

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

10  
2009



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: January 19, 2010

PRESIDENT OR PRESIDING OFFICER: Beth Ryan

SECRETARY: Sheila Staunton

ADDRESS OF APPLICANT: 14141 William Dr.  
Orland PK, IL 60462

ORGANIZATION REQUESTING LICENSE: St Michael School Advisory Board

ADDRESS OF ORGANIZATION: 14355 Highland Ave  
Orland Park IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: Peggy McIntyre  
14141 William Dr. Orland PK

PHONE: 708403-2909

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

St. Michael School / Church

PURPOSE OF RAFFLE: To meet 2009/2010

school budget

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 2-01-10  
2-27-10

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 1000 tickets

PRICE OF CHANCES: \$10.00 TOTAL PRIZE VALUE: all donated LARGEST SINGLE PRIZE: \$2000.00

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

10:30pm 2-27-10 St. Michael School **OVER**

Time Date Location of Raffle Drawing (Address, City, State)

all prizes are to be drawn at a raffle

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: 750 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: \_\_\_\_\_

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: Elizabeth Ryan  
Type or Print Name

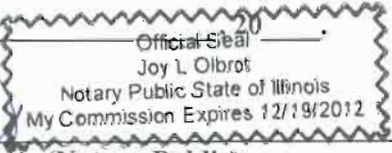
Signature: [Handwritten Signature]

ATTEST: Secretary: Sheila Staunton  
Type or Print Name

Signature: [Handwritten Signature]

SUBSCRIBED AND SWORN TO

before me this 1/22/10

day of   
(Notary Public)

Commission Expires: 12/19/10

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

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Type or Print Name

Signature: [Handwritten Signature]

ATTEST:

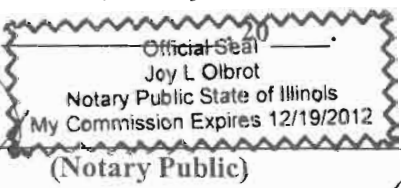
Secretary: Sheila Staunton  
Type or Print Name

Signature: [Handwritten Signature]

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day of



[Handwritten Signature]  
(Notary Public)

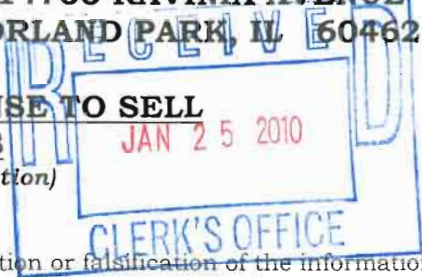
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Title Date Location of Raffle Drawing (Address, City, State)  
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Elizabeth Ryan  
Type or Print Name

Signature:

Elizabeth Ryan

ATTEST:

Secretary:

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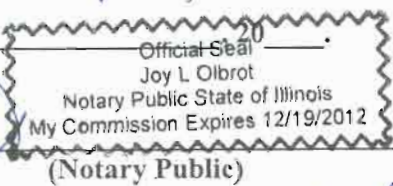
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