

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

2012
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: 3/2/2012

PRESIDENT OR PRESIDING OFFICER: John Blazek

SECRETARY: Ronald Bernstein

ADDRESS OF APPLICANT: 525 W. Monroe St. Suite 900
Chicago, IL 60661

ORGANIZATION REQUESTING LICENSE: National MS Society - IL Chapter

ADDRESS OF ORGANIZATION: Same

NAME AND ADDRESS OF RAFFLE MANAGER: Lori and Mike Carrol
9131 Walnut Lane, Tinley Park, IL 60487
PHONE 708-846-9190

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

Centennial Park, Orland Park, IL

PURPOSE OF RAFFLE: to raise money for programs & services

for people and families living with Multiple Sclerosis

TIME PERIOD, WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 9am - 1pm

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 500 - 800

PRICE OF CHANCES: \$1 each or 1/45 TOTAL PRIZE VALUE: 3000.00 LARGEST SINGLE PRIZE: 300.00

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

11 am 5/6/2012 Centennial Park Village of Orland Park (area East **OVER**
Time Date Location of Raffle Drawing (Address, City, State)
of corner of 153rd street parking lot).

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: _____

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: _____

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

J. V. Blazek
Type or Print Name

Signature:

J. Blazek

ATTEST:

Secretary:

Ronald Bernstein
Type or Print Name

Signature:

Ronald Bernstein

SUBSCRIBED AND SWORN TO

before me this 10th

day of April, 2012.



Juanita R. Henderson
(Notary Public)

Commission Expires: June 15, 2014