



City of Byron

232 W. Second Street, P.O. Box 916

Byron IL 61010-0916

Telephone: 815-234-2762 Fax: 815-234-2646

RAFFLE PERMIT APPLICATION

Chapter 5.52 Byron Municipal Code

Fee: None

Date: _____

Name of Applicant: _____

Address: _____

Phone: _____ Cell: _____

Name of Non-Profit Organization: _____

Address & phone number of above: _____

Date of Incorporation: _____

Item(s) to be raffled: _____

Length of time raffle is to be conducted: _____

Time & Location of raffle: _____

Amount of total prizes: _____

Ticket price: _____

1. I will not engage in soliciting at any residence within the City except between the hours of 10:00 a.m. and 6:00 p.m.
2. I am aware that I cannot solicit at a residence where the owner or occupant has indicated that he does not want solicitation to occur by posting a sign stating "NO SOLICITORS" or "NO SOLICITATION" or words of like manner.
3. I will abide by all City ordinances.

Signature of Applicant

Date

Approved by: _____

Date: _____