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

(To be completed by Village staff)
Date Approved: _____
Date Denied: _____
Approval: _____ Village Clerk
Expires: _____
APPROVED APPLICATION SERVES AS LICENSE

2017
APPLICATION FOR LICENSE TO SELL RAFFLE TICKETS

(This is a two-sided application)

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: 18011 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) 289-3084

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 (CCSS)

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 (Time) June 9th 2017 (Date) 11209 W 159th St. Orland Park, IL 60467 (Location of Raffle Drawing (Address, City, State))

OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ **Charitable** _____ **Labor** _____ **Fraternal** _____ **Business** _____

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

***(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 - Tinley 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: Kathryn S Almeda

SUBSCRIBED AND SWORN TO

before me this 4-27-2017

day of _____, **20**___.

OFFICIAL SEAL
OLGA ALVAREZ-ESCOBAR
Notary Public - State of Illinois
My Commission Expires Jun 15, 2019

_____
(Notary Public)

Commission Expires: 6-15-2019

/nm
12/16