

MACOUPIN COUNTY APPLICATION FOR RAFFLE LICENSE

1. Name of Organization: _____

2. Address: _____

3. Phone Number: _____

4. Contact Person and Title _____

5. Duration (i.e. one year, one month) _____

6. Aggregate retail value of all prizes _____

7. Prize raffle ticket _____

This application must be signed by the President, Executive Director, or Head of the Not-for-Profit Organization applying for said license.

Name

Title

Date Signed