

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

2016

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:

6/3/16

PRESIDENT OR PRESIDING OFFICER:

Chris McCormick, Treasurer

SECRETARY:

ADDRESS OF APPLICANT:

10100 Orland Parkway, Suite 200

ORGANIZATION
REQUESTING LICENSE:

The ATP Group, Inc.

ADDRESS OF ORGANIZATION:

10100 Orland Parkway, Suite 200

NAME AND ADDRESS
OF RAFFLE
MANAGER:

Christopher McCormick

11557 Lake Shore Dr., Orland Park

PHONE 815-263-5423

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

10100 Orland Parkway, Suite 200

PURPOSE OF RAFFLE: Social awareness / committee - employee benefits

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 6-9-16

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

PRICE OF CHANCES: \$1 TOTAL PRIZE VALUE: \$100 LARGEST
SINGLE PRIZE: \$100

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

6-7-16, - 10100 Orland Parkway 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 _____ *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: 36 yrs

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: IL, 3-4-1980

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: _____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 10

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

Christopher McCormick, Treasurer
Type or Print Name

Signature:

Christopher McCormick

ATTEST:

Secretary:

J. David Holloway
Type or Print Name

Signature:

J. David Holloway

SUBSCRIBED AND SWORN TO

before me this 3rd

day of June, 20 16.



Nicole L. Nelson
(Notary Public)

Commission Expires: July 15, 2018