

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: 04/25/17

PRESIDENT OR PRESIDING OFFICER: MARISSA Almeda

SECRETARY: KATHRYN Almeda

ADDRESS OF APPLICANT: 18511 CROOKED CREEK CT
ORLAND PARK, IL 60467

ORGANIZATION REQUESTING LICENSE: ART A LA CARTE

ADDRESS OF ORGANIZATION: 11209 W. 159th St
ORLAND PARK, IL 60467

NAME AND ADDRESS OF RAFFLE MANAGER: KATHRYN Almeda
SAME AS ABOVE

PHONE (708) 289-3081

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

11209 W 159th St ORLAND PARK, IL 60467

PURPOSE OF RAFFLE: to raise money for the CRISIS CENTER
of South Suburbia (CESS)

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 7-10pm (3 hrs)

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 20

PRICE OF CHANCES: \$1- TOTAL PRIZE VALUE: \$200 LARGEST SINGLE PRIZE: \$50

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

9:30pm June 9th 2017 11209 W 159th St. ORLAND PARK, IL
Time Date Location of Raffle Drawing (Address, City, State) 60467

OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ 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: CCSS - 37 yrs. AALC - 4

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: CCSS - TIMPKY PARK 1979
AALC - ORLAND PARK 2013


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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 3

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 MARIA LUISA S. ALMEDA
Type or Print Name

Signature: 

ATTEST:

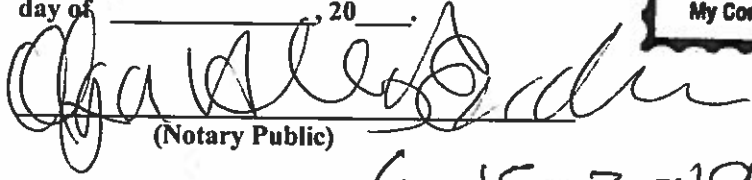
Secretary: KATHRYN S ALMEDA
Type or Print Name

Signature: 

SUBSCRIBED AND SWORN TO

before me this 4-27-2017

day of _____, 2017.


(Notary Public)



Commission Expires: 6-15-2019