

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

2015
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: JUNE 29, 2015

PRESIDENT OR PRESIDING OFFICER: TERRENCE HANCOCK

SECRETARY: ROBERTA LESTER

ADDRESS OF APPLICANT: 14551 S RAVINIA STE 2B
ORLAND PARK, IL 60462

ORGANIZATION REQUESTING LICENSE: IN SEARCH OF A CURE

ADDRESS OF ORGANIZATION: 14551 S RAVINIA STE 2B
ORLAND PARK, IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: ROBERTA LESTER
14551 S RAVINIA STE 2B, ORLAND PARK, IL 60462

PHONE 630-887-4141

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

PURPOSE OF RAFFLE: RAISE FUNDS FOR CHARITABLE PURPOSES

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: JULY 30, 2015

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: JULY 30, 2015

PRICE OF CHANCES: VARIOUS LARGEST 10,000
TOTAL PRIZE VALUE: \$20,000 SINGLE PRIZE: \$20,000

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

7PM 07/30/2015 SILVER LAKES COUNTRY CLUB
Time Date Location of Raffle Drawing (Address, City, State)

OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable XX 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: 7 YRS

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: ILLINOIS 04/16/08

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 1

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

TERRENCE HANCOCK

Type or Print Name

Signature:

Terrence Hancock

ATTEST:

ROBERTA LESTER

Secretary:

Type or Print Name

Signature:

Roberta Lester

SUBSCRIBED AND SWORN TO

before me this 29th

day of June, 2015.

Nancy J. Digiovanni
(Notary Public)

Commission Expires: 11/18/17

