

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: 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) 289-3080

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 **OVER**
Time Date Location of Raffle Drawing (Address, City, State) 60467

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 - TIMBER 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:

[Signature]

ATTEST:

Secretary:

KATHRYN S. ALMEDA
Type or Print Name

Signature:

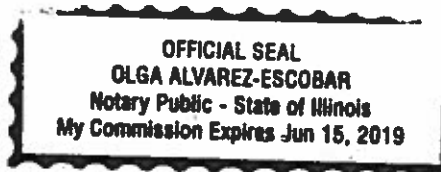
[Signature]

SUBSCRIBED AND SWORN TO

before me this 4-27-2017

day of _____, 20____.

[Signature]
(Notary Public)



Commission Expires: 6-15-2019