

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

2019
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: September 18, 2019

PRESIDENT OR PRESIDING OFFICER: Mary Ellen Smolinski

SECRETARY: Ron Theis

ADDRESS OF APPLICANT: 11508 Ashbury Park
Mokena, IL 60448

ORGANIZATION REQUESTING LICENSE: Working On Wellness Foundation

ADDRESS OF ORGANIZATION: 11508 Ashbury Ct.
Mokena IL 60448

NAME AND ADDRESS OF RAFFLE MANAGER: Mary Ellen Smolinski
11508 Ashbury Ct, Mokena IL 60448
PHONE 815-370-4891

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED: Orland Park Health & Fitness Center, 15430 West Ave., Orland Park IL 60462

PURPOSE OF RAFFLE: Split the pot to raise funds to further the mission of the
Working On Wellness Foundation

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: October 8 - 20, 2019

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

PRICE OF CHANCES: \$1 LARGEST TOTAL PRIZE VALUE: unknown SINGLE PRIZE: 1/2 of pot

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

5:00 PM October 20, 2019 Orland Park Health & Fitness Center, Orland Park, IL

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 _____

**(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: since 2016

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Orland Park, IL Dec. 2016

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 Mary Ellen Smolinski
Type or Print Name

Signature: *Mary Ellen Smolinski*

ATTEST:
Secretary: Ron Theis
Type or Print Name

Signature: *Ron Theis*



SUBSCRIBED AND SWORN TO

before me this 18th
day of Sept., 2019.

(Notary Public)
Commission Expires: 5-11-20