CLERKS OFFICE

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

(To be completed by Village staff)

Date Approved: _____

Date Denied: _____

Approval: _____
Village Clerk

Expires: _____

APPROVED APPLICATION SERVES AS LICENSE

2016
APPLICATION FOR LICENSE TO SELL RAFFLE TICKETS

(This is a <u>two-sided</u> application)

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the License as granted. **<u>Applications must be submitted at least 30 days prior to the raffle date requested.</u>**
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: 5-20-16

PRESIDENT OR PRESIDING OFFICER: Kathleen Rowe

SECRETARY: Laura Messineo

ADDRESS OF APPLICANT: 13651 Trafalgar Ct.
Orland Park, IL 60462

ORGANIZATION REQUESTING LICENSE: Sepsis Challenge

ADDRESS OF ORGANIZATION: 13651 Trafalgar Ct
Orland Park, IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: Laura Messineo address above
Kathleen Rowe

PHONE (708) 825-6711
349-7729

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

PURPOSE OF RAFFLE:
raise money for sepsis awareness

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: June 10th - July 30 2016

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 100

PRICE OF CHANCES: $5-10 **TOTAL PRIZE VALUE:** _____ **LARGEST SINGLE PRIZE:** $100

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED:
I am Centennial Park Orland Park IL 60462 **OVER**
Time Date Location of Raffle Drawing (Address, City, State)

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ **Charitable** X **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: 3 yrs

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: 3 years ago with Sepsis Alliance

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 15

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 Kathleen Rowe
Type or Print Name

Signature: Kathleen M Rowe

ATTEST:

Secretary: Laura Messineo
Type or Print Name

Signature: Laura Messineo

SUBSCRIBED AND SWORN TO

before me this 24th

day of May, 2016.

"OFFICIAL SEAL"
Nancy R. Melinauskas
Notary Public, State of Illinois
My Commission Expires August 30, 2018

Nancy R Melinauskas
(Notary Public)

Commission Expires: Aug 30, 2018

/nm
11/15