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

2014
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: 9-24-14

PRESIDENT OR PRESIDING OFFICER: CHRISTOPHER KUSPER

SECRETARY: DAN HURLEY

ADDRESS OF APPLICANT: 13971 Springview Ln
Orland Park

ORGANIZATION REQUESTING LICENSE: Orland Youth Assoc. for Boys

ADDRESS OF ORGANIZATION: P.O. Box 420 10649C 163rd Pl.
Orland Park

NAME AND ADDRESS OF RAFFLE MANAGER: Chris Kusper
same

PHONE 708-307-4066

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED: to families in Orland Park

PURPOSE OF RAFFLE: fundraiser for Cooperstown trip

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: Oct 1, 2014 - Dec 6, 2014

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 250

PRICE OF CHANCES: $25 **TOTAL PRIZE VALUE:** $1000 **LARGEST SINGLE PRIZE:** $1000

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

12/6/14 — 10649C 163rd Pl. OP.

Time — Date — 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: 50 years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____

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

_____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 2000 approx.

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 CHRISTOPHER KOSPER
Type or Print Name

Signature: _____

ATTEST:

Secretary: DAN HURLEY
Type or Print Name

Signature: _____

SUBSCRIBED AND SWORN TO

before me this 24th

day of September, 20 14.

OFFICIAL SEAL
DIANE NIEHAUS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/27/16

_____
(Notary Public)

Commission Expires: 2/27/16

/nm
12/13