

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

2016
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:

8/1/16

PRESIDENT OR PRESIDING OFFICER:

Tracy Pellini

SECRETARY:

Susan Zielke

ADDRESS OF APPLICANT:

15100 S. 94TH Ave.

Orland Park IL 60462

**ORGANIZATION
REQUESTING LICENSE:**

Parents for Education District #135

ADDRESS OF ORGANIZATION:

15100 S. 94TH Ave.

Orland Park IL 60462

**NAME AND ADDRESS
OF RAFFLE
MANAGER:**

Lisa O'Brien

14907 Poplar Rd.

PHONE 314-265-1231

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

Orland Bowl, 8601 W. 159TH St. Orland Park

PURPOSE OF RAFFLE:

to raise fund for the PFE to be
used in the 10 K-8 schools in Orland Park.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:

9/24, 10/8, 10/22

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED:

1,500

PRICE OF CHANCES:

\$1.00

TOTAL PRIZE VALUE:

\$1,000.00

LARGEST

SINGLE PRIZE:

\$1,000.00

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

2:30pm/11:00pm 9/24/10/8/10/22 Orland Bowl 8601 W. 159TH St.

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 X 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: _____

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: 5013C

organized 1984

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 1,000

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

Tracy Pelini
Type or Print Name

Signature:

Tracy Pelini

ATTEST:

Secretary:

Susan Ziehlke
Type or Print Name

Signature:

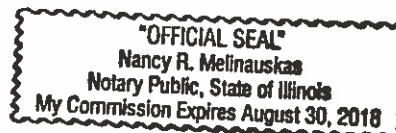
Susan Ziehlke

SUBSCRIBED AND SWORN TO

before me this 9th

day of Aug, 2016.

Nancy R. Melinauskas
(Notary Public)



Commission Expires: Aug 30, 2018