

VILLAGE OF ORLAND PARK
14700 RAVINIA AVENUE
ORLAND PARK, IL 60462

2014
**APPLICATION FOR LICENSE TO SELL
RAFFLE TICKETS**
(This is a two-sided application)

(To be completed by Village staff)

Date Approved: _____

Date Denied: _____

Approval: _____
Village Clerk

Expires: _____

APPROVED APPLICATION
SERVES AS LICENSE

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the License as granted. Applications must be submitted at least 30 days prior to the raffle date requested.
For information or questions, please call (708) 403-6150.

~Each license is valid for not more than 1 raffle per week during any 1 year period.~

NAMES OF UNDERSIGNED ORGANIZATION OFFICERS
(PERSONS SUBMITTING APPLICATION)

DATE OF APPLICATION: _____

5/12/2014

PRESIDENT OR PRESIDING OFFICER: _____

FR. PAUL BURAK

SECRETARY: _____

DEE PIETRZAK

ADDRESS OF APPLICANT: _____

8821 CLEARVIEW

ORLAND PK IL

ORGANIZATION
REQUESTING LICENSE: _____

ST. MICHAEL

ADDRESS OF ORGANIZATION: _____

14327 HIGHLAND

ORLAND PARK, IL

NAME AND ADDRESS
OF RAFFLE
MANAGER: _____

DEE PIETRZAK

8821 CLEARVIEW

PHONE _____

708 710 8033

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED: _____

14327 HIGHLAND

PURPOSE OF RAFFLE: _____

FUND RAISER FOR ST. MICHAEL

PARISH + SCHOOL

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: _____

JULY 2014 - 9.2014

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: _____

45,000

PRICE OF CHANCES: ⁸20

TOTAL PRIZE VALUE: ⁵21,000

LARGEST
SINGLE PRIZE: ⁸10,000

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED: _____

5:30 PM

9/21/2014

ST. MICHAEL CHURCH

OVER

Location of Raffle Drawing (Address, City, State)

14327 HIGHLAND D.C.

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious X Charitable _____ Labor _____ Fraternal _____ Business _____

Educational _____ Veterans' Organization _____ *Non-Profit Fund Raising _____

*(check this box if organized solely to raise funds for an individual or group of individuals suffering extreme financial hardship, as a result of illness, disability, accident or disaster)

LENGTH OF TIME ORGANIZATION HAS BEEN IN EXISTENCE: 125 yrs.

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: —

ARCHDIOCESE OF CHICAGO

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: ALL

The undersigned, under oath attest that we have read and understand Ordinance #3480 entitled "An ordinance of the Village of Orland Park establishing a system for the licensing of organizations to operate raffles" and we further attest to the non-profit character of the prospective license organization.

Further the undersigned attest that they comply with all provisions of Ordinance #3480 and understand that violations of this ordinance are subject to fines of not less than one-hundred dollars (\$100.00) and not more than seven-hundred-and-fifty dollars (\$750.00) per violation.

President or
Presiding Officer FR. PAUL BURAK
Type or Print Name

Signature: F. Paul Burak

ATTEST:

Secretary: MRS. DEE PIETRZAK
Type or Print Name

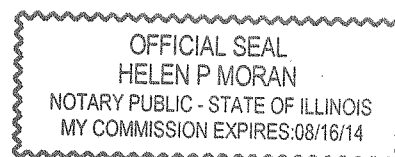
Signature: Dee Pietrak

SUBSCRIBED AND SWORN TO

before me this 29th

day of APRIL, 20 14.

Helen P. Moran
(Notary Public)



Commission Expires: 8/16/14