

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: _____

1-10-13

PRESIDENT OR PRESIDING OFFICER: _____

Paul Grimes, Village Manager

SECRETARY: _____

ADDRESS OF APPLICANT: _____

ORGANIZATION
REQUESTING LICENSE:

Village of Orland Park

ADDRESS OF ORGANIZATION: _____

*14700 S. Ravinia Ave
Orland Park IL 60462*

NAME AND ADDRESS
OF RAFFLE
MANAGER: _____

PHONE

708-403-6145

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

Orland Chateau

PURPOSE OF RAFFLE:

*Chefs' Auction to benefit ACS
Breast Cancer Research*

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:

6-10 pm

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED:

1000

PRICE OF CHANCES:

3 for \$5

TOTAL PRIZE VALUE:

varies

LARGEST

SINGLE PRIZE:

1500.00

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

9 pm

2-21-13

Orland Chateau, Orland Park ILLINOIS

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: _____

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

Paul G. Grimes, Village Manager
Type or Print Name

Signature:

[Handwritten Signature]

ATTEST:

Secretary:

Type or Print Name

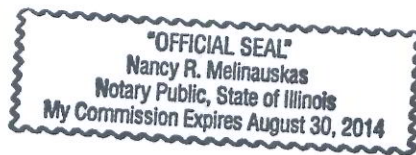
Signature:

SUBSCRIBED AND SWORN TO

before me this 15th

day of January, 2013.

Nancy R. Melinauskas
(Notary Public)



Commission Expires: Aug 30, 2014