

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

2012
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: APRIL 26, 2012

PRESIDENT OR PRESIDING OFFICER: SCOTT REIFERT

SECRETARY: _____

ADDRESS OF APPLICANT: 333 W. 35TH ST.
CHICAGO IL 60616

ORGANIZATION REQUESTING LICENSE: CHICAGO WHITE SOX CHARITIES

ADDRESS OF ORGANIZATION: 333 W. 35TH ST.
CHICAGO IL 60616

NAME AND ADDRESS OF RAFFLE MANAGER: CHRISTINE O'REILLY
333 W. 35TH ST., CHGO IL 60616
PHONE 312.674.5387

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

SMART CENTER OF ORLAND PARK, 8430 W. 159TH ST.

PURPOSE OF RAFFLE: FUNDRAISING RAFFLES TO BENEFIT
CHICAGO WHITE SOX CHARITIES

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: MAY - AUG. 2012

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 25,000

PRICE OF CHANCES: \$10 TOTAL PRIZE VALUE: 15,000 LARGEST SINGLE PRIZE: 15,000 (CAR)

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

1:00 PM SEPT 6, 2012 U.S. CELLULAR FIELD **OVER**
Time Date Location of Raffle Drawing (Address, City, State)
333 W. 35TH, CHGO IL 60616

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: 23 yrs

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: CHGO JULY 1990

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 0

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

SCOTT REIFERT, PRESIDENT
Type or Print Name

Signature:

[Handwritten Signature]

ATTEST:

Secretary:

HOWARD PIZER
Type or Print Name

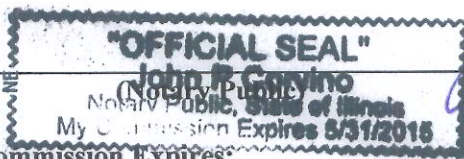
Signature:

[Handwritten Signature]

SUBSCRIBED AND SWORN TO

before me this 4/26/12

day of _____, 20____.



[Handwritten Signature]

Commission Expires: _____