

## APPLICATION FOR LICENSE TO CONDUCT RAFFLES

1.	Name of Organization:	Country Meadows Elementary PTO			
	Address:	Country Meadows Elementary PRO 6360 Gilmer Rd Long grove 11 60047			
		Long grove	11 60047		
2.	Organization Representative:	Elizabeth	Owens		
3.	Telephone Number of Representative	224-430-6	.637		
4.	Type of Organization Religious Charitable Business Fraternal	_X_	Labor Veterans	Educational Governmenta	<u>K</u>
5.	1. May 19.2022 Country	nces will be sold and affle Location Meadows	Drawing Date	our: Drawing Location Country Mead	n /ws_
	3. 4.				
6.	Please answer the following yes or no	questions:		Van Na	
	<ul> <li>a. Has the organization been in</li> <li>b. Does the aggregate retail val</li> <li>c. Does the maximum retail val</li> <li>d. Will the maximum price of a</li> <li>e. Will you be seeking a waive all proceeds will go to charit Other reasons explain:</li> </ul>	ue of prizes exceed lue of each prize exc a raffle ticket exceed r of the \$25 license (	\$100,000? seed \$50,000? \$500? fee because	Yes No X X X X X	
	f. Is the person conducting the g. Are you seeking a waiver of	raffle bonded by a \$ the raffle manager b	510,000 bond? bond requirement?	X	
	The undersigned affirms that he/she is herein are true and correct to the best raffle in accordance with the provisio conduct of raffles.  Signature of Organization Officer	of his/her knowledg	e; and that he/she will b State of Illinois and the	e responsible for the co	onduct of the
	Approved by the Village of Long Gro	ve:			
	Signature of Village President	Date	Signature	of Village Clerk	Date