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

2011 APPLICATION FOR LICENSE TO SELL RAFFLE TICKETS

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

	(To be completed by Village staff)
Da	ate Approved:
Date Denied:	
Ap	proval:Village Clerk
Ex	pires:
	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.~

	NDERSIGNED ORGANIZATION OFFICERS ONS SUBMITTING APPLICATION)
DATE OF APPLICATION:	10-27-11
PRESIDENT OR PRESIDING OFFICE	R: Deborgh Trippiedi
SECRETARY:	Joseph Trippiedi
ADDRESS OF APPLICANT:	220 S. McGinty St
	Digmond IL 60416
ORGANIZATION REQUESTING LICENSE:	Operation Moms Cookies NFP
ADDRESS OF ORGANIZATION:	220 S. McGINTY ST
	DIAMOND IL 60416
NAME AND ADDRESS OF RAFFLE MANAGER:	LISA BROWN 7931 LAGUNA LN ORLAND PK, IL PHONE 708-710-8014 60462
ADDRESS OF PLACE(S) OR AREA(S)	WHERE CHANCES ARE TO BE SOLD OR ISSUED:
	Center 14750 Ravina Orland Park, IL
PURPOSE OF RAFFLE: Raise	funds to support Operation
Moms Cookies o	and PAWS
TIME PERIOD WHICH RAFFLE CHANCE	ES WILL BE SOLD OR ISSUED: $6-9.30 PM$
MAXIMUM NUMBER OF RAFFLE CHAN	CES TO BE SOLD OR ISSUED: 1,000
PRICE OF CHANCES: 100 CACh FOR 45.00 TIME, DATE AND LOCATION WHERE W	LARGEST \$ 5,000 LARGEST \$ 5,000 VINNING RAFFLE CHANCE WILL BE DETERMINED:
6-9:30PM 12-2-11	Orland PARK Civic Center Location of Raffle Drawing (Address City State)
14750 1	Orland PARK Civic Center Location of Raffle Drawing (Address, City, State) RAVING Orland Park, IL.

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious Charitable 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: 45-2001 10 YRS
PLACE AND DATE OF INCORPORATION OF ORGANIZATION: 205. MCGINITY DIA MOND, FL.
IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED:
NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE:
The aved aveigned aved on eath attest that we have used and a local transfer of the state of the
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 Type or Print Name
Signature: Soft 1- Liph
ATTEST:
Secretary: DEBORAH TRIPPIEDI Type or Print Name
Signature: Delsoch Prippedi
SUBSCRIBED AND SWORN TO
before me this <u>aloth</u>
day of October, 2011. OFFICIAL SEAL
LYNN GEMMELLARO NOTARY PUBLIC, STATE OF ILLINOIS My Comm. Exp. 02/28/12
Commission Expires: 02 28 12