

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

2017
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: _____ June 28, 2017 _____

PRESIDENT OR PRESIDING OFFICER: _____ Terrence Hancock _____

SECRETARY: _____ Roberta Lester _____

ADDRESS OF APPLICANT: _____ 14551 S. Ravinia, Ste. 2B _____

_____ Orland Park, IL 60462 _____

ORGANIZATION REQUESTING LICENSE: _____ In Search of a Cure _____

ADDRESS OF ORGANIZATION: _____ 14551 S. Ravinia, Ste. 2B _____

_____ Orland Park, IL 60462 _____

NAME AND ADDRESS OF RAFFLE MANAGER: _____ Roberta Lester _____

14551 S. Ravinia, Ste. 2B, Orland Park, IL 60462

PHONE _____ 630-887-4141 _____

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

_____ Silver Lakes Country Club _____

PURPOSE OF RAFFLE: _____ Raise funds for charitable purposes. _____

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: _____ July 27, 2017 _____

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: _____ 500 _____

PRICE OF CHANCES: _____ Various _____ TOTAL PRIZE VALUE: _____ \$20,000 _____ SINGLE PRIZE: _____ \$10,000 _____

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED: _____
Time _____ 7:00 pm _____ Date _____ July 27, 2017 _____ Location of Raffle Drawing (Address, City, State) _____ Silver Lakes Country Club _____

OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable XX 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: 9 Years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____ Illinois 4/16/08

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 1

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

Terrence Hancock
Type or Print Name

Signature:

Terrence Hancock

ATTEST:

Secretary:

Roberta Lester
Type or Print Name

Signature:

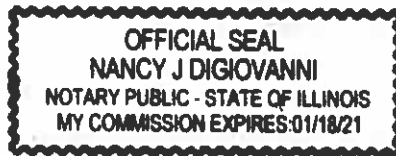
Roberta Lester

SUBSCRIBED AND SWORN TO

before me this 27th

day of June, 2017.

Nancy J. DiGiovanni
(Notary Public)



Commission Expires: 1/18/21