



**APPLICATION FOR LICENSE TO CONDUCT RAFFLES**  
**Email Completed Application to forms@longgroveil.gov**

1. Name of Organization/Charity: Country Meadows Elementary PTO  
 Address: 6360 Gilmer Rd.  
Long Grove, IL 60047  
 501C3 Registration Number: EIN #36-4314404

2. Organization Representative: Erin Ferguson

3. Telephone Number of Representative: 773-531-8543

4. Type of Organization  
 Religious  Charitable  Labor  Educational   
 Business  Fraternal  Veterans  Governmental

5. Date and location in which raffle chances will be sold and raffle drawing will occur:

	<u>Raffle Date</u>	<u>Raffle Location</u>	<u>Drawing Date</u>	<u>Drawing Location</u>
1.	<u>10/26/23</u>	<u>Country Meadows</u>	<u>10/26/23</u>	<u>Country Meadows</u>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

6. Please answer the following yes or no questions:
- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| a. Has the organization been in existence longer than 5 years?                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Does the aggregate retail value of prizes exceed \$100,000?                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| c. Does the maximum retail value of each prize exceed \$50,000?                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| d. Will the maximum price of a raffle ticket exceed \$500?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| e. Will you be seeking a waiver of the \$25 license fee because all proceeds will go to charity? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Other reasons explain: \_\_\_\_\_  
 \_\_\_\_\_

The undersigned affirms that he/she is an authorized representative of the sponsor organization, that the statements made herein are true and correct to the best of his/her knowledge; and that he/she will be responsible for the conduct of the raffle in accordance with the provisions of the laws of the State of Illinois and the Village of Long Grove governing the conduct of raffles.

          
Signature of Organization Officer

8/25/23  
Date

Allen McM  
Signature of ~~Secretary~~  
President

8/25/2023  
Date

Approved by the Village of Long Grove:

    
Signature of Village President

    
Date

    
Signature of Village Clerk

    
Date

This Raffle License Application will be presented to the Village of Long Grove Board for approval. The day after the Board meeting, an email will be sent to the organization confirming the raffle has been approved.