

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

2013
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: 6-10-13
PRESIDENT OR PRESIDING OFFICER: FR PAUL BURAK
SECRETARY: DEE PIETRZAK
ADDRESS OF APPLICANT: 8821 CLEARVIEW
ORLAND PK, IL 60462

ORGANIZATION REQUESTING LICENSE: ST. MICHAEL
ADDRESS OF ORGANIZATION: 14327 HIGHLAND
ORLAND PK 60462

NAME AND ADDRESS OF RAFFLE MANAGER: DEE PIETRZAK
8821 CLEARVIEW ORLAND PK 60462
PHONE: 708-710-8033
708-873-4664 - WORK - ST. MICHAEL

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED: 14327 HIGHLAND

PURPOSE OF RAFFLE: FUNDRAISER FOR ST. MICHAEL PARISH

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: THRU SEPT. 23, 2013

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 46,000

PRICE OF CHANCES: 20⁰⁰ TOTAL PRIZE VALUE: 21,000⁰⁰ LARGEST SINGLE PRIZE: 10,000⁰⁰

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED:
7:00 PM 9/22/13 ST. MICHAEL CHURCH 14327 HIGHLAND **OVER**
Time Date Location of Raffle Drawing (Address, City, State) ORLAND PK 60462

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious X 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: 130 YRS

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____

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

ARCHDIOCESE OF CHICAGO

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 14,612



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 FR. PAUL C. BURAK
Type or Print Name

Signature: [Handwritten Signature]

ATTEST:
Secretary: JOE PIETRZAK
Type or Print Name

Signature: [Handwritten Signature]

SUBSCRIBED AND SWORN TO

before me this 6th
day of JUNE, 2013.



[Handwritten Signature]
(Notary Public)

Commission Expires: 8/16/14

