



CITY OF PALOS HILLS  
10335 S. Roberts Road  
Palos Hills, IL 60465

(To be completed by City staff)

Date Approved: \_\_\_\_\_

Date Denied: \_\_\_\_\_

Approval: \_\_\_\_\_

City Clerk

Expires: \_\_\_\_\_

**2025  
APPLICATION FOR LICENSE TO  
SELL RAFFLE TICKETS**

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the License as granted. **Applications must be submitted at least 30 days prior to the raffle date requested.** For information or questions, please call (708) 598-3400.

**Each license is valid for one raffle during a ninety day period. The license expires ninety days from the date it is approved.**

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**NAMES OF UNDERSIGNED ORGANIZATION OFFICERS  
(PERSONS SUBMITTING APPLICATION)**

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

President or Presiding Officer: \_\_\_\_\_

Secretary: \_\_\_\_\_

Length of Time Organization Has Been in Existence: \_\_\_\_\_

Date and Place of Incorporation of Organization: \_\_\_\_\_

**CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION**

Religious \_\_\_\_\_ Charitable \_\_\_\_\_ Labor \_\_\_\_\_ Fraternal \_\_\_\_\_ Business \_\_\_\_\_

Educational \_\_\_\_\_ Veterans' Organization \_\_\_\_\_ \*Non-Profit Fund Raising \_\_\_\_\_

\*(check this box if organized solely to raise funds for an individual or group of individuals suffering extreme financial hardship as a result of illness, disability, accident or disaster).

If not a Corporation, State When and How Organized: \_\_\_\_\_

Number of Members of Organization that Reside or Work in Palos Hills: \_\_\_\_\_

Name, Address and Phone Number of Raffle Manager: \_\_\_\_\_

Designate Member(s) Who Will be Responsible for \_\_\_\_\_

Conduct and Operation of Raffle. Include Addresses \_\_\_\_\_  
and Telephone Numbers. (Attach Additional Sheets \_\_\_\_\_  
if Necessary) \_\_\_\_\_  
Address of Place(s) or Area(s) \_\_\_\_\_  
Where Chances are to be Sold: \_\_\_\_\_  
\_\_\_\_\_

Purpose of Raffle: \_\_\_\_\_

Dates When Raffle Chances Will be Sold or Issued: \_\_\_\_\_

Price of Chances: \_\_\_\_\_ Total Prize Value: \_\_\_\_\_ Largest  
Single Prize: \_\_\_\_\_

Time, Date and Location Where Winning Raffle Chances(s) Will be Determined: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned under oath attest that we have read and understand Ordinance #2010-11 entitled " An Ordinance  
Regulating The Sale Of Raffle Tickets And The Conducting Of Raffles In The City Of Palos Hills", and we further attest to  
the non-profit character of the prospective license organization.

Further, the undersigned attest that they comply with all provisions of Ordinance #2010-11 and understand that  
violations of this Ordinance are subject to fines of not less than Two Hundred Fifty Dollars (\$250.00) and not more  
than Seven Hundred Fifty Dollars (\$750.00) per violation.

President or  
Presiding Officer: \_\_\_\_\_  
Type or Print Name

Signature: \_\_\_\_\_

ATTEST:

Secretary: \_\_\_\_\_  
Type or Print Name

Signature: \_\_\_\_\_

SUBSCRIBED AND SWORN TO  
before me this \_\_\_\_\_ Day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
NOTARY PUBLIC