

Year: _____

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

<i>(To be completed by Village staff)</i>	
Date Approved:	_____
Date Denied:	_____
Approval:	_____ Village Clerk
Expires:	_____
APPROVED APPLICATION SERVES AS LICENSE	

**APPLICATION FOR LICENSE TO SELL
RAFFLE TICKETS**
(This is a two-page application)

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: _____

PRESIDENT OR PRESIDING OFFICER: _____

SECRETARY: _____

ADDRESS OF APPLICANT: _____

**SPONSORING ORGANIZATION
REQUESTING LICENSE:** _____

**ADDRESS OF SPONSORING
ORGANIZATION:** _____

**NAME AND ADDRESS
OF RAFFLE
MANAGER:** _____

PHONE _____

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

PURPOSE OF RAFFLE: _____

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: _____

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

PRICE OF CHANCES: _____ **TOTAL PRIZE VALUE:** _____ **LARGEST
SINGLE PRIZE:** _____

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

OVER

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

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable _____ Labor _____ Fraternal _____ Business _____

Educational _____ Veterans' Organization _____ Law Enforcement Agency/ Association _____

**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: _____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: _____

NAME OF COMPANY, PRIMARY BUSINESS ADDRESS, NAME OF PRIMARY CONTACT AND AUTHORIZED AGENT, E-MAIL ADDRESS FOR PRIMARY CONTACT, TELEPHONE NUMBER OF ANY THIRD PARTY ORGANIZATION ("THIRD PARTY RAFFLE OPERATOR/ VENDOR") CONTRACTED BY THE ORGANIZATION (RAFFLE MANAGERS ARE RESPONSIBLE FOR ENSURING THAT THIRD-PARTY CONTRACTED PARTIES COMPLY WITH ALL APPLICABLE STATUTES, ORDINANCES AND OTHER REGULATIONS)

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The undersigned, under oath attest that we have read and understand Ordinance # _____ entitled "An ordinance of the Village of Orland Park Amending Title 7, Chapter 16 (Raffles) of the Orland Park Village Code" 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 # _____ 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 _____
Type or Print Name

Signature: _____

ATTEST:

Secretary:

Type or Print Name

Signature:

ATTEST:

**Third Party
Operator/Vendor:**

Type or Print Name

Signature:

SUBSCRIBED AND SWORN TO

before me this _____

day of _____, 20____.

(Notary Public)

Commission Expires: _____

/as
11/18