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

## 2009 APPLICATION FOR LICENSE TO SELL RAFFLE TICKETS

(This is a <u>two-sided</u> 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 n	ot more than 1 raffle per week during any 1 year period.~
	F UNDERSIGNED ORGANIZATION OFFICERS ERSONS SUBMITTING APPLICATION)
DATE OF APPLICATION:	December 21, 2009
PRESIDENT OR PRESIDENG OFFI	CER. Peder C. Anthony
SECRETARY:	Dow Patrick
ADDRESS OF APPLICANT:	1046 N. LaSalle Suite 280
ADDRESS OF ATTECANT.	(Micago, 1L leole13
ORGANIZATION	
REQUESTING LICENSE:	Make A mish Foundation of Illinois
ADDRESS OF ORGANIZATION:	640 N. LaSalle Suite 280
	Chicago, 12 60413
NAME AND ADDRESS	
OF RAFFLE	Katie McCallum
MANAGER:	640 N. Lasalle
	PHONE 312. (202 9429
ADDRESS OF PLACE(S) OR AREA	(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
Silver Lakes Count	Ry club 14700 S. gozna Are opland Par
PURPOSE OF RAFFLE: 10 RO	
UTSh Foundation	
,	1 tel = 24
TIME PERIOD WHICH RAFFLE CHAN	ICES WILL BE SOLD OR ISSUED: 100, 30011
MAXIMUM NUMBER OF RAFFLE CH	ANCES TO BE SOLD OR ISSUED: 250
PRICE OF CHANCES:	TAL PRIZE VALUE: 4 900 SINGLE PRIZE: 8500
TUME, DATE AND LOCATION WHERE	E WINNING RAFFLE CHANCE WILL BE DETERMINED:
7.00pM 2 27 2000 Time Date	Silver Lake Country (Mb: 14700 S. Berd Arc Location of Raffle Drawing (Address, City, State) Trund Park, 12

## CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

	· · · · · · · · · · · · · · · · · · ·	TIERTINON THE PER	
Religious C	Charitable Labor	Fraternal	Business
Educational	Veterans' Organization	*Non-Profit Fund	Raising
	zed solely to raise funds for an individu ness, disability, accident or disaster)	ual or group of individual	s suffering extreme financial
LENGTH OF TIME (	ORGANIZATION HAS BEEN IN	EXISTENCE: 24	- years
	OF INCORPORATION OF ORGA	42-	10
NUMBER OF MEMB	ERS OF ORGANIZATION THA	T RESIDE IN VILLA	GE:
ordinance of the Villa	ler oath attest that we have read ige of Orland Park establishing o we further attest to the non-profit	a system for the licens	ing of organizations to
that violations of this	ned attest that they comply with a ordinance are subject to fines of hundred-and-fifty dollars (\$750.0	not less than one-hur	nance #3480 and understand ndred dollars (\$100.00) and
President or Presiding Officer	Peter Anthony Type or Print Name		
Signature:	the Chietron	<del>-</del>	
ATTEST:			
Secretary:	Doug Hatrick	1 1-1	
Signature:	Lon ( Was	tal	
SUBSCRIBED AN	D SWORN TO	ç	~~~~~
before me this	28	JULIE POI	FICIAIL SEAL RTER THOMPS ON ILIC - STATE OF ILLINOIS
day of Decem	ber, 20 <u>cq</u> .	MY COMMIS	SION EXPIRES: 12/05/10
Julia Jar	ter Thorpson		
Commission Expires	id set		