KANE COUNTY RAFFLE INSTRUCTIONS

Kane County Ordinance #19-445
Kane County Code License for Raffles and Poker Runs 14-2

Kane County issues raffle licenses for prizes awarded in some villages/cities and all unincorporated areas located in Kane County.

BEFORE APPLYING FOR A RAFFLE LICENSE WITH KANE COUNTY:

• CONTACT THE VILLAGE OR CITY WHERE YOUR RAFFLE IS TAKING PLACE TO SEE IF YOU SHOULD BE APPLYING WITH THAT GOVERNMENT OFFICE AND NOT KANE COUNTY. IF YOU ARE HOLDING YOUR RAFFLE IN UNICORPORATED KANE OR IN A CITY OR VILLAGE, THAT HAS DESIGNATED KANE COUNTY AS THE ISSUING AUTHORITY, THEN YOU WILL APPLY WITH KANE COUNTY.

• IF YOU HAVE CONTRACTED WITH A THIRD PARTY, WHO WILL BE ACTING UNDER YOUR SUPERVISION TO PROVIDE SERVICES IN CONNECTION WITH THIS RAFFLE, PLEASE LIST THEM ON THE APPLICATION.

• THE LICENSE IS TO BE OBTAINED FROM THE CITY, VILLAGE, OR COUNTY WHERE THE PRIZE IS GOING TO BE AWARDED.

• ORIGINAL SIGNED APPLICATIONS/BONDS SUBMITTED ONLY. NO FAXES, COPIES OR EMAILED COPIES.

Please Note: If your organization has NOT been in existence continuously for at least five years AND is NOT a non-for-profit organization, you cannot file for a raffle license unless your organization is a non-profit fundraising organization that the County Clerk determines is organized for the sole purpose of providing financial assistance to individuals suffering extreme financial hardship as the result of an illness, disability, accident or disaster.

Each raffle license is good for one raffle only. The application must be signed by three different people; a presiding officer, a secretary and the raffle manager of your organization. The raffle bond must be completed by the raffle manager and the surety, and signed in front of a notary public. The raffle manager cannot be the surety. The surety has to be someone in the organization other than the raffle manager. Incomplete or incorrect applications will be returned to the applicant along with a checklist of items that need to be addressed. Any raffle in which the aggregate value of the prizes is less than five hundred dollars ($500.00) shall be considered automatically licensed without necessity of application. The clerk will act on a license application within 30 days of the date of the application. Questions call 630-232-5950.

AFTER THE RAFFLE

Each licensee shall within 30 days of the conclusion of any raffle file a report with its membership and the Kane County Clerk’s Office with the following details: the gross receipts generated as a result of the raffle; an itemized list of all reasonable operating expenses affiliated with the raffle; net proceeds from the event; an itemized distribution list of the net proceeds and a list of prize winners. Licensees should review all sections of the Kane County Code pertaining to raffles because all licensees are charged with knowledge of the record keeping requirements as well as all other section of the Code applicable to the event. Violation of the Ordinance or any section or subsection thereof shall be chargeable as an ordinance violation with a fine not to exceed $1,000.00 per violation of each section or subsection or in such amount as prescribed in 55 ILCS 5/5-1113, as from time to time amended.
APPLICATION FOR CONDUCTING A RAFFLE
KANE COUNTY, ILLINOIS
Kane County Ordinance #19-445 Kane County Code Licenses for Raffle and Poker Runs 14-2
(Good for one raffle only)

1. Name of Organization ____________________________________________
Address ____________________________________________
Type of Organization: □ Religious □ Fraternal □ Labor
□ Charitable □ Educational □ Veterans
Date Group Organized ________ Chartered or Incorporated (If Applies): ________________________

2. Date winners determined ___________ Location of Award __________________________________
Time _________ Ticket Price _________________ Date of Ticket Sales_________________________
Area where tickets sold _______________________________________________________________

3. List any third parties that your organization has contracted with and will be acting under the
Organization’s supervision to provide services in connection with this raffle.
Name of Organization _________________________________________________________________
Address of Organization _______________________________________________________________

4. Prizes to be awarded:
Quantity  Prize                      Value of Each              Total Value
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Attach additional sheet if necessary
TOTAL AGGREGATE VALUE OF PRIZES: $

I certify that this organization is non-for-profit: it has been in existence continuously for at least five years; it has maintained a bona fide membership engaged in carrying out its objectives; or it is a non-profit fundraising organization organized for the sole purpose of providing financial assistance to individuals suffering extreme financial hardship as the result of an illness, disability, accident or disaster. I further certify that all of the information provided in this application is true to the best of my knowledge.

5. Presiding Officer ___________________________ Date Signed_________________
Secretary ___________________________ Date Signed_________________
Raffle Manager Full Name (Print)_________________________ Phone Number_________________
Signature ___________________________ Date Signed_________________

KANE COUNTY FEE SCHEDULE

<table>
<thead>
<tr>
<th>Aggregate Value</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $5,000</td>
<td>$14.00</td>
</tr>
<tr>
<td>$5001 - $500,000.00</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

***Please note: Aggregate prize value less than $500.00, no fee and considered automatically licensed without the necessity of an application.

Office Use Only
Application Approved Date ___________ Clerk Initials ___________ John A. Cunningham, Kane County Clerk
Fee Paid__________ License Number___________ Bond Received___________ Final Report ___________
Official Bond for Kane County Raffle Manager

This bond COMPLETED ONLY if total retail value of prizes is fifteen thousand dollars ($15,000.00) or less. If total retail value of the prizes exceeds fifteen thousand dollars ($15,000.00), a corporate surety bond is required.

Ordinance #19-455 Kane County Code Licenses for Raffle and Poker Runs 14-2

Know all men by these presents that we,

____________________________________  and  ______________________________________

Raffle Manager                                                                                  Surety

Are held and bound to ___________________________________________________________ _

Name of Organization

In the sum of $_______________, equal to aggregate retail value of all prizes, for the payment of such we are obliged. The condition of the above obligation is such that ___________________________________________, being of legal age, has been appointed Raffle Manager for a raffle to be conducted on: ____________________________________, 20_____.

Now, therefore, if the said Raffle Manager shall perform and discharge all the duties required of him/her as Raffle Manager, then this Bond is to be void; otherwise to remain in full force.

____________________________________  Date ___________________________

Raffle Manager

----------------------------------  Street Address  City  State  Zip Code

I, ____________________________________________, a notary public in Illinois certify that

_____________________________________is the same person whose name is subscribed to above; that they appeared before me this day in person and acknowledged that the signed, sealed and delivered said instrument as their free and voluntary act, for the use and purposes therein set forth. Given under my hand and seal on this date.

Date______________________________

SEAL  Notary Public Signature______________________________________

____________________________________  Date ___________________________

Surety

----------------------------------  Street Address  City  State  Zip Code

I, ____________________________________________, a notary public in Illinois certify that

_____________________________________is the same person whose name is subscribed to above; that they appeared before me this day in person and acknowledged that the signed, sealed and delivered said instrument as their free and voluntary act, for the use and purposes therein set forth. Given under my hand and seal on this date.

Date______________________________

SEAL  Notary Public Signature______________________________________