPE OF ORGANIZATION: EDUCATIONAL ____ VETERANS ____ RELIGIOUS ____
LABOR ____ CHARITABLE ____

PLACE AND DATE OF INCORPORATION: _____

LOCATED WITHIN CORPORATE LIMITS OF THE VILLAGE OF MT. ZION: YES ____ NO ____

DESIGNATED MEMBER(S) WHO WILL BE RESPONSIBLE FOR CONDUCT AND OPERATION OF RAFFLES:

NAME _____

NAME _____

PHONE _____

PHONE _____

EMAIL _____

EMAIL _____

NUMBER OF RAFFLE LICENSE REQUESTED: _____

DATES RAFFLE LICENSE REQUESTED: _____