

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

2017
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: 5-15-17

PRESIDENT OR PRESIDING OFFICER: PAUL O'GRADY, SUPERVISOR

SECRETARY: CINDY MURRAY, CLERK

ADDRESS OF APPLICANT: 14807 RAVINIA AVE
ORLAND PARK, IL. 60462

ORGANIZATION REQUESTING LICENSE: ORLAND TOWNSHIP FOOD & PET PANTRY

ADDRESS OF ORGANIZATION: 14807 RAVINIA AVE.
ORLAND PARK, IL. 60462

NAME AND ADDRESS OF RAFFLE MANAGER: MARIANNE HILL
14807 RAVINIA, ORLAND PARK, IL.
PHONE 708-403-4222

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED: 14807 RAVINIA, ORLAND PARK, IL. 60462

PURPOSE OF RAFFLE: FUND RAISER FOR ORLAND TOWNSHIP FOOD & PET PANTRY

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: SAT. JUNE 17, 2018
12-TO 300PM

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 500

PRICE OF CHANCES: 6 For 5.00 LARGEST SINGLE PRIZE: 100 EACH TOTAL PRIZE VALUE: _____

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED: 12 TO 3 6-17-17 14807 RAVINIA, 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 X

*(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: FOOD PANTRY 1983

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: 1850

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

PAUL O'GRADY, SUPERVISOR
Type or Print Name

Signature:

Paul O'Grady

ATTEST:

Secretary:

CINDY MURRAY, CLERK
Type or Print Name

Signature:

Cindy Murray

SUBSCRIBED AND SWORN TO

before me this 15th

day of May, 2017.

Mary Ellen Malito
(Notary Public)



Commission Expires: 8-15-19